Department of the Treasury Internal Revenue Service

## Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Α	ror tr	ne 2014 calendar year, or tax year beginning and end	aing			Marie Comment	Δ
В	Check i	f C Name of organization		D Employer ide	ntific	ation number	<u>Ø.</u>
	Addr	THE REPORTERS COMMITTEE FOR FREEDOM				·	1
F	Nam chan			52	2-09	72043	4
Ē	Initia		om/suite	E Telephone nu	***************************************		
	Final	1156 15mu corpered NW 12	50	20	12-7	<u> 795-9300</u>	
	term ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		2,260	<u>,158.</u>
	Amoi retun	MASHINGION, DC 20005		H(a) Is this a gro			
	Appl Ltion pend	F Name and address of principal officer: BROCE BROWN		for subordi	nates?	' Yes	X No
		11156 ISTH STREET NW, WASHINGTON, DC 200		H(b) Are all subording			
**********		xempt status: X 501(c)(3) 501(c) ( ) ( (insert no.) 4947(a)(1) or L	527			ist. (see instruct	tions)
		ite: ► WWW.RCFP.ORG	]	H(c) Group exer			
**********		of organization: Corporation Trust X Association Other	L Year c	of formation: 197	U M	State of legal don	nicile: DC
L	art I	<u> </u>	m n o m	min DIG	rm m	O 03 mirro	
မွ	1	Briefly describe the organization's mission or most significant activities: TO PRO AND DISTRIBUTE NEWS; TO KEEP GOVERNMENT AC					Χ
Governance							***************************************
Veri	2	Check this box  if the organization discontinued its operations or disposed			3	ers.	35
ĝ	3	Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)			4		35
	4	, , , , , , , , , , , , , , , , , , , ,			5		<u></u>
ties	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			6	Providence of the Control of the Con	36
Activities &	6	Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12			7a	700000000000000000000000000000000000000	0.
Ą	3	Net unrelated business taxable income from Form 990-T, line 34			7b		0.
	<u> </u>	TVEL WILD STATE OF TAXABLE MODIFIE HOLL OF TAXABLE MODIFIED OF		Prior Year	110	Current Ye	***************************************
Revenue	8	Contributions and grants (Part VIII, line 1h)		686,14	7.	1,114,	
	9	Program service revenue (Part VIII, line 2g)		151,55			,837.
ķ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		259,08			,326.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1		8.		211.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	i	1,097,05	***************************************	1,551,	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.		0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	- [		0.		0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		822,45	6.	821,	648.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.		0.
cbei	1	Total fundraising expenses (Part IX, column (D), line 25) 125, 157					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		368,89		344,	819.
	3	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,191,35	2.	1,166,	467.
	19	Revenue less expenses. Subtract line 18 from line 12		-94,29	8.	385,	192.
or ICes			Beg	inning of Current Y		End of Yea	
Net Assets Fund Balan	20	Total assets (Part X, line 16)		5,718,87	7.	6,104,	069.
\$2 \$2 \$3	21	Total liabilities (Part X, line 26)			0.		0.
毙	22	Net assets or fund balances. Subtract line 21 from line 20	<u>  </u>	5,718,87	7.	6,104,	069.
S	ırt II	Signature Block					
		alties of perjury, I declare that I have examined this return, including accompanying schedules and			of my k	knowledge and be	elief, it is
true,	correc	ct, and complete. Declaration of preparer (ather than officer) is based on all information of which	preparer h	nas any knowledge.			
		Jan J. Jan					
Sign	1	Signature of officer		Date			
Her	е	BRUCE BROWN, EXECUTIVE DIRECTOR					
***************************************		Type or print name and title	I no	20	. 1	TI DTIN	
		Print/Type preparer's name  Priparer's signature		Check if	ـــــــا	PTIN	
Paid -		DAVID JONES	<u> </u>	/ / / / / / / / / / / / / / / / / / / /	moloyed	P013610	
Prep		Firm's name JONES, MARESCA & MCQUADE, P.A.		Firm's EIN	<u> </u>	<u>52-18539</u>	133
Use	Unly	Firm's address 10500 LITTLE PATUXENT PARKWAY, SU	T.LE .	770	44.0	004.000	
ė		COLUMBIA, MD 21044	***************************************	Phone no.	<u>41U</u>	-884-022	
Maria	the II	RS discuss this return with the preparer shown above? (see instructions)				I X Voc	No

	1990 (2014) OF THE PRESS 52-0972043 Page 2
Pa	rt III Statement of Program Service Accomplishments
440000	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROTECT THE RIGHT TO GATHER AND DISTRIBUTE NEWS; TO KEEP GOVERNMENT ACCOUNTABLE BY ENSURING ACCESS TO PUBLIC RECORDS, MEETINGS AND
	COURTROOMS; AND TO PRESERVE THE PRINCIPLES OF FREE SPEECH AND
	UNFETTERED PRESS, AS GUARANTEED BY THE FIRST AMENDMENT OF THE U.S.
2	Did the organization undertake any significant program services during the year which were not listed on
2	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
-	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$807,018. including grants of \$) (Revenue \$184,837.)
	LEGAL DEFENSE AND RESEARCH - PROVIDES AROUND-THE-CLOCK, PRO BONO
	SERVICES TO ALL NEWS MEDIA. IT OFFERS FREE LEGAL ASSISTANCE AND
	RESEARCH TO JOURNALISTS AND ATTORNEYS, FILES AMICUS BRIEFS, PUBLISHES
	NUMEROUS HANDBOOKS AND MATERIALS, AND SPEAKS OUT AGAINST THREATS TO THE
	FREEDOM OF THE PRESS. THE COMMITTEE UNDERTAKES LEGAL DEFENSE AND
	RESEARCH PROJECTS IN ALL AREAS OF MEDIA LAW AND ASSIST JOURNALISTS AND
	NEW ORGANIZATIONS WITH FREEDOM OF INFORMATION AND ACCESS-TO-COURT
	CASES.
	PUBLICATIONS - THE COMMITTEE PUBLISHES A QUARTERLY MAGAZINE, A DAILY
	BLOG, AND VARIOUS GUIDEBOOKS FOR GATHERING AND DISSEMINATING THE NEWS.
	THE COMMITTEE'S INTERNET WEBSITE PROVIDES CONTENT ON MEDIA LAW AND
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	/ Chipothology
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 807,018.
	Form <b>990</b> (2014)

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	offection of required ochedules		T	1
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		-57	
	If "Yes," complete Schedule A	1	X	-
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			7.7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	.	Х	
	during the tax year? If "Yes," complete Schedule C, Part II	4		<b></b>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		70"
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			Х
_	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,	7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x
_	Schedule D, Part III	-		-25
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		X
40	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	- 2	***************************************	
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
4.4	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X	10	- 23	
11	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a		x
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
, D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		***************************************	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
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		<u>X</u>
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		<u>X</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		Table State	42
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		ا ب	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_		v
_	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	***	ggn /	2014)
		1 (111)	(	LU 14)

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Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 22 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 Х 23 Schedule J 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 X Schedule K. If "No", go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," X complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member  $\mathbf{x}$ 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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ...... 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Form 990 (2014)

Note. All Form 990 filers are required to complete Schedule O

\$4144314032004A	rt V Statements Regarding Other IRS Filings and Tax Compliance	, U = -	, r	age •
Га	Check if Schedule O contains a response or note to any line in this Part V			
***********	Chocks concern a formation of the county line in the fact of	reartices	Yes	No
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	IVU
1a		Í		
b	Enter the named of other V2 monded in the fact of the techniques of the second of the	1		
C	(gambling) winnings to prize winners?	10	x	
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	10		<del> </del>
Za	filed for the calendar year ending with or within the year covered by this return 2a 15			
b		2b	х	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<del>                                     </del>
2-	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
		3b	<del> </del>	44
b	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30	<del> </del>	ļ
4a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
1-	If "Yes," enter the name of the foreign country:	40		-27
a	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
		5a		Х
5a	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?	5b		X
b				<u> </u>
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c		
6a		6-		X
ř.	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u>6a</u>		-27-
b	· · · · · · · · · · · · · · · · · · ·	C.L		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).  Note the assemble to produce a graph of a graph of \$75 made portly as a postribution and partly for goods and services provided to the payor?	7a	х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70	- 23	
С	to file Form 8282?	7c		х
_	If "Yes," indicate the number of Forms 8282 filed during the year 7d	<del>-/-</del>		
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g 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			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	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 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
D	amounts due or received from them.)			
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		***************************************
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.	isa		
L	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand 13c		. [	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	_	
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Form **990** (2014)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management	· · · · · · · · · · · · · · · · · · ·	······································	
	NOTITE COLOTING SOCIETY OF THE SOCIE		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 1a 3.	5		
14	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
	Enter the number of voting members included in line 1a, above, who are independent	;		
b		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			x
_	officer, director, trustee, or key employee?	2	<del> </del>	~
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			70*
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		**
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		i	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		<u>X</u>
b	Describe in 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	_X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		-	
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sect	tion C. Disclosure		0101/c10	
17	List the states with which a copy of this Form 990 is required to be filed ▶VA, NY, DC, FL, MA, IL, OK, NJ, ME		************	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial	
	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:			
	THE ORGANIZATION - 202-795-9300			
	1156 15TH STREET NW, WASHINGTON, DC 20005			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization n	or any related	orga	aniza	ation	COL	mpe	nsa	ted any current officer, of	director, or trustee.	
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average	(do				) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	•	compensation	amount of
	week		ceran I	load	recto	or/trus	166)	110111	from related	other
	(list any hours for	ireclo						the	organizations	compensation from the
	related	6010	ee			saled		organization (W-2/1099-MISC)	(W·2/1099-MISC)	organization
	organizations	truste	l trus		aa A	mpen		(**-27 1035 171100)		and related
	below	Individual trustee or director	Institutional trustee	×	Key employee	Highest compensated employee	क्र			organizations
	line)	Indiv	Insti	Опсе	Key e	是電	Former			
(1) PIERRE THOMAS	2.00						- TO THE REAL PROPERTY.			
CHAIRMAN		X		X				0.	0.	0.
(2) SAUNDRA TORRY	2.00									
VICE CHAIRMAN		X		X				0.	0.	0.
(3) JOHN C. HENRY	6.00									
SECRETARY/TREASURER		X		X		<u> </u>		0.	0.	0.
(4) JUDY WOODRUFF	1.00							_	_	_
STEERING COMMITTEE		X						0.	0.	0.
(5) J. SCOTT APPLEWHITE	1.00							_	_	_
STEERING COMMITTEE		X						0.	0.	<u> </u>
(6) WOLF BLITZER	1.00									
STEERING COMMITTEE		X						0.	0.	0.
(7) CHIP BOK	1.00									
STEERING COMMITTEE		X						0.	0.	0.
(8) BILL NICHOLS	1.00							_		•
STEERING COMMITTEE		X						0.	0.	0 *
(9) DAVID BOARDMAN	2.00									
STEERING COMMITTEE		X						0.	0.	0.
(10) MICHAEL DUFFY	1.00			-						
STEERING COMMITTEE		X						0.	0.	0.
(11) RICHARD DUNHAM	1.00								.	
STEERING COMMITTEE		X			***************************************		***********	0.	0.	0 .
(12) ASHLEA EBELING	1.00									•
STEERING COMMITTEE		X						0.	0.	0.
(13) MAGGIE MULVIHILL	1.00									
STEERING COMMITTEE		X						0.	0.	0 *
(14) FRED GRAHAM	1.00			-					_	•
STEERING COMMITTEE	4 00	X						0.	0.	0 .
(15) NAT HENTOFF	1.00								_	^
STEERING COMMITTEE	1 00	X					******	0.	0.	0.
(16) DAHLIA LITHWICK	1.00								^	•
STEERING COMMITTEE	1 00	X		_				0.	0.	0.
(17) ALICIA C. SHEPARD	1.00	7.	***************************************	TOPPLANTE				0.	0.	٥
STEERING COMMITTEE		X						1 0.1	<u>U .  </u>	0 . Form <b>990</b> (2014)

432007 11-07-14

Form 990 (2014) OF THE PI									52-097	204	. 3 F	Page 8
Part VII   Section A. Officers, Directors, Trus	1	ploy	/ees			ghe	st C	4				-
(A)	(B)			Pos	C) ition			(D)	(E)		(F)	
Name and title	Average hours per		not o	neck	more	than		Reportable	Reportable		Estimat	
	week				erson is both an director/trustee)			compensation from	compensation from related		amount	
	(list any	ţġ	T	Γ		<u> </u>	1	the	organizations	Cr	ompens	
	hours for	direc				_		organization	(W-2/1099-MISC)		from th	
	related	10 33	Stee			ınsafe		(W-2/1099-MISC)	(		organiza	
	organizations	hus	altr		)yee	omp				1	and rela	ited
	below	Individual trustee or director	Institutional bustee	ξij	Key employee	Highest compensated employee	Former			0'	rganizat	tions
	line)	Ē	TE .	Officer	* £	£ 5	Ē					
(18) ERIC SCHMITT	1.00											_
STEERING COMMITTEE		X				ļ		0.	O		·····	0,
(19) JANE MAYER	1.00							_	_			_
STEERING COMMITTEE		X						0.	0	<u>-</u>		0.
(20) DOYLE MCMANUS	1.00								_			
STEERING COMMITTEE		X						0.	0	•		0.
(21) ANDREA MITCHELL	1.00					ecolinalistics.						
STEERING COMMITTEE		X				<u> </u>		0.	0	*	***************************************	0.
(22) STEPHEN ADLER	1.00											_
STEERING COMMITTEE		X						0.	0	*		0.
(23) JOHN D. MCKINNON	1.00							_	_			
STEERING COMMITTEE		X						0.	0	•	······································	0.
(24) MARGARET LOW SMITH	2.00									-		_
STEERING COMMITTEE	1 00	X						0.	0	•		0.
(25) PAUL STEIGER	1.00											_
STEERING COMMITTEE		X						0.	0	•		0.
(26) ANTHONY MAURO	1.00								•			•
STEERING COMMITTEE		X		l				0.	0			<u>o</u> .
1b Sub-total								0.	0		4 4 5	0.
c Total from continuation sheets to Part VII								276,841.	0		14,3	
d Total (add lines 1b and 1c)							<b>&gt;</b> -	276,841.	0	•	<u>14,3</u>	73.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	e) wr	io re	eceived more than \$100	,000 of reportable			,
compensation from the organization												T N =
										1	Yes	No
3 Did the organization list any former officer,												٠,٠
line 1a? If "Yes," complete Schedule J for su										. 3		X
4 For any individual listed on line 1a, is the su	=									١.	37	
and related organizations greater than \$150										4	X	
5 Did any person listed on line 1a receive or a							elate	ed organization or individual	dual for services	_		
rendered to the organization? If "Yes," comp	olete Schedule	Jto	or su	ich <u>r</u>	oers.	on .				. 5		X
Section B. Independent Contractors							un 41	hat uponly and many those (	2100 000 of names			
1 Complete this table for your five highest cor	-									isanor	HOIII	
the organization. Report compensation for t	ne caiendar ye	ar e	enair	ici w	III) C	2F W	min		ear.		····	
<b>(A)</b> Name and business :	address	NIC	)NE	•				(B) Description of se	ervices		(C) censatio	n
		TAC	7147	<u></u>			_				***************************************	
							1			***************************************		
									***************************************			
			**********	***********								***************************************
					********							***************************************
							4			*************		·
							***************************************		**************************************			
2 Total number of independent contractors (in	icludina but n	ot lin	nitec	i to i	thos	e lis	ted	above) who received m	ore than			
zineana erit mari maiteeneaman ha 000 0012	•				0				***************************************			

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2014)

IND ADPORTERS	COMMITTED FOR EVERDOW	
OF THE PRESS		52-0972043
ers, Directors, Trustees, K	ey Employees, and Highest Compensated E	mployees (continued)

Part VII   Section A. Officers, Directors, (A)	(B)	T			C)			(D)	(E)	(F)
Name and title	Average	,_		Pos	ition		. I. A	Reportable	Reportable	Estimated
	hours per week (list any hours for related organizations below line)	stes or director	hecitorional trustee	Officer	that Key employee	Highest compensated amployee	Former Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(27) THOMAS C. RUBIN	1.00					ļ				
TEERING COMMITTEE		X				<u> </u>		0.	0.	0
(28) JAN CRAWFORD	1.00								_	_
STEERING COMMITTEE		X						0.	0.	0
(29) JEFF LEEN	1.00	-						_	_	_
STEERING COMMITTEE		X	ļ					0.	0.	0
(30) JEFFERY ROSEN	1.00							_	_	
STEERING COMMITTEE	· ·	X						0.	0.	0
(31) DAVID MCCUMBER	1.00	<b> </b>							_	=
STEERING COMMITTEE		X						0.	0.	0
(32) SCOTT MONTGOMERY	1.00	l						_	_	
STEERING COMMITTEE		X		aqueen marie				0.	0.	0
33) JENNIFER SONDAG	1.00							0.	0.	^
STEERING COMMITTEE	2.00	X						V.	U.	0
(34) SUSAN GOLDBERG	2.00	х						0.	0.	0
STEERING COMMITTEE (35) CAROL ROSENBERG	1.00									
STEERING COMMITTEE	1.00	x						0.	0.	0
(36) BRUCE BROWN	40.00	-							-	
EXECUTIVE DIRECTOR				x				169,926.	0.	2,002
(37) GREGG LESLIE	40.00									······································
LEGAL DEFENSE DIRECTOR						X		106,915.	0.	12,371
										4446.00
					***		•			
										W
										S
otal to Part VII, Section A, line 1c			<del>.</del>					276,841.		14,373

Contributions, Gifts, Grants and Other Similar Amounts

Program Service Revenue

THE REPORTERS COMMITTEE FOR FREEDOM 52-0972043 Page 9 OF THE PRESS Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 Related or Unrelated Total revenue exempt function business revenue revenue 1 a Federated campaigns ia b Membership dues 1b 510.524. c Fundraising events ..... 10 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 603,761 similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 114,285. Total. Add lines 1a-1f Business Code 900099 170,730. 170,730. 2 a PROGRAM SERVICES 11,150. 900099 11,150. **b** REIMBURSEMENTS 2,957. 2,957. c PUBLICATIONS & SUBSCRI 900099 f All other program service revenue 184,837. g Total, Add lines 2a-2f -Investment income (including dividends, interest, and other similar amounts) 178,627. 178,627. Income from investment of tax-exempt bond proceeds 6 a Gross rents b Less: rental expenses c Rental income or (loss) ..... d Net rental income or (loss) ... \*\*\*\*\*\*\*\*\* 7 a Gross amount from sales of (i) Securities (ii) Other 556,528. assets other than inventory b Less: cost or other basis and sales expenses 482,829 c Gain or (loss) \_\_\_\_\_\_\_ 73,699. 73,699. 73,699.

0.

d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$510,524. of contributions reported on line 1c). See Part IV, line 18 a 225,670

900099

b Less: direct expenses b 225,670 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses \_\_\_\_\_ b

c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances \_\_\_\_\_a

b Less: cost of goods sold ...... b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 

d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions.

11 a MISCELLANEOUS

211. 211.

> 0. 252,537. Form 990 (2014)

211

659.

184,837.

Form 990 (2014) OF THE PRESS
Part IX | Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			Manager Manager and	7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	171,929.	114,342.	31,829.	25,758.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	540,570.	358,788.	100,071.	81,711.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	55,239.	42,981.	10,259.	1,999.
10	Payroll taxes	53,910.	36,755.	10,086.	7,069.
11	Fees for services (non-employees):		The state of the s		
а	Management				
b	Legal				
	Accounting	7,900.		7,900.	
d	Lobbying				
e	B ( ) ( ) ( ) ( ) ( ) ( ) B ( ) ( ) ( )				
f	Investment management fees				***************************************
g g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	51,945.	24,907.	27,038.	
12	Advertising and promotion	275.	165.		110.
13	Office expenses	16,572.	12,039.	3,850.	683.
14	Information technology	33,224.	33,224.		
15	Royalties				***************************************
16	Occupancy	151,163.	129,610.	21,233.	320.
17	Travel	31,068.	25,262.	1,935.	3,871.
18	Payments of travel or entertainment expenses	02/000			2/0/11/
10	for any federal, state, or local public officials				
40	Conferences, conventions, and meetings	10,590.	10,590.		
19		10,000	10,000		
20	Interest Payments to affiliates				
21	Payments to affiliates  Depreciation, depletion, and amortization				
22	* * * * * * * * * * * * * * * * * * * *	8,275.	5,379.	2,896.	
23	Other expenses, Itemize expenses not covered	0,413.	3,313.	2,090.	
24	other expenses, itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	-			
а	RELOCATION EXPENSES	16,369.		16,369.	
b	MISCELLANEOUS	6,546.	5,564.	655.	327.
2	LEGISLATIVE EXPENSES	5,871.	5,871.		<u> </u>
d	TAXES AND LICENSES	2,873.	781.	87.	2,005.
	All other expenses	2,148.	760.	84.	1,304.
	Total functional expenses, Add lines 1 through 24e	1,166,467.	807,018.	234,292.	125,157.
25 26	Joint costs. Complete this line only if the organization	±,100,±0/•	00//010	<u> </u>	<u> </u>
26	reported in column (B) joint costs from a combined	ndoobaaaa		acconduction	
	educational campaign and fundraising solicitation.			anaconolars	
	Check here if tallowing SOP 98-2 (ASO 958-720)	L			Farm 900 (0014)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 197,517. 91,310. 1 Cash - non-interest-bearing 886,183. 1,416,865. Savings and temporary cash investments 2 2 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net Inventories for sale or use 8 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a b Less: accumulated depreciation 10b 10c 4,627,522. 4,560,603. Investments · publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 7,655 35,291. 15 15 Other assets. See Part IV, line 11 5,718,877. 6,104,069. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses 17 17 18 18 Grants payable \_\_\_\_\_ 19 19 Deferred revenue 20 Tax-exempt bond liabilities \_\_\_\_\_ 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 0. 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🐰 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 892,906. 1,243,539. 27 Unrestricted net assets \_\_\_\_\_ 4,825,971. 4,860,530. Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 5,718,877. 6,104,069. 33 Total net assets or fund balances 5,718,877. 6,104,069. 34 Total liabilities and net assets/fund balances ...

Forn	n 990 (2014) OF THE PRESS	<u> 52-097</u>	<u> 2043</u>	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				Personal
************	Check if Schedule O contains a response or note to any line in this Part XI	46-4-20-00-00-00-00-00		****	
1	Total revenue (must equal Part VIII, column (A), line 12)		1,553		
2	Total expenses (must equal Part IX, column (A), line 25)	2222	1,16	***********	
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>92.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		5,718	3,8	<u>77.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			***************************************
7	Investment expenses	7		***************************************	
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u>0.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	·			
<b></b>	column (B))	10	<u>6,104</u>	1,0	<u>69.</u>
Pa	rt XII Financial Statements and Reporting				f
	Check if Schedule O contains a response or note to any line in this Part XII	4; 44 × 43 40 × 40 00 00 00 00 00 00 00 00 00 00 00 00			X
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			-	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a		1	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	******************************
	If the organization changed either its oversight process or selection process during the tax year, explain in School				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?	****************	3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form §	990 (2	2014)

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### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization THE REPORTERS COMMITTEE FOR FREEDOM THE PRESS 52-0972043 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 💹 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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. \_\_\_ 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) 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 II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above or IRC section Instructions) Instructions) No Yes (see instructions)) Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 08-17-14

Schedule A (Form 990 or 990-EZ) 2014

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 (f) Total (d) 2013 (e) 2014 (a) 2010 (b) 2011 (c) 2012 Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 ....... The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ... 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10

12	Gross receipts from related activities, etc. (see instructions)
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)
	organization, check this box and stop here
·	tion C. Computation of Bublic Compart Darsontage

	aon o. comparation of abno capporer crockage			
4	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14		%
5	Public support percentage from 2013 Schedule A, Part II, line 14	15		%
6a	33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or r stop here. The organization qualifies as a publicly supported organization		4 1	
b	33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% and stop here. The organization qualifies as a publicly supported organization		. [	コ
7a	10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Pameets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	rt VI how th	ne organization	
b	10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	n in Part VI	how the	

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2014

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support							
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	137,33	357-5			11	***
•	membership fees received. (Do not				disconnection		
	include any "unusual grants.")	719.484.	771,872.	718.871.	686.147.	759.281.	3655655.
2	Gross receipts from admissions,	71010	,,1,0,2.	74070722		, , , , , , , , , , , ,	
2	merchandise sold or services per-				RADANA AND AND AND AND AND AND AND AND AN		
	formed, or facilities furnished in						
	any activity that is related to the	159,896.	23,557.	25 235	151 555	184,837.	545 080
	organization's tax-exempt purpose  Gross receipts from activities that	139,090:	23,337.	40,400	131,333.	107,00/.	
3							
	are not an unrelated trade or bus-						
	iness under section 513						:
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to				-		
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to				***************************************		
	the organization without charge						10000
6	Total. Add lines 1 through 5	879,380.	795,429.	744,106.	837,702.	944,118.	4200735.
7 a	Amounts included on lines 1, 2, and						•
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received		***************************************			e e e e e e e e e e e e e e e e e e e	
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the		***************************************				
	amount on line 13 for the year	140,617.	23,557.	<u> 25,235.</u>	123,665.	156,613.	
C	Add lines 7a and 7b	140,617.	23,557.	<u> 25,235.</u>	123,665.	156,613.	469,687.
	Public support (Subtract line 7c from line 6.)						<u>3731048.</u>
Sec	etion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	879,380.	795,429.	744,106.	837,702.	944,118.	4200735.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources	212,503.	251,486.	206,493.	259,084.	252,326.	<u>1181892.</u>
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	212,503.	251,486.	206,493.	259,084.	252,326.	1181892.
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is					7	
	regularly carried on						
12	Other income. Do not include gain					***************************************	
	or loss from the sale of capital assets (Explain in Part VI.)				268.	211.	<u>479.</u>
13	Total support. (Add lines 9, 10c, 11, and 12.)	1091883.	1046915.	950,599.	1097054.	1196655.	5383106.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ix year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here	****************	******************				
Sec	tion C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2014 (I			olumn (f))	. < > > 4 ~ 9 ~ 0 ? ~ 0 ? 0 ? 0 * 0 * 0 ? 4 9 ! 4 7 *	15	<u>69.31 %</u>
	Public support percentage from 2013					16	70.86 %
	tion D. Computation of Inves						
17	Investment income percentage for 20	114 (line 10c, colum	nn (f) divided by lin	e 13, column (f))	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	17	21.96 %
18	Investment income percentage from 2	<b>2013</b> Schedule A, F	Part III, line 17	,	******	18	21.22 %
19a	33 1/3% support tests - 2014. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box as						
	33 1/3% support tests - 2013. If the						
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organizatio						<u> </u>
	3 09-17-14					edule A (Form 990	or 990-EZ) 2014

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D. and complete Part V.)			*************
Sec	tion A. All Supporting Organizations			·
		<b></b>	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			
	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		
32	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
Va	(b) and (c) below.	3a		***************************************
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
S	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)			
U	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4	Was any supported organization not organized in the United States ("foreign supported organization")? If		***************************************	
44	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	1 77		
ม	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		
_	Did the organization support any foreign supported organization that does not have an IRS determination	100		
C	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		
52	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
Ju	answer (b) and (c) 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		
h	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		
c	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 (a) its supported organizations; (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations; or (c) 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 (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	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 in 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 in line 9(a)) 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 in line 9(a)) 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		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)	versessesses		
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting	ious.com		
	organizations)? If "Yes," answer (b) below.	10a		
I.,	Did the organization have any excess business holdings in the tay year? (I lise Schedule C. Form 4720, to			

determine whether the organization had excess business holdings.)

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Pa	rt IV Supporting Organizations (continued)		mycolanian marais	(Algorithman)
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			·
		p	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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,	The state of the s		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	11		
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		
Sec	tion 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		
Sec	tion D. 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, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	***************************************		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	11		
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 in (2), 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		<u> </u>
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instru	ctions):		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	'see instructions	<u>}.                                    </u>	
2	Activities Test. Answer (a) and (b) below.	<b>,</b>	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 in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
þ	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		

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-	irt V   Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organ		
1	Check here if the organization satisfied the Integral Part Test as a qualifyir			uctions. All
	other Type III non-functionally integrated supporting organizations must co	-		
			(A) D.::	(B) Current Year
Sec	tion A - Adjusted Net Income		(A) Prior 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		
Sec	ion 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):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
-	Total (add lines 1a, 1b, and 1c)	1d	titikiitiin katioooni talika kalainooni talika kalainooni talika kalainooni talika kalainooni talika kalainooni	
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 1-1/2% 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 .035	6		
	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 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	v-integrater	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions).

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Pa	rt V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Sec	tion D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemple	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ns		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsiv	'e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Sect	ion E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
c				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
i	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			PATRICAL PAT
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b				
С				
d	Excess from 2013			
	Excess from 2014			

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Part VI	(Form 990 or 990-EZ) 2014 OF THE PRESS  Supplemental Information. Provide the explanations required by Part II, line 10; Part	t II, line 17a or 17b; and Part III, line 12.
£	Also complete this part for any additional information. (See instructions).	•
	Albe complete this part for any additional information, (coe methodicine).	
-		
***************************************		
·····		

### SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	:) (see separate instructions), then Section 501(c)(4), (5), or (6) organiza				
	ne of organization THE REP OF THE	PORTERS COMMITTEE			Employer identification number 52-0972043
Pa	art I-A   Complete if the or	ganization is exempt und	der section 501(c)	or is a section 52	?7 organization.
2	Provide a description of the organi Political expenditures Volunteer hours	,	**********************	X<>+490×6×64×64×64×65×65×65×65×64×64×64×64×64×64×64×64×64×64×64×64×64×	
Pa	rt I-B Complete if the or	ganization is exempt und	ler section 501(c)	(3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	**********************	<b>▶</b> \$
	Enter the amount of any excise tax				
	If the organization incurred a section				
	Was a correction made?			**********	Yes L No
***********	If "Yes," describe in Part IV.	ganization is exempt und	lar castian E01/a)	avaant caatian F	:01(a)(2)
		······································			
	Enter the amount directly expende Enter the amount of the filing organ exempt function activities	nization's funds contributed to ot	her organizations for se	ection 527	
3	Total exempt function expenditures				
	line 17b	· · · · · · · · · · · · · · · · · · ·	************		<b>&gt;</b> \$
	Did the filing organization file Form Enter the names, addresses and er made payments. For each organiza contributions received that were pr political action committee (PAC). If	nployer identification number (El ation listed, enter the amount pai comptly and directly delivered to	N) of all section 527 pc d from the filing organiz a separate political org	olitical organizations to cation's funds. Also ent anization, such as a se	which the filing organization er the amount of political
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization funds. If none, enter	s contributions received and
				***	
***************************************					

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

Schedule C (Form 990 or 990-EZ) 2014

LHA 432041 10-21-14

Schedule C (Form 990 or 990-EZ) 2014 (	OF THE PRE	SS		<u>52-0</u>	972043 Page 2			
Part II-A Complete if the org	anization is exe	empt under section	n 501(c)(3) and fi	ied Form 5/68 (e	rection under			
section 501(h)).  A Check if the filing organizat	in belongs to on al	Ellated avairs (and list in	Dort IV acab affiliates	Largus mombor's nam	o addrosa EIN			
	Check   if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).							
parameter .		g expenditures). and "limited control" pro	wicione analy					
Limit	s on Lobbying Exp	enditures		(a) Filing organization's	(b) Affiliated group totals			
(The term "expend	litures" means amo	unts paid or incurred.	)	totals				
1a Total lobbying expenditures to influ	ence public opinion	(grass roots lobbying)	*************************					
b Total lobbying expenditures to influ	3,460.							
<ul> <li>Total lobbying expenditures (add lir</li> </ul>	nes 1a and 1b)			3,460.				
d Other exempt purpose expenditure	s	*******************	\\\\\.\.\.\.\.\.\.\.\.\.\.\	1,163,007.				
<ul> <li>Total exempt purpose expenditures</li> </ul>	s (add lines 1c and 1	d) ,	****************	1,166,467.				
f Lobbying nontaxable amount. Ente	r the amount from th	ne following table in bot	h columns.	191,647.				
If the amount on line 1e, column (a) or	(b) is: The lo	bbying nontaxable am	ount is:					
Not over \$500,000	20% o	f the amount on line 1e.						
Over \$500,000 but not over \$1,000	.000 \$100.0	00 plus 15% of the exc	ess over \$500,000.					
Over \$1,000,000 but not over \$1,50	00,000 \$175,0	00 plus 10% of the exc	ess over \$1,000,000.					
Over \$1,500,000 but not over \$17,0	***************************************	00 plus 5% of the exce	ss over \$1,500,000.					
Over \$17,000,000	\$1,000							
		<u> </u>						
g Grassroots nontaxable amount (ent	er 25% of line 1f)			47,912.				
h Subtract line 1g from line 1a. If zero		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0.				
i Subtract line 1f from line 1c. If zero				0.				
j If there is an amount other than zero								
reporting section 4911 tax for this y					Yes No			
		eraging Period Under	section 501(h)					
(Some organizations th				of the five columns b	elow.			
	See the separ	ate instructions for li	nes 2a through 2f.)					
~	Lobbying Expe	nditures During 4-Yea	ar Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	( <b>c)</b> 2013	(d) 2014	(e) Total			
2a Lobbying nontaxable amount	161,632	191,437.	194,135.	191,647.	738,851.			
b Lobbying ceiling amount (150% of line 2a, column(e))				**************************************	1,108,277.			
c Total lobbying expenditures	4,204.	15,533.	4,870.	3,460.	28,067.			
d Grassroots nontaxable amount	40,408.	47,859.	48,534.	47,912.	184,713.			
e Grassroots ceiling amount					4			
(150% of line 2d, column (e))		ļ			277,070.			
f Grassroots lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2014

52-0972043 Page 3

Schedule C (Form 990 or 990-EZ) 2014 OF THE PRESS 52-097204

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

r each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
the lobbying activity.	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?	<u> </u>			
e Publications, or published or broadcast statements?				***************************************
f Grants to other organizations for lobbying purposes?		İ		***************************************
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
Other activities?				
j Total. Add lines 1c through 1i				***************************************
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	<u> </u>			·
b If "Yes," enter the amount of any tax incurred under section 4912	<b></b>			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	994			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
art III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)	(5) or se	ction	
501(c)(6).	J.1 00 1(0)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?	*********	1		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
		27777		~~~~~~
Did the organization agree to carry over lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	on 501(c)	3 (5), or se		e 3,
Did the organization agree to carry over lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members	on 501(c) "No," Ol	3 (5), or se R (b) Par		e 3,
Did the organization agree to carry over lobbying and political expenditures from the prior year?  art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	on 501(c) "No," Ol	3 (5), or se R (b) Par		e 3,
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### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

THE REPORTERS COMMITTEE FOR FREEDOM

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

52-0972043 OF THE PRESS Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year \_\_\_\_\_ Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements Total acreage restricted by conservation easements 2¢ c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical

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Schedule D (Form 990) 2014

treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts

(i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

a Revenue included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \_\_\_\_\_\_ > \$\_\_\_\_

the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

relating to these items:

*******	edule D (Form 990) 2014 OF THE							3 Page 2
Pa	rt III   Organi <b>zations Maintain</b> ing (	Collections of A	rt, Historical Tr	reasures, or Oth	ier Si	milar Asse	ts(contin	iued)
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items							
	(check all that apply):							
а	Public exhibition	c	Loan or exc	hange programs				
b	Scholarly research	e	Other					
С	Preservation for future generations							
4	Provide a description of the organization's c	ollections and explai	n how they further t	he organization's ex	empt p	urpose in Pai	t XIII.	
5	During the year, did the organization solicit	or receive donations	of art, historical trea	sures, or other simil	ar asse	ts		
	to be sold to raise funds rather than to be m		•				Yes	No
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or							
ł	reported an amount on Form 990, Pa		Ü			, ,	,	
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	ns or other assets no	t includ	ded		
	on Form 990, Part X?						Yes	No No
b	If "Yes," explain the arrangement in Part XIII			*********************	********			
_			<b>3</b>				Amount	
С	Beginning balance				1	С		
d	Additions during the year				i.	d		***************************************
e	Distributions during the year					e		
f	Ending balance					ıf		
	Did the organization include an amount on F						Yes	□ No
	If "Yes," explain the arrangement in Part XIII.					***************************************		
Par	**************************************						***************************************	
<u> </u>		(a) Current year	(b) Prior year	(c) Two years back	1	ree years back	(e) Four	vears back
1a	Beginning of year balance	4,558,547.	4,597,879,		1	4,760,696,		835,469.
b	Contributions	,	,					discourant desirements. Co.
	Net investment earnings, gains, and losses	214,761.	222.047.	151,555.	151,555, 168,323,			
	Grants or scholarships		**************************************					163,460.
	Other expenditures for facilities				***************************************	**************************************		***************************************
	and programs	270 146.	261,379,	247,615.		235,080,	ici	238,233,
f	Administrative expenses			***************************************		**************************************		······································
g	End of year balance	4,503,162.	4,558,547.	4,597,879.		4 693 939.	4	760,696.
2	Provide the estimated percentage of the curr	······································			t·		d	
а	Board designated or quasi-endowment		%					
	Permanent endowment	%	MANAY					
c	Temporarily restricted endowment ▶ 8	<del>2.9</del> 0 %						
	The percentages in lines 2a, 2b, and 2c should							
За	Are there endowment funds not in the posse		ation that are held a	nd administered for	the org	anization		
	by:							Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations							X
b	If "Yes" to 3a(ii), are the related organizations							
4	Describe in Part XIII the intended uses of the			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Par	t VI   Land, Buildings, and Equipm	ent.						
·	Complete if the organization answered	d "Yes" to Form 990,	Part IV, line 11a. Se	ee Form 990, Part X,	line 10	,		
	Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value							
		basis (investm	nent) basis (	(other) de	preciat	ion		
1a	Land							
	Buildings							
	Leasehold improvements							Autonomous variante anno anti-
	Equipment	t .			***************************************		***************************************	
	Other						······································	
	Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	Oc.)	. 2.2.2.2.52.2	<b>&gt;</b>		0.

	SKS COMMITTEE	FOR FREEDOM	E0 00E0010
Schedule D (Form 990) 2014 OF THE PRES	3S		52-0972043 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes'	E-CANAL SECTION CONTRACTOR CONTRA		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(FI)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			W77-10-10-70-10-10-10-10-10-10-10-10-10-10-10-10-10
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	∍ 15.) .,	2020010310101010101010101010101010101010	<b>b</b>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line		ne 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014

(7)

52-0972043 Page 4 OF THE PRESS Schedule D (Form 990) 2014 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1,801,308. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2a 23,979. b Donated services and use of facilities 2b Recoveries of prior year grants 2c 225,670 d Other (Describe in Part XIII.) Add lines 2a through 2d 249,649. 2e 1,551,659. Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1,416,116. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2b d Other (Describe in Part XIII.) 249,649. e Add lines 2a through 2d 1,166,467. Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: THE TEMPORARILY RESTRICTED ENDOWMENT FUNDS WILL BE USED TO CARRY OUT THE ORGANIZATION'S MISSION TO PROMOTE THE FIRST AMENDMENT RIGHT OF A FREE PRESS THROUGH RESEARCH, DISSEMINATION OF INFORMATION AND THE PROVISION OF ASSISTANCE TO MEMBERS OF THE PRESS. THE BOARD DESIGNATED ENDOWMENT FUNDS WILL BE USED TO SUPPORT GENERAL OPERATING EXPENSES OF THE ORGANIZATION. PART X, LINE 2: THE COMMITTEE RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. THE COMMITTEE DOES 432054 10-01-14 Schedule D (Form 990) 2014

### SCHEDULE G

(Form 990 or 990-EZ)

### Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

THE REPORTERS COMMITTEE FOR FREEDOM Employees

Employer identification number

OF THE PRESS | 52-0972043

Part I Fundraising Activities required to complete this pa	S. Complete if the organization answeart.	ered "\	es" to	o Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization ra</li> <li>a Mail solicitations</li> <li>b Internet and email solicitation</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written key employees listed in Form 990, It is the ten highest paid incompensated at least \$5,000 by the</li> </ul>	e Solicitat g Special  or oral agreement with any individual Part VII) or entity in connection with p	tion of tion of fundra (inclu	non-g gover aising ding o	overnment grants inment grants events fficers, directors, trui fundraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fund have c er cor contrib	Did alser ustody itrol of utions?	(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			
	***************************************					
			; ;>)#24022224444444		***************************************	
Stall states in which the organization or licensing.	on is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from re	egistration
		······································				

432081 08-28-14 Schedule G (Form 990 or 990-EZ) 2014

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

THE REPORTERS COMMITTEE FOR FREEDOM Schedule G (Form 990 or 990-EZ) 2014 OF THE PRESS 52-0972043 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through GALA col. (c)) (event type) (event type) (total number) Revenue 736,194. 736,194. 1 Gross receipts 510,524 510,524. 2 Less: Contributions 225,670 225,670. Gross income (line 1 minus line 2) 4 Cash prizes ..... 431. 431. Noncash prizes Direct Expenses 108,564. 108,564. Rent/facility costs Food and beverages 8 Entertainment 116,675. Other direct expenses ..... 116,675. 225,670. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes Yes No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:

Schedule G (Form 990 or 990-EZ) 2014

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

432082 08-28-14

Schedule G (Form 990 or 990-EZ) 2014 OF THE PRESS	52-0972043 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	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books	
Name ▶	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming reverse	enue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and	d the amount
of gaming revenue retained by the third party 🕨 \$	
c If "Yes," enter name and address of the third party:	
Name	
Address >	
16 Gaming manager information:	
Name ►	
Name >	
Gaming manager compensation > \$	
Description of services provided 🕨	
Director/officer Employee Independent contractor	
17 Mandatory distributions;	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations	
organization's own exempt activities during the tax year 🕨 \$	
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	(v), and Part III, lines 9, 9b, 10b, 15b,
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	THE REPORTER	S COMMITTEE	FOR FREEDOM	
Schedule G (Form 990 or 990-EZ) Part IV   Supplemental Infor	OF THE PRESS			52-0972043 Page 4
Part IV   Supplemental Infor	rmation (continued)			
NAME OF THE PARTY				
		<u> </u>		
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				Schedule G (Form 990 or 990-EZ)

432084 05-01-14

### **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. OMB No. 1545-0047

Attach to Form 990. Department of the Treasury Internal Revenue Service Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

Open to Public Inspection

Name of the organization

THE REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS

52-0972043

P	art I Questions Regarding Compensation			***************************************
<b>L</b>			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		***************************************	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
	and officers, modeling the Open production billioning the Kerne Street and Million (4.7	<b>—</b>		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
•	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
	Applovarby the board of compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			:
2	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
•	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The 100 to dry of who is to person and provide the approache amounts for each term in the min			ı
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		X
_	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		X
~	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons fisted in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments		***************************************	
•	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
Q	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
9	Regulations section 53 4058.6/oi?	۵		

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Schedule J (Form 990) 2014

OF THE PRESS Schedule J (Form 990) 2014

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that are not listed on Form 990, Part VII.

Page 2

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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.

THE								
		(B) Breakdown of M	W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(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	(a)·(i)(a)	in column (B) reported as deferred in prior Form 990
(1) BRUCE BROWN	Ξ	169,926.	0.	• 0	0	2,002.	171.928.	
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# THE REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS

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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Schedule J (Form 990) 2014

Part III Supplemental Information

	***************************************
	A PARTIE DE LE SERVICIO DE LA COMPANION DE LA

Schedule J (Form 990) 2014

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

THE REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS

Employer identification number 52-0972043

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ACCESS TO PUBLIC RECORDS, MEETINGS AND COURTROOMS; AND TO PRESERVE THE
PRINCIPLES OF FREE SPEECH AND UNFETTERED PRESS, AS GUARANTEED BY THE
FIRST AMENDMENT OF THE U.S. CONSTITUTION.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CONSTITUTION.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
JOURNALISM, WHICH IS UPDATED ON A DAILY BASIS.
FELLOWSHIP/INTERNSHIP PROGRAMS - THE COMMITTEE OFFERS LAW FELLOWSHIPS
FOR RECENT LAW SCHOOL GRADUATES AND AN INTERNSHIP PROGRAM FOR
JOURNALISM AND LAW STUDENTS EACH SUMMER AND DURING AN ACADEMIC
SEMESTER.
SUNSHINE IN GOVERNMENT INITIATIVE - THE COMMITTEE TAKES THE LEAD IN THE
ADMINISTRATION OF A COALITION OF MEDIA ORGANIZATIONS AND COMPANIES
COMMITTED TO PROMOTING POLICIES THAT ENSURE THE GOVERNMENT IS
ACCESSIBLE, ACCOUNTABLE, AND OPEN.
FORM 990, PART VI, SECTION B, LINE 11:
A COPY OF THE FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE FOR REVIEW BEFORE
FILING. BOTH THE AUDIT COMMITTEE AND THE EXECUTIVE DIRECTOR REVIEW THE FORM
990 ON BEHALF OF THE GOVERNING BOARD.

Schedule O (Form 990 or 990-EZ) (2014)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14