Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2023 calend	dar year, or tax year beginning	, 2023, and end	ling	_	, 20			
В	Check if	applicable:	C Name of organization THE DA	AILY CALLER NEWS FOUNDATIO	N	D Empl	oyer identification number			
	Address	change	Doing business as			45-2	922471			
	Name ch	ange	Number and street (or P.O. box if	f mail is not delivered to street address)	Room/suite	E Telepl	hone number			
	Initial ret	urn	1775 EYE ST NW		1150-291 (904)228-6464					
	Final retu	rn/terminated	City or town, state or province, c	ountry, and ZIP or foreign postal code						
	Amende	d return	WASHINGTON, DC 20	006		G Gross	receipts \$3,931,063.			
	Applicati	on pending	F Name and address of principal off	ficer:	H(a) Is this a gr	oup return fo	or subordinates? Yes X No			
			NEIL PATEL, 1775 EY	TE ST NW, WASHINGTON, DC 20	006 H(b) Are all s	ubordinat	es included? Yes No			
ī	Tax-exer	npt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			st. See instructions.			
J	Website	DAILY	CALLERNEWSFOUNDATIO	N.ORG	H(c) Group e	xemption	number			
K	Form of c	rganization: 🛚	Corporation Trust Associa	ation Other L Year of for	mation: 2011	M State	of legal domicile: DC			
Р	art I	Summa	ry	·						
	1	Briefly des	cribe the organization's miss	sion or most significant activities: FORM	ED WITH A MISS	ION TO	TRAIN UP-AND-COMING			
e				ARRY OUT INVESTIGATIVE RE						
an				A PURPOSE OF CONSUMER AWA						
err	2			liscontinued its operations or disposed						
30	3	Number of	voting members of the gove	erning body (Part VI, line 1a)		3	4			
જ	4	Number of	independent voting member	rs of the governing body (Part VI, line	1b)	4	3			
Activities & Governance	5	Total numb	per of individuals employed in	n calendar year 2023 (Part V, line 2a)		5	45			
ΞΞ	1			necessary)		6	3			
Aci	1			Part VIII, column (C), line 12		7a	0.			
	1			from Form 990-T, Part I, line 11		7b	0.			
				Prior Yea	r	Current Year				
Revenue	8	Contributio	ons and grants (Part VIII, line	3,242	,939.	3,839,132.				
	9									
eve	10	_	t income (Part VIII, column (A		,989.	91,931.				
ď	11		nue (Part VIII, column (A), line		2,244180,22					
	1			must equal Part VIII, column (A), line 12)			3,750,835.			
		Grants and		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	14		aid to or for members (Part I)							
S				benefits (Part IX, column (A), lines 5-10)	1,295	.511.	2,123,361.			
Expenses	1			column (A), line 11e)		, === .	2/123/3311			
per	1		raising expenses (Part IX, col							
ш	1			ies 11a–11d, 11f–24e)		,638.	1,125,226.			
	1	-		equal Part IX, column (A), line 25) .	2,023		3,248,587.			
	19			18 from line 12			502,248.			
or			•		Beginning of Curr		End of Year			
ets	20	Total asset	ts (Part X, line 16)		3,467	.084.	3,992,333.			
Ass	21		ties (Part X, line 26)			,674.	49,993.			
Net Assets or Fund Balances	22		or fund balances. Subtract I	line 21 from line 20	3,410		3,942,340.			
	art II	Signatu	re Block		'		· · · · · · · · · · · · · · · · · · ·			
Un	der pena			return, including accompanying schedules and s	tatements, and to the	e best of	my knowledge and belief, it is			
tru	e, correct	, and complet	e. Declaration of preparer (other than	officer) is based on all information of which prep	arer has any knowled	dge.				
				4.	0.6	5/19/2	2024			
Sig	gn	Signature of	officer	Date						
He	ere	NEI	L PATEL, CHAIRMAN	TWA WON	10)/9/24				
			name and title	10 170-1						
	: al	Print/Type	preparer's name	Preparer's signature	Date	Check	X if PTIN			
Pa		ROBERT	Γ E. LANE		06/19/2024	self-em				
	epare	r		. CPAs	Firm's	s EIN	52-1738520			
Us	se Onl	Firm's add		Ave NW Ste 440, Washington,						
Ma	v the IC			shown above? See instructions	DC ZUUIJ I HOH	- 110. (Z	Ves No			

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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Open to Public

A	For the	2023 calend	lar year, or tax year beginning	, 2023, and end	ing		, 20				
В	Check if	applicable:	C Name of organization THE DAIL	Y CALLER NEWS FOUNDATION	1	D Emple	oyer identification number				
	Address	change	Doing business as			45-29	922471				
	Name ch	nange	Number and street (or P.O. box if mail	I is not delivered to street address)	Room/suite	E Teleph	none number				
	Initial ret	urn	1775 EYE ST NW		1150-291	(904)228-6464				
	Final retu	ırn/terminated	City or town, state or province, countr	ry, and ZIP or foreign postal code							
	Amende	d return	WASHINGTON, DC 20006	5		G Gross	receipts \$3,931,063.				
	Applicat	on pending	F Name and address of principal officer:		H(a) Is this a gro	oup return fo	or subordinates? Yes No				
			NEIL PATEL, 1775 EYE S	ST NW, WASHINGTON, DC 20	006 H(b) Are all so	ubordinat	es included? Yes No				
I	Tax-exe	mpt status:	X 501(c)(3)) (insert no.) 4947(a)(1) or 527	If "No," a	ttach a li	st. See instructions.				
J	Website	: DAILY	CALLERNEWSFOUNDATION. (ORG	H(c) Group ex	kemption	number				
K	Form of	organization: X	Corporation Trust Association	Other L Year of form	nation: 2011	M State	of legal domicile: DC				
Р	art I	Summa	T y								
	1	Briefly des	cribe the organization's mission	or most significant activities: FORME	D WITH A MISSI	ON TO	TRAIN UP-AND-COMING				
Se		REPORTE	RS AND EDITORS, TO CARE	RY OUT INVESTIGATIVE REP	ORTING, ANI	OTO :	PERFORM				
nan		DEEP POLICY REPORTING WITH A PURPOSE OF CONSUMER AWARENESS AND EDUCATION.									
ver	2			ontinued its operations or disposed		% of it	s net assets.				
g	3			ng body (Part VI, line 1a)		3	4				
•ŏ	4			f the governing body (Part VI, line 1		4	3				
Activities & Governance	5			alendar year 2023 (Part V, line 2a)		5	45				
Ę	6			essary)		6	3				
Ă	7a			t VIII, column (C), line 12		7a	0.				
	b	Net unrelat	ed business taxable income fror	m Form 990-T, Part I, line 11		7b	0.				
			Prior Year	r	Current Year						
Revenue	8		ons and grants (Part VIII, line 1h)	3,242,	939.	3,839,132.					
	9	_	ervice revenue (Part VIII, line 2g)								
Rev	10			nes 3, 4, and 7d)		989.	91,931.				
	11	Other reve		2,244180,2							
	12	_		t equal Part VIII, column (A), line 12)	3,175,	,684. 3,750,835					
	13		similar amounts paid (Part IX, c								
	14			olumn (A), line 4)							
es	15			efits (Part IX, column (A), lines 5–10)	1,295,	511.	2,123,361.				
Expenses	16a			mn (A), line 11e)							
Ϋ́	b		aising expenses (Part IX, column								
_	17	-		11a–11d, 11f–24e)		638.	1,125,226.				
	18	-	nses. Add lines 13–17 (must equ		2,023,		3,248,587.				
	19	Revenue le	ss expenses. Subtract line 18 fr	om line 12	1,152,		502,248.				
Net Assets or Fund Balances	00	Tatal assat	- (Dart V. line 10)		Beginning of Curr		End of Year				
\sse Bala	20 21		s (Part X, line 16)		3,467,		3,992,333.				
let/	22		ties (Part X, line 26) or fund balances. Subtract line :		3,410,	674.	49,993.				
	art II		re Block	21	3,410,	410.	3,942,340.				
				n, including accompanying schedules and st	atamonts, and to the	host of	my knowledge and belief it is				
				cer) is based on all information of which prepare			illy knowledge and belief, it is				
_					0.6	/10/2	004				
Sig	an	Signature of	officer		Date	/19/2	024				
	ere										
110	<i>.</i> 10		D PATEL, CHAIRMAN name and title								
_		1		eparer's signature	Date	ObsI.	Y if PTIN				
Pa		DODEDT	' E. LANE		06/19/2024	Check self-emp	△ "				
	epare	Firma's non		PAs	Firm's		52-1738520				
Us	se Onl	Firm's add					02)617-2615				
Ma	ıv the IF		his return with the preparer show		C ZOUIJ I HOHE	(🔼	. X Yes No				

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	FORMED WITH A MISSION TO TRAIN UP-AND-COMING
	REPORTERS AND EDITORS, TO CARRY OUT INVESTIGATIVE REPORTING, AND TO PERFORM
	DEEP POLICY REPORTING WITH A PURPOSE OF CONSUMER AWARENESS AND EDUCATION.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
4	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,509,616. including grants of \$ 0.) (Revenue \$ 0.
	FELLOWS (AMERICAN JOURNALISM INSTITUTE): OUR FELLOWSHIP PROGRAM TRAINS
	YOUNG REPORTERS AND EDITORS THROUGH A TWO-YEAR ON THE JOB TRAINING PROGRAM.
4b	(Code:) (Expenses \$585,944. including grants of \$0.) (Revenue \$0.)
	INVESTIGATIVE GROUP: WE HOST AN EXPERIENCED TEAM OF INVESTIGATIVE
	JOURNALISTS WITH A STRONG RECORD OF BREAKING ORIGINAL NEWS STORIES
10	(Code) \(\(\bigcup_{\text{Canada}} \text{\$\frac{1}{2}\$ including grants of \$\text{\$\frac{1}{2}\$} \)
4c	(Code:) (Expenses \$ 160,513. including grants of \$ 0.) (Revenue \$ 0.)
	COMMENTARY: OUR POLICY REPORTING TEAM REPORTS ON NUMEROUS DOMESTIC AND
	FOREIGN POLICY MATTERS INCLUDING ENERGY, EDUCATION, ONLINE VIDEO
	JOURNALISM, AND NATIONAL SECURITY.
A al	Other program convices (Describe on Schedule C)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 89,557. including grants of \$ 0.) (Revenue \$ 0.)
4e	Total program service expenses 2,345,630.

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>		
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		-
3	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
•	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		×
6	, ,			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			_^
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	40		
44		10		×
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	×	
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		×
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		×
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		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	×	
120	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	111	_^	
12a		40-		
	Schedule D, Parts XI and XII	12a	×	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
• •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	- ' '		×
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		
40		18	×	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		×
b	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	04		· •

Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	×	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	^	×
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		×
26	If "Yes," complete Schedule L, Part I	25b		×
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b 28c		×
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a b	Did the organization have a controlled entity within the meaning of section $512(b)(13)$? 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	35a 35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	×	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 45			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country			
E o	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Eo		V
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
اء	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		×
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	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:			
a	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 . Section 501(c)(12) organizations. Enter:			
11	Gross income from members or shareholders			
a b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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 14а	Enter the amount of reserves on hand	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		×
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Part VI

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. . . 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 × Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 × Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 × Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b × Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X 8b × Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O × Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a × If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a × **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a × Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b × Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 13 × Did the organization have a written document retention and destruction policy? 14 14 × 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . . . 15a × 15b × If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a × b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O) X Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

STEVEN LEHRKE, 1775 EYE ST NW STE 1150-291, WASHINGTON, DC 20006 (202)463-5042

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

Form 990 (2023) Page **7**

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

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 no	r any relate	d org	aniz	atio	n c	ompe	nsa	ated any current	officer, director,	or trustee.
				•	C)					
(A)	(B)	(do n	not ch		ition	e than o	one	(D) Reportable	(E)	(F)
Name and title	Average	box,	unles	ss pe	rson	is both	n an		Reportable	Estimated amount of other
	hours per week			_		ector/trustee)		compensation from the	compensation from related	compensation
	(list any hours for	ndiv or di	nstit	Officer	Key employee	ligh.	Former	organization (W-2/	organizations (W-2/ 1099-MISC/	from the organization and
	related	idua	utio	<u>e</u>	emp	est c	ਵਿ	1099-NEC)	1099-NEC)	related organizations
	organizations below	2 5	nal t		loye	Ömp				
	dotted line)	Individual trustee or director	Institutional trustee		Φ	Highest compensated employee				
			ф			ated				
(1) CHRISTOPHER BEDFORD	0.10									
DIRECTOR		×						0.	0.	0.
(2) WILLIAM CERVENY	0.10									
DIRECTOR		×						10,000.	0.	0.
(3) MARCUS STERNE	0.10	×						10.000		
DIRECTOR	0.10							10,000.	0.	0.
(4) BUCKLEY CARLSON DIRECTOR	0.10	×						0.	0.	0.
(5) NEIL PATEL	20.00							0.	0.	0.
CHAIRMAN	20.00	×		×				150,000.	0.	0.
(6) ADELE MALPASS	40.00									
PRESIDENT				×				152,308.	0.	0.
(7) LAURIE DUGAN	40.00									
CHIEF DEV. OFFICER						×		165,000.	0.	0.
(8)										
(9)										
(10)										
(11)										
(12)	<u> </u>									
(13)										
(14)										
\' '/	4	4	1	1	1	1	1		1	I

Part	Section A. Officers, Directors,	rustees,	rey i	=m	DIO.	yee	s, an	ia r	ilgnest Compe	ensated Emplo	yees (continued
	(A) Name and title		box, office	Position (do not check more than box, unless person is bot officer and a director/trus or d					(D) Reportable compensation from the organization (W-2/ 1099-MISC/	(E) Reportable compensation from related organizations (W-2 1099-MISC/	(F) Estimated amount of other compensation / from the organization and
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	7	Key employee	Highest compensated employee	Former	1099-NEC)	1099-NEC)	related organizations
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
									105.000		
1b c	Subtotal Total from continuation sheets to Part		 n A	•	•			•	487,308.	0.	. 0
d	Total (add lines 1b and 1c)				٠		•	•	487,308.	0	. 0
2	Total number of individuals (including but	t not limited	to th	Iose	ilist	ed	above	e) w			
	reportable compensation from the organi	zation					3				
3	Did the organization list any former of										
4	employee on line 1a? If "Yes," complete s For any individual listed on line 1a, is the	sum of re	portal	ole (con	npei	nsatio	n a	nd other compe	nsation from th	
	organization and related organizations individual									dule J for suc	h 4 ×
5	Did any person listed on line 1a receive of for services rendered to the organization?										5 ×
Secti	on B. Independent Contractors										
1	Complete this table for your five high compensation from the organization. Repo										
	(A) Name and business add	ress							(B) Description of serv	vices	(C) Compensation
	Tatal number of independent of the	una (ina - le celle	!-	.1		11 ! !	ا اما		and Bakerlet	(a) vula a	
2	Total number of independent contractor received more than \$100,000 of compens						ea to) tn	iose listed abov	e) wno	

Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	ise or note to ai	ny line in this Pa	art VIII . . .		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
တ် တ	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b		-			
Gran	С	Fundraising events			1c	209,000.	-			
Ar Ar	d	Related organization			1d	203,000.				
i i		Government grants					-			
s, C	e				1e					
on .	f	All other contribution and similar amounts no								
uti Je					1f	3,630,132.	_			
흔	g	Noncash contribution								
on d		lines 1a-1f			1g	\$ 111,900.				
a C	h	Total. Add lines 1a-	-1f .				3,839,132.			
						Business Code				
e G	2a									
ا کے	b									
Sel										
gram Ser Revenue	C									
Re Ja	d									
Program Service Revenue	е	• • • • • • • • • • • • • • • • • • • •								
<u>-</u>	f	All other program se								
	g	Total. Add lines 2a-								
	3	Investment income								
		other similar amoun	its) .				91,931.	0.	0.	91,931.
	4	Income from investr	ment (of tax-exem	npt bo	nd proceeds				
	5	Royalties								
		•		(i) Rea		(ii) Personal				
	6a	Gross rents	6a				-			
	b	Less: rental expenses	6b				-			
	c	Rental income or (loss)					-			
	_	Net rental income o		2)						
	d		(105	· · · · · · · · · · · · · · · · · · ·		(ii) Othor				
	7a	Gross amount from		(i) Securit	ies	(ii) Other	_			
		sales of assets								
		other than inventory	7a							
ē	b	Less: cost or other basis								
Revenue		and sales expenses .	7b							
ě	С	Gain or (loss)	7c							
	d	Net gain or (loss)								
Other	8a	Gross income from	m fu	ndraising						
ŏ	-	events (not including								
		of contributions re								
		1c). See Part IV, line			8a	0.				
	L	*			8b	180,228.	-			
		Less: direct expens					100 000			100 000
	C	Net income or (loss)	•		g eve	ents	-180,228.		0.	-180,228.
	9a	Gross income f			_					
		activities. See Part I			9a					
		Less: direct expens			9b					
		Net income or (loss)			ctivitie	es				
	10a	Gross sales of ir		ory, less						
		returns and allowan	ices		10a					
	b	Less: cost of goods	sold		10b					
	C	Net income or (loss)				pry				
S		- (- (,			Business Code				
Ď «	11a									
ne E	_						+			
scellaneo Revenue	b									
Ze Ze	C	All other revenue								
Miscellaneous Revenue	d	All other revenue					 			
		Total. Add lines 11a					2 750 005	_	_	00 005
	12	Total revenue. See	ınstr	uctions .			3,750,835.	0.	0.	-88,297.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Program service Do not include amounts reported on lines 6b. 7b. (A) Total expenses Management and 8b. 9b. and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 302,308. 253,757. 14,964. 33,587. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 1,598,792. 1,342,026. 79,140. 177,626. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 73,258. 61,493. 3,626. 8,139. 10 Payroll taxes 149,003. 125,073. 7,376. 16,554. Fees for services (nonemployees): 11 0. Legal 59,445. 0. 59,445. Accounting 39,770. 0. 39,770. 0. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 1,250. 0. 1,250. 0. Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) 118,879. 84,881. 32,915. 1,083. 12 Advertising and promotion 13 277,597. 103,109. 92,961. 81,527. Office expenses 14 Information technology 15 Occupancy 175,318. 144,483. 15,308. 15,527. 16 56,526. 40,743. 9,674. 6,109. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 0. 2,867. 0. 2,867. 20 21 Payments to affiliates 96,000. 96,000. 0. 22 Depreciation, depletion, and amortization . 23 100,326. 100,326. 0. 0. Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) POSTAGE AND DELIVERY 149,024. 51,041. 40,112. 57,871. DUES AND SUBSCRIPTIONS b 48,224. 35,831. 8,010. 4,383. C d All other expenses 25 **Total functional expenses.** Add lines 1 through 24e 3,248,587. 2,345,630. 500,551. 402,406. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here
if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		<u> U</u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	2,950,306.	1	344,020.
	2	Savings and temporary cash investments		2	2,999,031.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	324,509.	4	152,645.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
şts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
4	9	Prepaid expenses and deferred charges	269.	9	50,786.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 253,906			25.222
	b	Less: accumulated depreciation	. 192,000.	_	96,000.
	11	Investments—publicly traded securities		11	349,851.
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2 467 004	15	2 000 222
	16 17	Total assets. Add lines 1 through 15 (must equal line 33)	3,467,084.	16 17	3,992,333.
	18	Grants payable	50,074.	18	49,993.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
'n	22	Loans and other payables to any current or former officer, director,			
ţį		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
<u>L</u> ia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	56,674.	26	49,993.
Seor		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	1,898,176.	27	3,942,340.
Ä	28	Net assets with donor restrictions	1,512,234.	28	0.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
o c	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
4ss	31	Retained earnings, endowment, accumulated income, or other funds .		31	
et A	32	Total net assets or fund balances	3,410,410.	32	3,942,340.
Ž	33	Total liabilities and net assets/fund balances	3,467,084.	33	3,992,333.

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Part	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				_
1	Total revenue (must equal Part VIII, column (A), line 12)			0,8	
2	Total expenses (must equal Part IX, column (A), line 25)	3		8,5	
3	Revenue less expenses. Subtract line 2 from line 1			2,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	3	,41	0,4	10.
5	Net unrealized gains (losses) on investments		2	9,6	82.
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	3	, 94	2,3	40.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain	on			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2	2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	or			
	reviewed on a separate basis, consolidated basis, or both.				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	. 2	2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited or	n a			
	separate basis, consolidated basis, or both.				
	☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	×	
	If the organization changed either its oversight process or selection process during the tax year, explain				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				200	(0000)

REV 05/09/24 PRO Form **990** (2023)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization THE DAILY CALLER NEWS FOUNDATION 45-2922471 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (ii) EIN (iv) Is the organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . 2,487,689. 1,575,570. 2,803,993. 3,242,939. 3,839,132. 13,949,323. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 4 2,487,689. 1,575,570. 2,803,993. 3,242,939. 3,839,132. 13,949,323. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 2,956,811. **Public support.** Subtract line 5 from line 4 10,992,512. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 2,487,689. 1,575,570. 2,803,993. 3,242,939. 7 3,839,132. 13,949,323. Amounts from line 4 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties, and income from similar sources 1,552. 2,462. 1,920. 14,989. 91,931. 112,854. Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 14,062,177. Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 78.17% 14 Public support percentage from 2022 Schedule A, Part II, line 14 15 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this X 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 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 facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

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.)

Secti	on A. Public Support			•	·	,	
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support		ı	T	1	1	
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources						
h	•						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,	<u> </u>					
	and 12.)						
14	First 5 years. If the Form 990 is for the	•			-		
Soct:	organization, check this box and stop he on C. Computation of Public Suppor						
	Public support percentage for 2023 (line 8			12 column (fl)		15	%
15 16	Public support percentage for 2023 (line of 2023 Support percentage from 2022 Sch	, , , , , , , , , , , , , , , , , , , ,	•	, ,,,		16	
16 Secti	on D. Computation of Investment In					10	70
17	Investment income percentage for 2023 (ov line 13. colu	ımn (f))	17	%
18	Investment income percentage from 2022 (* * *	-		18	
19a	33 ¹ / ₃ % support tests—2023. If the organ						
134	17 is not more than 331/3%, check this box						
b	331/3% support tests—2022. If the organiz		_	-		_	_
~	line 18 is not more than 331/3%, check this l						
20	Private foundation. If the organization di	_	_	· ·	· · · · · · · · · · · · · · · · · · ·		_

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

ecu	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		res	NO
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to			

determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)			ı
			Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
a	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	110		
	provide detail in Part VI .	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations		<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
a b c	 ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity 	(see ir	nstruci	tions).
2	Activities Test. Answer lines 2a and 2b below.		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 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below</i> . Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI</i> .	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.	3b		

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1	\Box Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970 (<i>explai</i>	n in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Section	ns A through E.
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions).	ally i	integrated Type III supporti	ng organization

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

Excess from 2023 . . .

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

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Name c	f the organization		Employer identification number
THE	DAILY CALLER NEWS FOUNDATION		45-2922471
Par			ls or Accounts
	Complete if the organization answered '	Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
6	funds are the organization's property, subject to th	_	
O	Did the organization inform all grantees, donors, a only for charitable purposes and not for the benef		
	conferring impermissible private benefit?		
Par			
rai	Complete if the organization answered '	'Ves" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the		_
ı	Preservation of land for public use (for example, recre	• • • • • • • • • • • • • • • • • • • •	f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space	Treservation o	a certified historic structure
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year.	·	Held at the End of the Tax Year
а	Total number of conservation easements		. 2 a
b	Total acreage restricted by conservation easement		
С	Number of conservation easements on a certified h		
d	Number of conservation easements included on lin	ne 2c acquired after July 25, 2006, and	not
	on a historic structure listed in the National Registe		Zu
3	Number of conservation easements modified, tran	sferred, released, extinguished, or term	ninated by the organization during the
	tax year		
4	Number of states where property subject to conse		TOWARD In an alling of
5	Does the organization have a written policy requipolations, and enforcement of the conservation ea		
^			
6	Staff and volunteer hours devoted to monitoring, inspe	cting, nandling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspectir	ng handling of violations and enforcing of	conservation easements during the year
•	7 thount of expenses mounted in mornioring, inspecting	ig, nationing of violations, and emoroting t	sonservation casements during the year
8	Does each conservation easement reported on line	2d above satisfy the requirements of s	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of		
	sheet, and include, if applicable, the text of the foo		tements that describes the
	organization's accounting for conservation easeme		
Part			Other Similar Assets
	Complete if the organization answered '		
1a	If the organization elected, as permitted under FAS		
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote		
b	If the organization elected, as permitted under FA art, historical treasures, or other similar assets held		
	provide the following amounts relating to these iter		earch in furtherance of public service,
			¢
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X		Φ
2	If the organization received or held works of art,	historical treasures or other similar	φassets for financial gain, provide the
-	following amounts required to be reported under F.	ASB ASC 958 relating to these items.	access is intarious gain, provide the
а	Revenue included on Form 990 Part VIII line 1	3	\$
	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		\$

Part	III Organizations Maintaining Coll	lections of Art, His	torical Treasures	, or Other Similar /	Assets (continued)
3	Using the organization's acquisition, access collection items (check all that apply).	ssion, and other reco	ds, check any of the	e following that make	e significant use of its
а	☐ Public exhibition	d	☐ Loan or exchang	e program	
b	☐ Scholarly research	е	Other		
С	☐ Preservation for future generations				
4	Provide a description of the organization's XIII.	collections and expla	ain how they further	the organization's ex	empt purpose in Part
5	During the year, did the organization solic				
	assets to be sold to raise funds rather than		part of the organizati	on's collection? .	· Yes No
Part	Complete if the organization ans 990, Part X, line 21.		m 990, Part IV, line	e 9, or reported an a	amount on Form
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?		·-		not .
b	If "Yes," explain the arrangement in Part XI	II and complete the fo	llowing table.		
					Amount
С	Beginning balance			1c	
d	Additions during the year			1d	
е	Distributions during the year			1e	
f	Ending balance			1f	
2a	Did the organization include an amount on				
	If "Yes," explain the arrangement in Part XI	II. Check here if the ex	planation has been	provided in Part XIII	<u> </u>
Par					
	Complete if the organization ans				
		Current year (b) Pri	or year (c) Two year	rs back (d) Three years b	ack (e) Four years back
1a	Beginning of year balance				
b	Contributions				
С	Net investment earnings, gains, and losses				
d	Grants or scholarships				
е	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the cu	urrent year end balanc	e (line 1g, column (a)) held as:	
а	Board designated or quasi-endowment	%			
b	Permanent endowment %				
С	Term endowment %				
	The percentages on lines 2a, 2b, and 2c sh				
3a	Are there endowment funds not in the pos	ssession of the organi	zation that are held	and administered for	the
	organization by:				Yes No
	(i) Unrelated organizations?				. 3a(i)
	(ii) Related organizations?				. 3a(ii)
b	If "Yes" on line 3a(ii), are the related organia	·			. 3b
4	Describe in Part XIII the intended uses of the	•	wment funds.		
Part					
	Complete if the organization ans	wered "Yes" on For		e 11a. See Form 99	0, Part X, line 10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0.			0.
b	Buildings				
С	Leasehold improvements		240,000.	144,000.	96,000.
d	Equipment		13,906.	13,906.	0.
е	Other				
Total.	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part 2	K, line 10c, column (E	B))	96,000.

Part VII	Investments—Other Securities Complete if the organization answered "Yes" on For	rm 990. Part IV. line	11b. See Form	990. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Meth	od of valuation: of-year market value
(1) Financial	derivatives			
(2) Closely h	neld equity interests			
(3) Other				
(A)				
(E)				
(G) (H)				
	 mn (b) must equal Form 990, Part X, line 12, col. (B)) . .			
Part VIII	Investments – Program Related			
r are viii	Complete if the organization answered "Yes" on For	rm 990. Part IV. line	11c. See Form	990. Part X. line 13.
	(a) Description of investment	(b) Book value		od of valuation:
	(4) 2000. p. 101 01 111 00 111	(2) 20011 14.40		of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)				
(8)				
(9)	(I) I I I OOO D I V I I OO I (D)			
Part IX	mn (b) must equal Form 990, Part X, line 13, col. (B)) Other Assets			
Partix	Complete if the organization answered "Yes" on For	rm 000 Part IV line	11d See Form	000 Part Y line 15
	(a) Description	111 000, 1 art 17, 11110	110.00010111	(b) Book value
(1)	(4) 2 555, p. 151			(4) = 10.11 10.00
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(-),			
Part X	Other Liabilities Complete if the organization answered "Yes" on For	m 000 Dart IV line	110 or 11f Coo	Form 000 Dort V
	line 25.	iii 990, Fait IV, iiile	TIE OF THE SEE	roini 990, rait A,
1.	(a) Description of liability			(b) Book value
(1) Federal in	,, ,			(b) Dook value
(2)	iconie taxes			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990. Part X. line 25. col. (B))			

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.

X

Part	Reconciliation of Revenue per Audited Financial Statemers Complete if the organization answered "Yes" on Form 990,		-	Retur	'n
1	Total revenue, gains, and other support per audited financial statements			1	3,959,495.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-	3,737,173.
a	Net unrealized gains (losses) on investments	2a	29,682.		
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	180,228.		
е	Add lines 2a through 2d			2e	209,910.
3	Subtract line 2e from line 1			3	3,749,585.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,250.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	1,250.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	3,750,835.
Part	• • •			r Ret	urn
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	3,427,565.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 -	I		
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c	100.000		
d	Other (Describe in Part XIII.)			0-	180,228.
е 3	Add lines 2a through 2d			2e 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i .		3	3,247,337.
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,250.		
b	Other (Describe in Part XIII.)	_	1,250.		
	Add lines 4a and 4b			4c	1,250.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	3,248,587.
Part 2					
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and				
2; Paπ	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to pro	ovide any additional in	iorma	tion.
D+ X	Line 2: THE FOUNDATION COMPLIES WITH THE PROVISI	ONS	OF THE FASE AC	COLIN	TING
STANI	DARDS CODIFICATION TOPIC ACCOUNTING FOR UNCERTAINT	II Y	N INCOME TAXES.	FOR	
THE Y	YEAR ENDED DECEMBER 31, 2023, NO UNRECOGNIZED TAX	PROV	VISIONS OR BENE	FIT	EXISTS.
D+ Y	. Line 2d: FUNDRAISING EVENT EXPENSES NETTED AGAI	мст	FINDDATCING FV	 TNT	
INCO	1E.				
Pt. XI	II, Line 2d: FUNDRAISING EVENT EXPENSES NETTED AGA	AINST	Г FUNDRAISING E	VENT	
INCO	ME.				

Schedule D (Fo	rm 990) 2023	Page \$
Part XIII	Supplemental Information (continued)	,

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Internal Revenue Service Name of the organization **Employer identification number** THE DAILY CALLER NEWS FOUNDATION 45-2922471 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 e Solicitation of non-government grants Mail solicitations Internet and email solicitations f Solicitation of government grants b Phone solicitations **g** Special fundraising events **d** In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No							
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
ota											
3	List all states in which the organ registration or licensing.				colicit contribution	s or has been notifie	ed it is exempt from				

Page 2

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 ANNUAL AWARDS DINNER (event type)	(b) Event #2 (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	209,000.			209,000.
Œ	2	Less: Contributions	209,000.			209,000.
	3	Gross income (line 1 minus line 2)	0.			0.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .	180,228.			180,228.
	10	Direct expense summary. Ac				
	11	Net income summary. Subtra				-180,228.
Pa	rt III	Gaming. Complete if th \$15,000 on Form 990-E2		ered "Yes" on Form 9	990, Part IV, line 19,	or reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes %☐ No	☐ Yes %☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
	a Is b If	the organization licensed to co "No," explain:	onduct gaming activities	s in each of these states		Yes No
	b If	"Yes," explain:				

Schedu	ule G (Form 990) 2023		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the		
	amount of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	☐ Yes	□No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition 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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

THE	DAILY CALLER NEWS FOUNDATION 45	-2922471			
Part	Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a perso 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding the				
	 ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for perpayments ☐ Payments for business use of personal ☐ Health or social club dues or initiation ☐ Personal services (such as maid, chauter) 	I residence fees			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy reg or reimbursement or provision of all of the expenses described above? If "No," compexplain	olete Part III to	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses directors, trustees, and officers, including the CEO/Executive Director, regarding the items 1a?	checked on line	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of organization's CEO/Executive Director. Check all that apply. Do not check any boxes for method related organization to establish compensation of the CEO/Executive Director, but explain in Incompensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation	hods used by a Part III.			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to organization or a related organization:	_	10		×
a b c	Receive a severance payment or change-of-control payment?		4a 4b 4c		×
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay compensation contingent on the revenues of:	or accrue any			
a b	The organization?		5a 5b		×
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay compensation contingent on the net earnings of:				
a b	The organization?		6a 6b		×
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide payments not described on lines 5 and 6? If "Yes," describe in Part III		7		×
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If in Part III	nt was subject "Yes," describe	8		×
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedu Regulations section 53.4958-6(c)?		9		

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Schedule J (Form 990) 2023

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.

THO SULT OF COLUMN S (D)(I) (III) TO	<i>y</i> . c	(B) Breakdown of W-2 ar				(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
ADELE MALPASS	(i)	142,308.	10,000.	0.	0.	0.	152,308.	0.
1 PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
LAURIE DUGAN	(i)	155,000.	10,000.	0.	0.	0.	165,000.	0.
2 CHIEF DEV. OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
_ 3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
_ 7	(ii)							
	(i) (ii)							
8	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
_16	(ii)							

Part III Supplemental Information	
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 th	iis par
or any additional information.	

Schedule J (Form 990) 2023

Page 3

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

2023

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

THE DAILY CALLER NEWS FOUNDATION	45-2922471						
Pt VI, Line 8b: THERE ARE NO COMMITTEES.							
Pt VI, Line 11b: OFFICERS OF THE ORGANIZATION DISCUSS AND REVIEW THE TAX RETURNS							
BEFORE THE ACTUAL FILING OF TAX RETURNS.							
Pt VI, Line 12c: ORGANIZATION HAS ADOPTED A CONFLICT OF INTEREST POLICY AND							
OFFICERS ARE REQUIRED TO DISCLOSURE THE POSSIBLE CONFLICTS EVERY YEAR. PRESIDENT							
AND SECRETARY MEET TIME TO TIME TO DISCUSS AND MONITOR THE POLICY FOR POSSIBLE							
CONFLICT OF INTERESTS.							
Pt VI, Line 15a: COMPENSATION OF OFFICERS AND EXECUTIVE DIRECTOR IS	DECIDED						
BY THE BOARD IN COMMENSURATE TO PRESENT WAGES IN THE JOB MARKET FOR	SIMILAR SERVICES.						
Pt VI, Line 15b: COMPENSATION OF OFFICERS AND EXECUTIVE DIRECTOR IS	DECIDED						
BY THE BOARD IN COMMENSURATE TO PRESENT WAGES IN THE JOB MARKET FOR	SIMILAR SERVICES.						
Pt VI, Line 18: TAX RETURNS ARE MADE AVAILABLE TO PUBLIC UPON REQUE	ST AND THE						
SAME ARE AVAILABLE TO PUBLIC VIA THE ORGANIZATION'S WEBSITE AND THI	RD PARTY WEBSITES.						
Pt VI, Line 19: GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE MADE							
AVAILABLE UPON REQUEST TO THE MANAGEMENT.							
Pt III, Line 4d:							
Expenses: \$89,557 including grants of: \$0 Revenue: \$0							
Description: WE HOST AN ANNUAL AWARDS DINNER FOR OUR JOURNALIST							
AND SPECIAL GUESTS.							