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PUBLIC DISCLOSURE COPY

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Form	JJU	

Department of the Treasury

Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

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.

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



18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,354,644. 1,982,840. 19 Revenue less expenses. Subtract line 18 from line 12 501,814. 2,241,345. 10 Beginning of Current Year End of Year 6,696,349. 8,937,694.	AI	For th	e 2017 calendar year, or tax year beginning and ending]								
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17 Other expenses (Part IX, column (A), lines T1a-T1d, T1-24e) 20 2, 010 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 :	Ise	16a										
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18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,354,644. 1,982,840. 19 Revenue less expenses. Subtract line 18 from line 12 501,814. 2,241,345. 10 Beginning of Current Year End of Year 6,696,349. 8,937,694.	ш	17		284,818.	557,477.							
19 Revenue less expenses. Subtract line 18 from line 12 501,814. 2,241,345. 8 Beginning of Current Year End of Year 6,696,349. 8,937,694.		18		1,354,644.								
20 Total assets (Part X, line 16) 6,696,349. 8,937,694.		19		501,814.	2,241,345.							
20 Total assets (Part X, line 16) 6,696,349. 8,937,694.	or		· · ·									
	sets	20	Total assets (Part X, line 16)	6,696,349.	8,937,694.							
	tAs	21	Total liabilities (Part X, line 26)	0.	0.							
22 Net assets or fund balances. Subtract line 21 from line 20	Fun			6,696,349.	8,937,694.							

Part II Signature Block

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

Sign Here	Signature of officer BRUCE BROWN, EXECUTIVE Type or print name and title	E DIRECTOR	D	Date						
Paid	Print/Type preparer's name DAVID JONES	Preparer's signature	Date	Check PTIN if self-employed P01361002						
Preparer	Firm's name 🕞 JONES, MARESCA &			irm's EIN 52-1853933						
Use Only	Firm's address 10500 LITTLE PAT COLUMBIA, MD 210			Phone no.410-884-0220						
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)									
732001 11-2	32001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	THE REPORTERS COMMITTEE FOR FREEDOM990 (2017)OF THE PRESS52-0972043Pag
Par	t III Statement of Program Service Accomplishments
	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 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 \$ 1,441,053. including grants of \$) (Revenue \$ 87,317
	THE COMMITTEE PROVIDES AROUND-THE-CLOCK, PRO BONO SERVICES TO ALL NEWS
	MEDIA. IT OFFERS FREE LEGAL ASSISTANCE AND RESEARCH TO JOURNALISTS AN
	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
	THE COMMITTEE UNDERTAKES LEGAL DEFENSE AND RESEARCH PROJECTS IN ALL AREAS OF MEDIA LAW AND ASSISTS JOURNALISTS AND NEWS ORGANIZATIONS WITH
	FREEDOM OF INFORMATION AND ACCESS-TO-COURT CASES. AS SUCH, THE LEGAL
	DEFENSE AND RESEARCH PROGRAM INCLUDES THE FOLLOWING:
	PUBLICATIONS - THE COMMITTEE PUBLISHES A QUARTERLY DIGITAL MAGAZINE, A
	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 \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	() () ()
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,441,053.
4e	(Expenses \$ including grants of \$) (Revenue \$)

OF THE PRESS

Form 990 (2017)

Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		37	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			v
_	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 23	
IZa		12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
5	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	1	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	L	x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
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		x
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

Form **990** (2017)

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Form 990 (2017)

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Pa	The Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			37
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		x	
04-	Schedule J	23	л	
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? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>			
		24a		x
h	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
Ŭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	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,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
-	instructions for applicable filing thresholds, conditions, and exceptions):	28a		x
	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	20a		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
U	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	0Eh		
26		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note. All Form 990 filers are required to complete Schedule O	38	х	
		Form	990	(2017)

732004 11-28-17

THE	REPORTERS	COMMITTEE	FOR	FREEDOM

Form	990 (2017) OF THE PRESS	52-0972	043	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 9			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming			
	(gambling) winnings to prize winners?		1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 22			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ms?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	3)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots		9b		
10	Section 501(c)(7) organizations. Enter:	1 1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b		10b			
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b		

Form 990	(2017)
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732005 11-28-17

THE REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS

Form 990 (2017)

52-0972043 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	tion A. Governing Body and Management			
			Yes	Ν
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 30 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.	<u>כ</u>		
h	Enter the number of voting members included in line 1a, above, who are independent 1b	b		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
2	officer, director, trustee, or key employee?	2		2
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		-	-
Ū	of officers, directors, or trustees, or key employees to a management company or other person?	3		2
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		12
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		12
6	Did the organization have members or stockholders?	6		12
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
74	more members of the governing body?	7a		2
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14	<u> </u>	+
	persons other than the governing body?	7b		12
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
	The governing body?	8a	x	
	Each committee with authority to act on behalf of the governing body?	8b	x	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		<u> </u>	
Ū	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	N
10a	Did the organization have local chapters, branches, or affiliates?	10a	1.00	
	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		
1 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	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	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.5	+	
	in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	X	
	Did the organization have a written document retention and destruction policy?	14	x	
	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	
	Other officers or key employees of the organization	15b		
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	10.0		
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
16a	taxable entity during the year?	16a		1 2
	, , , , , , , , , , , , , , , , , , , ,	iou		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	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			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b		
b	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		
b Sect	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure	16b		
b Sect	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed VA, NY, FL, MD, IL, OK, NJ			
b Sect	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►VA, NY, FL, MD, IL, OK, NJ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)		ble	
b Sect	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ <u>VA, NY, FL, MD, IL, OK, NJ</u> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply		ble	
b Sect 17 18	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►VA , NY , FL , MD , IL , OK , NJ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 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)	availat		
b Sect 17 18	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►VA, NY, FL, MD, IL, OK, NJ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	availat		
b Sect 17 18	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►VA, NY, FL, MD, IL, OK, NJ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar statements available to the public during the tax year.	availat		
b Sect 17 18	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► VA , NY , FL , MD , IL , OK , NJ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ►	availat		
b Sect 17 18	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► VA , NY , FL , MD , IL , OK , NJ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ► THE ORGANIZATION - 202-795-9300	availat		
b Sec 17 18 19 20	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► VA , NY , FL , MD , IL , OK , NJ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ► THE ORGANIZATION - 202-795-9300	availat		(2)

Part VII	Co	mpensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Em	ployees, and Independent Contractors

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

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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.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation compensation		amount of			
	week					l		from	from related	other
	(list any hours for	or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	se or c	stee			nsated		(W-2/1099-MISC)	(00-2/1033-10130)	organization
	organizations	trust	al tru		yee	ompe		· · · · · · · · · · · · · · · · · · ·		and related
	below	Individual trustee	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) DAVID BOARDMAN	3.00									
CHAIRMAN		Х		Х				0.	0.	0.
(2) SUSAN GOLDBERG	2.00									•
VICE CHAIRMAN		х		Х				0.	0.	0.
(3) ANTHONY MAURO	2.00									•
SECRETARY/TREASURER		Х		Х				0.	0.	0.
(4) STEPHEN ADLER	1.00									•
STEERING COMMITTEE	1 00	X						0.	0.	0.
(5) SCOTT APPLEWHITE	1.00									0
STEERING COMMITTEE	1 00	X						0.	0.	0.
(6) WOLF BLITZER	1.00									0
STEERING COMMITTEE	1 00	X						0.	0.	0.
(7) CHIP BOK	1.00									0
STEERING COMMITTEE	1.00	X						0.	0.	0.
(8) MASSIMO CALABRESI	1.00							0.	0.	0
STEERING COMMITTEE	1.00	X						0.	0.	0.
(9) MANNY GARCIA	1.00	x						0.	0.	0.
STEERING COMMITTEE	1.00	^						0.	0.	0.
(10) JOSH GERSTEIN	1.00	x						0.	0.	0.
STEERING COMMITTEE (11) ALEX GIBNEY	1.00	^						0.	0.	0.
STEERING COMMITTEE	1.00	x						0.	0.	0.
(12) JAMES GRIMALDI	1.00	<u>^</u>					<u> </u>	0.	0.	0.
STEERING COMMITTEE	1.00	x						0.	0.	0.
(13) LAURA HANDMAN	1.00									U •
STEERING COMMITTEE	1.00	x						0.	0.	0.
(14) JOHN HENRY	0.50									
STEERING COMMITTEE		x						0.	0.	0.
(15) KAREN KAISER	1.00									
STEERING COMMITTEE		x						0.	0.	0.
(16) DAVID LAUTER	1.00								•••	.
STEERING COMMITTEE		x						0.	0.	0.
(17) DAHLIA LITHWICK	1.00									
STEERING COMMITTEE		x						0.	0.	0.
732007 11-28-17			· · · ·							Form 990 (2017)

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THE REPORTERS	COMMITTEE	FOR	FREEDOM
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Form 990 (2017) OF THE PE	RESS								52-097	2043	3 1	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	(do box	not c	(C Posi heck r ss per nd a di	c) ition more rson i	l than is bot	one h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) stima moun othe	t of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f org ar	npens from t ganiza nd rela janiza	he ation ated
(18) MARGARET LOW STEERING COMMITTEE	1.00	x						0.	0			0.
(19) JANE MAYER	1.00								•	•		
STEERING COMMITTEE		x						0.	0			0.
(20) ANDREA MITCHELL	1.00	+								-		
STEERING COMMITTEE		x						0.	0			0.
(21) MAGGIE MULVIHILL	1.00	<u> </u>								-		
STEERING COMMITTEE		x						0.	0			0.
(22) CAROL ROSENBERG	1.00								-			-
STEERING COMMITTEE		x						0.	0			0.
(23) THOMAS RUBIN	1.00								-			-
STEERING COMMITTEE		x						0.	0			0.
(24) CHARLIE SAVAGE	1.00	\vdash										
STEERING COMMITTEE		x						0.	0	•		0.
(25) BEN SMITH	1.00											
STEERING COMMITTEE		x						0.	0	•		0.
(26) JENNIFER SONDAG	1.00											
STEERING COMMITTEE		x						0.	0	•		0.
1b Sub-total		-						0.	0	•		0.
c Total from continuation sheets to Part VI								432,233.	0	. 5	56,5	514.
d Total (add lines 1b and 1c)								432,233.	0	. 5	56,5	514.
2 Total number of individuals (including but n							<u>,</u> 10 r	eceived more than \$100	0,000 of reportable		-	
compensation from the organization						,			, I			3
											Yes	No
3 Did the organization list any former officer,												
line 1a? If "Yes," complete Schedule J for s	uch individual									3		X
4 For any individual listed on line 1a, is the su	im of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization			
and related organizations greater than \$150),000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual		4	X	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	unr	elat	ted organization or indiv	dual for services			
rendered to the organization? If "Yes," com	plete Schedul	le J f	for si	uch p	pers	son .				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of comper	sation	from	
the organization. Report compensation for	the calendar y	ear	endi	ng w	vith	or w	ithir	n the organization's tax	year.			
(A)			~ • • • •	-				(B)			C)	
Name and business	address	N	ONE	5				Description of s	ervices	Compe	ensati	on
							_					
							_					
2 Total number of independent contractors (in	e e	not li	mite	d to		•	stec	d above) who received n	nore than			
SEE PART VII, SECTION		ידח	TT T 7	<u>, m 1</u>) ज	211	TTT		_	000	(00.1=)
	A CON	ττī	NUP	- T. T		й И.	חכ	Q L U U		Form	390	(2017)
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13110726 793927 17304 2017.04010 THE REPORTERS COMMITTEE FOR 17304__1

THE REPORTERS	COMMITTEE	FOR	FREEDOM
OF THE PRESS			

Form 990 OF THE P								IREEDOM	52-097	2043
Part VII Section A. Officers, Directors, Tru	ustees, Key Ei	mplo	byee	s, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(cl		Pos	C) ition that		ly)	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) PIERRE THOMAS STEERING COMMITTEE	1.00	x						0.	0.	0.
(28) SAUNDRA TORRY STEERING COMMITTEE	1.00	x						0.	0.	0.
(29) JUDY WOODRUFF	1.00									
STEERING COMMITTEE (30) PAUL STEIGER	1.00	X						0.	0.	0.
SENIOR ADVISOR (31) BRUCE BROWN	40.00	X						0.	0.	0.
EXECUTIVE DIRECTOR				x				185,397.	0.	18,661.
(32) KATIELYNN TOWNSEND LITIGATION DIRECTOR	40.00					x		131,601.	0.	18,256.
(33) GREGG LESLIE LEGAL DEFENSE DIRECTOR	40.00					x		115,235.	0.	19,597.
		-								
		$\left \right $								
Total to Part VII, Section A, line 1c		·						432,233.		56,514.

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THE REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS

			E PRESS				52-0972	043 Page 9
Pa	t VI							
		Check if Schedule O conta	ins a response	or note to any line	e in this Part VIII	(5)		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
Am C		Fundraising events		744,313.				
lar lar	c	Belated organizations	1d					
ini,	e	Government grants (contributio	ons) 1e					
rior S	f	All other contributions, gifts, grants	s, and					
ibu		similar amounts not included above	e 1f	3,397,633.				
d d d	ç	Noncash contributions included in lines 1	a-1f: \$	1,000,609.				
a C	h	Total. Add lines 1a-1f		►	4,141,946.			
				Business Code				
e	2 a	PROGRAM SERVICES		900099	87,317.	87,317.		
ervi	b)						
enu Se	c	;						
sev Sev	c	1						
Program Service Revenue	e							
۵	f	All other program service reven	iue					
	ç	Total. Add lines 2a-2f		►	87,317.			
	3	Investment income (including o	,	,				
		other similar amounts)		►	188,817.			188,817.
	4	Income from investment of tax-		ŕ F				
	5	Royalties		🕨				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
	c	Net rental income or (loss)		🕨				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	8,201,752.					
	b	Less: cost or other basis						
		and sales expenses	8,203,578.					
		Gain or (loss)	-1,826.		1 005			1 005
		Net gain or (loss)		▶	-1,826.			-1,826.
en	8 a	Gross income from fundraising						
ven		including \$ 744,						
Other Revenue		contributions reported on line 1	-	110 150				
her		Part IV, line 18						
đ		 Less: direct expenses Net income or (loss) from fundr 			-192,194.			-192,194.
		Gross income from gaming act		·····	192,191.			192,191.
	50	Part IV, line 19						
	r	Less: direct expenses						
		Net income or (loss) from gami						
		Gross sales of inventory, less r						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales						
ľ	-	Miscellaneous Revenue		Business Code				
f	11 a	MISCELLANEOUS		900099	118.			118.
		REIMBURSEMENTS		900099	7.			7.
	c	;						
	c	All other revenue						
		• Total. Add lines 11a-11d			125.			
	12	Total revenue. See instructions.		>	4,224,185.	87,317.	0.	-5,078.
73200	9 11-2							Form 990 (2017)

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THE REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS

	n 990 (2017) OF THE PRESS rt IX Statement of Functional Expense			52-09	72043 Page 10
	ion 501(c)(3) and 501(c)(4) organizations must com		er organizations must co	omplete column (A)	
Seci	Check if Schedule O contains a respon		- · ·	, , ,	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	схренаез
•	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	212,626.	158,584.	30,021.	24,021.
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	1,033,335.	769,748.	146,172.	117,415.
8	Pension plan accruals and contributions (include			_	
	section 401(k) and 403(b) employer contributions)	39,041.	29,363.	5,441.	4,237. 7,454. 7,571.
9	Other employee benefits	68,681.	51,655.	9,572.	7,454.
10	Payroll taxes	71,680.	54,395.	9,714.	7,571.
11	Fees for services (non-employees):				
а	Management	20.000	20.000		
b	F	30,280.	30,280.		
С		9,500.		9,500.	
d	, o H				
е	ě í h				
f	Investment management fees				
g		118,644.	43,791.	25,471.	49,382.
	column (A) amount, list line 11g expenses on Sch O.)	126.	43,191.	126.	49,302.
12	Advertising and promotion	58,131.	35,353.	17,752.	5,026.
13	Office expenses	J0,IJI.	55,555.	11,152.	5,020.
14 15	Information technology				
15 16	Royalties	147,916.	125,729.	22,187.	
16 17	Occupancy Travel	32,970.	28,024.	3,298.	1,648.
18	Travel Payments of travel or entertainment expenses	5275701	20,0210	572500	1,010
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	31,683.	24,344.		7,339.
20	Interest	,	, -		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	16,271.	9,275.	6,508.	488.
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 0.)				
а	SOFTWARE DEVELOPMENT	32,907.	32,907.		
b		30,003.	30,003.		
с		26,253.		26,253.	
d	DUES AND SUBSCRIPTIONS	19,508.	17,415.	2,093.	
е	All other expenses	3,285.	187.	2,507.	591.
25	Total functional expenses. Add lines 1 through 24e	1,982,840.	1,441,053.	316,615.	225,172.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here 🕨 🛄 if following SOP 98-2 (ASC 958-720)				Form 990 (2017)

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13110726 793927 17304 2017.04010 THE REPORTERS COMMITTEE FOR 17304_1

11

Form **990** (2017)

Form	990	(2017)	

THE REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS

	990 (2	2017) OF THE PRESS		5 ∠ -	09/2043 Page 11
Par	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		,, r	
			(A) Beginning of year		(B) End of year
l	1	Cash - non-interest-bearing	621,582.	1	689,020.
	2	Savings and temporary cash investments	1,658,054.	2	2,092,646.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	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			
l		employers and sponsoring organizations of section 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
4	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
l	10a	Land, buildings, and equipment: cost or other			
l		basis. Complete Part VI of Schedule D 10a			
l	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	4,389,077.	11	6,110,933.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	~~ ~~ ~	14	
l	15	Other assets. See Part IV, line 11	27,636.		45,095.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,696,349.	16	8,937,694.
l	17	Accounts payable and accrued expenses		17	
l	18	Grants payable		18	
	19	Deferred revenue		19	
l	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors, trustees,			
oilit		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23 24	
	24	Unsecured notes and loans payable to unrelated third parties		24	
l	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of			
l		Schedule D		25	
l	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
S		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	2,657,897.	27	4,901,682.
Fund Balances	28	Temporarily restricted net assets	4,038,452.	28	4,036,012.
Ыd	29	Permanently restricted net assets		29	
Fun		Organizations that do not follow SFAS 117 (ASC 958), check here			
		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
		Paid-in or capital surplus, or land, building, or equipment fund		31	
Ass	31				
let Ass	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets or			6,696,349. 6,696,349.	32 33 34	8,937,694. 8,937,694.

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THE REPORTERS	COMMITTEE	FOR	FREEDOM
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Form	1 990 (2017) OF THE PRESS	52-	-0972	043	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,224		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,982	2,8	40.
3	Revenue less expenses. Subtract line 2 from line 1	3		,241		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6	,696	5,3	49.
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				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	8	<u>,937</u>	7,6	94.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	з,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,		х	
	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit			
	Act and OMB Circular A-133?			3a		X
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** (2017)

732012 11-28-17

SCHEDULE A								OMB No. 1545-0047
(Form 990 or 990-EZ)			rity Status ar					2017
	C C		nization is a section 50 947(a)(1) nonexempt cha			or a section		ZU 17
Department of the Treasury			Attach to Form 990 or					Open to Public
Internal Revenue Service		► Go to www.irs.go	v/Form990 for instruct	ons and t	he latest i	nformation.		Inspection
Name of the organizat			COMMITTEE FO	R FRE	EDOM			identification number
		HE PRESS						2-0972043
Part I Reason	for Public	Charity Status	(All organizations must c	omplete th	iis part.) S	ee instruction	S.	
	•		(For lines 1 through 12,					
			ion of churches describe			1)(A)(i).		
			(Attach Schedule E (For					
	•		ganization described in s			•		
		zation operated in co	onjunction with a hospita	li describe	a in sectio	n 170(d)(1)(A	.)(III). Enter	the hospital's name,
city, and stat 5 An organizat		or the bonefit of a c	ollege or university owne	d or opora	tod by a a	ovornmontal	unit doscrik	od in
	•	Complete Part II.)	onege of university owne	u or opera	lieu by a g	oveninentai		
			mental unit described in	section 1	70(b)(1)(A)	(v).		
	· ·	-	antial part of its support				he general	public described in
		Complete Part II.)		5			5	•
)(1)(A)(vi). (Complete Pa	t II.)				
9 🗌 An agricultur	al research or	ganization describe	d in section 170(b)(1)(A)	(ix) operate	ed in conju	unction with a	land-grant	college
or university	or a non-land-	grant college of agri	culture (see instructions)	. Enter the	name, cit	y, and state o	f the colleg	e or
university:								
			e than 33 1/3% of its su					
			ect to certain exceptions					
			e (less section 511 tax) f	rom busine	esses acqu	uired by the o	rganization	after June 30, 1975.
		mplete Part III.)	aivaly to toot for public o	ofativ Caa	anation F	00(~)(4)		
	-	-	sively to test for public s sively for the benefit of, t	-			arry out the	purposes of one or
0			ed in section 509(a)(1)					
			of supporting organization					
	-		supervised, or controlled				-	giving
			egularly appoint or elect					
organizatio	n. You must	complete Part IV, S	ections A and B.					
b 🗌 Type II. As	supporting or	ganization supervise	d or controlled in connec	ction with i	ts support	ed organization	on(s), by ha	ving
control or r	nanagement	of the supporting or	ganization vested in the	same perso	ons that co	ontrol or mana	age the sup	ported
<u> </u>	.,	•	, Sections A and C.					
••	-	• •	ng organization operated				Ily integrate	ed with,
	0	. , .	is). You must complete			-		
••			porting organization ope				•	. ,
			ization generally must sa mplete Part IV, Section				d an attent	iveness
			written determination from				II Type III	
			onally integrated suppor			a i ypo i, i ypo	in, rype in	
		n about the support						
(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount o	-	(vi) Amount of other
organization	1		above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)
			+					
		+	+					
			1	1				
Total								
LHA For Paperwork Re	duction Act	Notice, see the Inst	tructions for Form 990		732021 10	-06-17 Sche	dule A (For	m 990 or 990-EZ) 2017
			1	4				

2017.04010 THE REPORTERS COMMITTEE FOR 17304__1

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Schedule A (Form 990 or 990-EZ) 2017 OF TH		52-097204
Part II Support Schedule for Organ	izations 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.)

Galedar year (of fixed year beginning in) (g) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total include any "unusual grants.") 2 Tax revenues levided for the organization ization's benefit and ether paid to or expended on its behaft 3 The value of services or facilities 4 Total. Additions 1 through a sy each person (other than a governmental unit to the organization without charge 4 Total. Additions 1 through a sy each person (other than a governmental unit or publicly supported organization included on line 1 thraces 1 through a 5 The partice of total contributions by each person (other than a governmental unit or publicly supported organization included a function of total contributions by each person (other than a governmental unit or publicly supported organization) included 6 Public support. Same the time te 6 Gross income from initiest, dividends, payments received 0 9 Metinese from unrelated business a christics, whether or not the 2 Gross received from unrelated business a christics, whether or not the 2 Gross received from the add organization 1 Total support. Add these through to 2 Gross received from sites as the generation 1 Comment, both through to 1 Comments from shore add the 1 Compare to 2017 (f) Total 1 Total support. Add these through to 2 Gross received from sites as does the 1 Compare to 2017 (f) Total 1 Total support. Add these through to 2 Gross received from sites as does the 1 Compare to 2017 (f) for the comparizations first, second, third, (ourth or fifth tax year as a section 501(c)(s) organization check this box and stop here 1 For the same of capital 1 For the capita	Sec	ction A. Public Support						
membership fees received. (Do not include any 'unusual grants.') include any 'unusual grants.') 2 Tax revenues levied for the organization's benefit and ther paid to or expended on its behalt include any 'unusual grants.') 3 The value of services or facilities thumished by agovernmental unit to the organization without charge of the particular distributions 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) include any 'unusual grants.') 6 Public support. Support to store is Grant and the condition of the condition of the top and the condition of the conditis and income from insting success and the cond	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
include any "unusual grants."	1	Gifts, grants, contributions, and						
2 Tar versues levid for the organization of the paid to or expended on its behalf 3 The value of services or facilities functions 4 Tatal. Add lines 1 through 3 5 The portion of total contributions by each person (offer 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. Subsective 5% of the amount shown on line 11, column (f) 6 Public support. Subsective 5% of the amount shown on line 11, column (f) 6 Public support. Subsective 5% of the amount shown on line 11, column (f) 6 Public support. Subsective 5% of the amount shown on line 11, column (f) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securifies loss receipts, royatiles, and income from similar sources in subsective 1. 9 Net income from interest, organization in the business is regularly carried on interest, dividends, payments received on securifies loss regularly carried on interest, organization, section the sale of capital assets (Explain in Part V). 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part V). 12 12 Treat support test - 2017 (line 6, column (f) divided by line 11, column (f)) 14 5% 16 Support test - 2017 (line 6, column (f) divided by line 11		membership fees received. (Do not						
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or expended on its behalf	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge 9 details outport of total contributions by each person (other than a governmental unit or public) supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i) Image: Column (i) 6 Public support assignmental unit or public) supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i) Image: Column (i) Image: Column (i) 6 Public support assignment in the start dividends, payments received on securities losing, rents, royalles, and income from initiar sources 9 activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI). Image: Column (i) Image: Column (i) 11 Total support Additions / the organization's first, second, third, fourth, or fifth tax year as a section 5010(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Image: Column (i) Image: Column (i) 11 Total support Additions / the organization's first, second, third, fourth, or fifth tax year as a section 5010(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Image: Column (i) Image: Column (i) </td <td></td> <td>ization's benefit and either paid to</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		ization's benefit and either paid to						
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more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 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		meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		▶∟
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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		more, and if the organization meets the	ne "facts-and-circu	umstances" test, o	heck this box and	stop here. Explai	n in Part VI how the	e
		organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a pub	licly supported org	anization	▶∐
	18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17			

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

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

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	686,147.	1114285.	1031301.	1634891.	4252096.	8718720.	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	151,555.	184,837.	71,312.	10,000.	87,317.	505,021.	
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5	837,702.	1299122.	1102613.	1644891.	4339413.	9223741.	
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons				234,900.	1014065.	1248965.	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year		156,613.	57,087.			337,365.	
с	Add lines 7a and 7b	123,665.	156,613.	57,087.	234,900.	1014065.	1586330.	
	Public support. (Subtract line 7c from line 6.)						7637411.	
	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2013 837,702.	(b) 2014 1299122.	(c)2015 1102613.	(d)2016 1644891.	(e)2017 4339413.	(f) Total 9223741.	
	Amounts from line 6 Gross income from interest,	037,702.		1102013.	1044071.	4337413.	JZZJ/41.	
104	dividends, payments received on securities loans, rents, royalties, and income from similar sources	259,084.	252,326.	318,976.	173,513.	188,817.	1192716.	
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975	050 004	0.50 0.00				4400546	
	Add lines 10a and 10b	259,084.	252,326.	318,976.	173,513.	188,817.	1192716.	
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	268.	211.	24,303.	5,505.	125.	30,412.	
13	Total support. (Add lines 9, 10c, 11, and 12.)	1097054.	1551659.	1445892.	1823909.	4528355.	10446869.	
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,	
<u>Soc</u>	check this box and stop here	ic Support Pa					>	
	Public support percentage for 2017 (I			olumn (f))		15	73.11 %	
	Public support percentage from 2016					16	73.24 %	
	tion D. Computation of Invest							
17	Investment income percentage for 20	17 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	11.42 %	
	8 Investment income percentage from 2016 Schedule A, Part III, line 17 18 17.62 %							
	19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not							
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19a	a, or 19b, check th			▶□	
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Schedule A (Form 990 or 990-EZ) 2017 OF THE PRESS Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2017

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

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Pa	't IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
h	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		
	tion B. Type I Supporting Organizations			
000	aon B. Type Toupporting Organizations		Yes	No
	Did the divertees twetters as more branching of one as more supervised as principalities have the more supervised		res	
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,			
	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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
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		100	
•	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			
		1		
800	the supported organization(s).			
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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		
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 yeatsee instructions			
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	-		
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 ins	tructions	-)	
	Activities Test. Answer (a) and (b) below.	liucions		No
2			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		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
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Schedule A (Form 990 or 990-EZ) 2017 OF THE PRESS Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or 6 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 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 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 5 Income tax imposed in prior year

7 \perp Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2017

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Sche	dule A (Form 990 or 990-EZ) 2017 OF THE PRESS		5	2-0972043 Page 7
Par		(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		(* - · · · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	าร		
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 the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	i	i	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
-	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2013			
	Excess from 2014			
	Excess from 2015 Excess from 2016			
	Excess from 2017			
-				

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or	⁻ 990-EZ) 2				COMMI	TTEE	FOF	R FREEI	MOC	52-0972043 _{Pa}
Part VI Supplem Part IV, Sec line 1; Part I	ental In tion A, line V, Section ines 5, 6, a	formatio es 1, 2, 3b, 3 n D, lines 2 a	n. Provide 3c, 4b, 4c, 5 and 3; Part 1	he explar 5a, 6, 9a, V, Sectior	9b, 9c, 11a n E, lines 1c	, 11b, aı c, 2a, 2b	nd 11c;), 3a, an	Part IV, Sec d 3b; Part V	tion B, lines , line 1; Part	or 17b; Part III, line 12; 1 and 2; Part IV, Section C V, Section B, line 1e; Part \ onal information.
SCHEDULE A, 1	PART I	III, L	INE 12	, EXI	PLANAT	ION	FOR	OTHER	INCOME	2:
OTHER MISCELI	LANEOU	US INC	OME							
2013 AMOUNT:	\$ 2	268.								
2014 AMOUNT:	\$ 2	211.								
2015 AMOUNT:	\$ 9	933.								
2016 AMOUNT:	\$ 1	10.								
2017 AMOUNT:	\$ 1	118.								
RELOCATION AI	LLOWAI	NCE								
2015 AMOUNT:	\$ 1	13,005	•							
RECOVERY OF A	ATTORI	NEY FE	ES							
2015 AMOUNT:	\$ 2	2,390.								
2016 AMOUNT:	\$ 1	1,400.								
REIMBURSEMEN	rs									
2015 AMOUNT:	\$	7,975.								
2016 AMOUNT:	\$ 4	4,095.								
2017 AMOUNT:	\$	7.								
732028 10-06-17						21			Schedu	lle A (Form 990 or 990-EZ

chedule B	
orm 990, 990-EZ,	
990-PF)	

Department of the Treasury	
Internal Revenue Service	

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2017

Employer identification number

THE	REPORTERS	COMMITTEE	FOR	FREEDOM

OF THE PRESS

Organization type (check one):

52	2 – 0	97	20	43

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 8,130. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 X Person Payroll 7,850. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Х Person Payroll 7,850. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Pavroll 22,850. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2017) 723452 11-01-17

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Employer identification number

52-0972043

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution X 8 Person Payroll 7,850. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X Person Payroll 7,850. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 10 Х Person Payroll 150,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 11 X Person Payroll 33,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 12 X Person Pavroll 12,850. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2017) 723452 11-01-17

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2017.04010 THE REPORTERS COMMITTEE FOR 17304__1

Employer identification number

52-0972043

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$8,150.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$7,850.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$7,850.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$7,850.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
723452 11-01	25	Schedule B (Form	990, 990-EZ, or 990-PF) (2017 EFOR 17304 1

Employer identification number

52-0972043

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$21,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$408,065.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
723452 11-0 ⁻ 110726	26	Schedule B (Form	990, 990-EZ, or 990-PF) (2017 E FOR 17304_1

Employer identification number

52-0972043

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 25 X Person Payroll 8,150. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 26 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 27 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 28 Х Person Payroll 85,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 29 X Person Payroll 7,850. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 30 X Person Pavroll 7,850. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2017) 723452 11-01-17 27

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Employer identification number

52-0972043

Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$8,150.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$7,420.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
723452 11-0	28	Scheanle R (LOLW	990, 990-EZ, or 990-PF) (2017)

2017.04010 THE REPORTERS COMMITTEE FOR 17304__1

Employer identification number

52-0972043

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
37		* 70,487. Person X * 70,487. Payroll Image: Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
38		* 7,850. * 7,850. Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
39		\$ 300,000. \$ 300,000. Person Payroll Payroll Oncash Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
(a) No. <u>40</u>	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution \$ 12,635. Person X (Complete Part II for noncash contributions.)	
No.		Total contributions Type of contribution	
No. 40 (a)	Name, address, and ZIP + 4	Total contributions Type of contribution	
No. 40 (a) No.	Name, address, and ZIP + 4	Total contributions Type of contribution	
No. 40 (a) No. 41 (a)	Name, address, and ZIP + 4	Total contributions Type of contribution	

2017.04010 THE REPORTERS COMMITTEE FOR 17304_1

Employer identification number

52-0972043

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$1,000,609.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$6,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
⁷²³⁴⁵² 11-0 [.]	¹⁻¹⁷ 30 5 793927 17304 2017.04010 THE RE		990, 990-EZ, or 990-PF) (2017 E FOR 173041

Employer identification number

52-0972043

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 49 X Person Payroll 8,150. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 50 X Person Payroll 72,850. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 51 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 52 Х Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 53 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 54 X Person Pavroll 8,710. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2017) 723452 11-01-17

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2017.04010 THE REPORTERS COMMITTEE FOR 17304__1

Page 2

Employer identification number

52-0972043

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 55 X Person Payroll 7,850. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 56 X Person Payroll 27,500. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 57 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 58 Х Person Payroll 7,850. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 59 X Person Payroll 8,065. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 60 X Person Pavroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2017) 723452 11-01-17 32

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Page **2**

Employer identification number

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	Contributors (see instructions). Use duplicate copies of Part I if		1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
61		\$\$,150.	Person X Payroll I Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
62		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
63		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
64		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
65		\$12,635.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
66		\$50,000.	Person X Payroll Noncash (Complete Part II for

Employer identification number

52-0972043

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$12,850.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70		\$180,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
70 (a) No.	(b) Name, address, and ZIP + 4	\$(c) (c) 	Payroll Noncash (Complete Part II for
(a)		(c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	Payroll
(a) No. 71 (a)	(b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	(c) Total contributions (c) (c) (c) Total contributions (c) Total contributions (c) Total contributions	Payroll

2017.04010 THE REPORTERS COMMITTEE FOR 17304__1

Employer identification number

52-0972043

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 73 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 74 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 75 X Person Payroll 7,850. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 76 Х Person Payroll 13,925. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 77 X Person Payroll 46,950. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 78 X Person Pavroll 107,850. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2017) 723452 11-01-17 35

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2017.04010 THE REPORTERS COMMITTEE FOR 17304__1

Name of organization THE REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS

Employer identification number

52-0972043

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$7,850.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$14,065.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81		\$ <u>150,050.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82		\$ <u>38,700.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83		\$8,065.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
⁷²³⁴⁵² 11-0 [.]	36 5 793927 17304 2017.04010 THE RE		990, 990-EZ, or 990-PF) (2017) EFOR 17304 1

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Name of organization THE REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS

Employer identification number

52-0972043

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
85		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
86		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
87		\$8,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
88		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
89		\$8,065.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
90		\$ <u>15,450.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
723452 11-01	37		990, 990-EZ, or 990-PF) (2017
L10726	5 793927 17304 2017.04010 THE RE		E FOR 17304_1

13110726 793927 17304

Name of organization THE REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS Employer identification number

52-0972043

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
91		\$7,850.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash (Complete Part II for noncash contribution 990, 990-EZ, or 990-PF

Noncash Property (see instructions). Use duplicate copies of Par (b) Description of noncash property given	(c)	
	FMV (or estimate) (See instructions.)	(d) Date received
AMAZON STOCK		
	\$1,000,609.	_05/02/1
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Description of noncash property given (b) Description of noncash property given	(b) FWV (or estimate) (See instructions.)

Schedule B (Form 990, 990-F7, or 990-PF) (2017)

Page 3

Name of org	ganization			Employer identificat	ion number			
	EPORTERS COMMITTEE FOR	FREEDOM						
	E PRESS		ibed in eaching	52-09720				
Part III	Exclusively religious, charitable, etc., co the year from any one contributor. Complet	e columns (a) through (e) and the	following line er	ItrV. For organizations	nan \$1,000 for			
	completing Part III, enter the total of exclusively relig	ous, charitable, etc., contributions of \$1,0	000 or less for the	vear. (Enter this info. once.) S				
(a) No	Use duplicate copies of Part III if addition	onal space is needed.						
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held			
Part I								
			·					
			·					
		·	·					
F		(e) Transfer o	f aift					
			' girt					
	Transferee's name, address,	and ZIP + 4	Rela	ationship of transferor to transfer	ee			
Ī	, , ,			•				
(a) No. from	(b) Burnasa of sift	(a) Line of gift		(d) Description of how gift	ic hold			
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is neiù			
			.					
			.					
			.					
-								
	(e) Transfer of gift							
-	Transferee's name, address,	and ZIP + 4	Kela	ationship of transferor to transfer	ee			
		[
		[
(a) No. from								
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held			
			·					
	(e) Transfer of gift							
ļ	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
		[
(a) No.		<u> </u>						
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held			
Part I								
			·					
			·					
			·					
ł		(e) Transfer o	f gift					
		(-,	5					
	Transferee's name, address,	and ZIP + 4	Rela	ationship of transferor to transfer	ee			
f								
723454 11-01	1-17			Schedule B (Form 990, 990-EZ,	or 990-PF) (2017)			
		40						

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SCHEDULE C Political Campaign and Lobbying Activities					OMB No. 1545-0047	
(Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527						2017
	Onen te Dublie					
Department of the Treasury Internal Revenue Service	-	if the organization is described to to www.irs.gov/Form990 for				Open to Public Inspection
If the organization ans	wered "Yes," or	Form 990, Part IV, line 3, or Fo	rm 990-EZ, Part V, li	ne 46 (Political Camp	aign Activi	ities), then
 Section 501(c)(3) or 	ganizations: Con	plete Parts I-A and B. Do not cor	nplete Part I-C.			
		01(c)(3)) organizations: Complete	Parts I-A and C below	v. Do not complete Par	t I-B.	
 Section 527 organiz 	•	•				
-		Form 990, Part IV, line 4, or Fo				
	-	nave filed Form 5768 (election un	())	•		
		nave NOT filed Form 5768 (election				-
Tax) (see separate inst		Form 990, Part IV, line 5 (Prox	/ Tax) (see separate	instructions) or Form	990-EZ, P	art V, line 35c (Proxy
		ions: Complete Part III.				
Name of organization		ORTERS COMMITTEE	FOR FREEDO	M I	Emplover i	dentification number
······	OF THE					2-0972043
Part I-A Comple		anization is exempt under	er section 501(c)	or is a section 52		
1 Provide a description	on of the organiz	ation's direct and indirect politica	al campaign activities	in Part IV.		
2 Political campaign					▶\$	
3 Volunteer hours for	political campai	gn activities				
		-				
Part I-B Comple	ete if the org	anization is exempt unde	er section 501(c)	(3).		
		incurred by the organization und			▶\$	
		incurred by organization manage				
		n 4955 tax, did it file Form 4720 f			r	Yes No
					l	Yes No
b If "Yes," describe in		anization is exempt unde	er section 501(c)	excent section ⁴	501(-)(3)	
-	-	by the filing organization for sec	. ,	•	► \$	•
		ization's funds contributed to oth	•		φ	
			-		► \$	
		. Add lines 1 and 2. Enter here ar			φ	
					▶ \$	
					· ·	Yes No
•••		ployer identification number (EIN				filing organization
made payments. Fo	or each organiza	tion listed, enter the amount paid	from the filing organi	zation's funds. Also en	ter the amo	ount of political
	•	omptly and directly delivered to a			eparate seg	pregated fund or a
political action com	mittee (PAC). If	additional space is needed, provi	de information in Part	: IV.		
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid fr filing organization funds. If none, ente	i's cont r -0 pr de	Amount of political ributions received and romptly and directly livered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2017

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THE REPORTERS COMMITTEE FOR FREEDOM

Schedule C (Form 990 or 990-EZ) 2017	OF TH	E PRES	S			972043 Page 2
Part II-A Complete if the org	ganizatio	on is exer	npt under sectio	n 501(c)(3) and fil	ed Form 5768 (el	ection under
section 501(h)).						
A Check 🕨 🛄 if the filing organiza	ation belon	gs to an affi	liated group (and list ir	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and sha	re of exces	ss lobbying (expenditures).			
B Check 🕨 🛄 if the filing organiza	ation check	ked box A ar	nd "limited control" pro	ovisions apply.		
		bying Exper neans amou	nditures ints paid or incurred.))	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence pub	lic opinion (grass roots lobbying)			
b Total lobbying expenditures to infl	uence a le	gislative boo	dy (direct lobbying)		2,695.	
c Total lobbying expenditures (add l	ines 1a an	d 1b)			2,695.	
d Other exempt purpose expenditur	es				1,754,973.	
e Total exempt purpose expenditure	es (add line	es 1c and 1c	l)		1,757,668.	
f Lobbying nontaxable amount. Ent	er the amo	ount from the	e following table in bot	h columns.	237,883.	
If the amount on line 1e, column (a)	or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,00	0,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000	\$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000	\$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
g Grassroots nontaxable amount (er					59,471.	
h Subtract line 1g from line 1a. If zer	-				0.	
i Subtract line 1f from line 1c. If zer					0.	
j If there is an amount other than ze	•				Г	
reporting section 4911 tax for this	year?				L	Yes No
(Some organizations t		a section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all	of the five columns b	elow.
	Lob	oying Exper	nditures During 4-Yea	ar Averaging Period		1
Calendar year (or fiscal year beginning in)	(a)	2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	19	1,647.	208,666.	198,381.	237,883.	836,577.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 						1,254,866.
c Total lobbying expenditures		3,460.	17,279.	10,269.	2,695.	33,703.
d Grassroots nontaxable amount	4	7,912.	52,167.	49,595.	59,471.	209,145.
 e Grassroots ceiling amount (150% of line 2d, column (e)) 						313,718.

Schedule C (Form 990 or 990-EZ) 2017

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f Grassroots lobbying expenditures

THE REPORTERS COMMITTEE FOR FREEDOM

Schedule C (Form 990 or 990-EZ) 2017 OF THE PRESS

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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)).

For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	obbying activity.	Yes	No	Amo	ount	
1 a	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: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
j	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), or se	ction		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		. 1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the					
Par	t 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."	"No," OR	(b) Par	t III-A, lir	ne 3, is	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political					
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
	Carryover from last year					
	Total					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p					
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)					
Par	t IV Supplemental Information					
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	and 2 (see		

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2017

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~~		0				OMB No. 1545-0047
			ntal Financial State organization answered "Yes" on			2017
(Forn	n 990)	12a, or 12b.				
Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information						Open to Public Inspection
-	e of the organization		MMITTEE FOR FREED		Emp	bloyer identification number 52-0972043
Par	t I Organizatio	ons Maintaining Donor Adv	ised Funds or Other Simil	ar Funds or A	ccol	
		nswered "Yes" on Form 990, Part I				
	-		(a) Donor advised func) et	b) Fun	ds and other accounts
1	Total number at end o	of year				
2	Aggregate value of co	ontributions to (during year)				
3	Aggregate value of gra	rants from (during year)				
4		nd of year				
5	-	nform all donors and donor advisor	-			
_		property, subject to the organizati				Yes II No
6		nform all grantees, donors, and dor				
		es and not for the benefit of the dor	·		-	
Par	impermissible private	benefit? on Easements. Complete if th	organization answered "Vee" on	Earm 000 Dart IV	lino 7	Yes No
1		vation easements held by the organ		Form 990, Part IV,	line /	
•		land for public use (e.g., recreation	· · · · · · · · · · · · · · · · · · ·	on of a historically	impor	tant land area
	Protection of na			on of a certified hi	•	
	Preservation of				310110	
2		ough 2d if the organization held a c	ualified conservation contribution	in the form of a co	nserv	ation easement on the last
-	day of the tax year.					Held at the End of the Tax Year
а		ervation easements			2a	
b		ed by conservation easements			2b	
с		ion easements on a certified histori			2c	
d		ion easements included in (c) acqui				
	listed in the National F	Register			2d	
3	Number of conservation	ion easements modified, transferre	, released, extinguished, or termin	nated by the organ	izatior	n during the tax
	year 🕨					
4	Number of states whe	ere property subject to conservatio	n easement is located			
5	•	have a written policy regarding the		•		
	,	ement of the conservation easeme				
6	Staff and volunteer ho	ours devoted to monitoring, inspec	ing, handling of violations, and enf	forcing conservation	on eas	ements during the year
_						
7		incurred in monitoring, inspecting,	nandling of violations, and enforcin	ig conservation ea	semer	nts during the year
0			have actisfy the requirements of a	a a tian 170/h)////)/;)	
8		ion easement reported on line 2(d)	• •			Yes No
9		(B)(ii)? now the organization reports conse				
5		the text of the footnote to the orga		•		
	conservation easemer	-			jainzai	tion 3 accounting for
Par		ons Maintaining Collection	s of Art, Historical Treasu	res, or Other	Simil	ar Assets.
		e organization answered "Yes" on F		-		
1a	If the organization elec	cted, as permitted under SFAS 116	(ASC 958), not to report in its revo	enue statement ar	nd bala	ance sheet works of art,
	historical treasures, or	r other similar assets held for public	exhibition, education, or research	n in furtherance of	public	service, provide, in Part XIII,
	the text of the footnot	te to its financial statements that de	escribes these items.			
b	If the organization elec	cted, as permitted under SFAS 116	(ASC 958), to report in its revenue	e statement and b	alance	e sheet works of art, historical
	treasures, or other sim	nilar assets held for public exhibition	n, education, or research in further	rance of public se	vice, p	provide the following amounts
	relating to these items					
	(i) Revenue included	d on Form 990, Part VIII, line 1				\$
	(ii) Assets included in					\$
2		ceived or held works of art, historica			provid	e
	-	s required to be reported under SFA				^
		Form 990, Part VIII, line 1				\$
		orm 990, Part X		<u></u>		
		uction Act Notice, see the Instruc	10115 101 FOTM 990.			Schedule D (Form 990) 2017
10200	10-09-17					

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		ORTERS COM	AITTEE FOR	FREEDOM				
Sche	dule D (Form 990) 2017 OF THE	PRESS			5	2-09	72043	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Similar	Asse	ts (continu	ied)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that are a	significant us	e of its o	collection	items
	(check all that apply):							
а	Public exhibition	d	Loan or excl	hange programs				
b	Scholarly research	e	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explair	how they further th	he organization's exe	empt purpos	e in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations c	of art, historical trea	sures, or other simila	ar assets			
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	ollection?		🗆	Yes	No No
Par	t IV Escrow and Custodial Arran	gements. Comple	te if the organizatio	n answered "Yes" o	n Form 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	is or other assets no	t included			
	on Form 990, Part X?					🗆	Yes	🗌 No
b	If "Yes," explain the arrangement in Part XIII							
							Amount	
с	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
	Ending balance							
	Did the organization include an amount on Fo						Yes	No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •			
Par								
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three yea	irs back	(e) Four y	ears back
1a	Beginning of year balance	4,432,147.	4,475,676.	4,506,162.	4,55	8,547.		597,879.
	Contributions					-		
	Net investment earnings, gains, and losses	146,270.	150,163.	246,664.	21	7,761.		222,047.
	Grants or scholarships	,	,	, ,		,		
	Other expenditures for facilities							
•	and programs	179,058.	193,692.	277,150.	27	0,146.		261,379.
f	Administrative expenses	30,770.	, -			, .		, -
	End of year balance	4,368,589.	4,432,147.	4,475,676.	4 50	6,162.	4 5	558,547.
-	Provide the estimated percentage of the curr				-,	,•	- / -	
	Board designated or quasi-endowment	18.04	%					
	Permanent endowment	%						
		1.9 [%] %						
C	· · · · · · · · · · · · · · · · · · ·							
2-	The percentages on lines 2a, 2b, and 2c sho		tion that are hold a	nd administered for	the ergenized	tion		
Jd	Are there endowment funds not in the posse	SSION OF THE OFGATIZA	llion that are new a		une organiza	LION		
	by:							/es No X
	(i) unrelated organizations							
	(ii) related organizations							
	If "Yes" on line 3a(ii), are the related organiza						3b	
	Describe in Part XIII the intended uses of the total Land, Buildings, and Equipm		wment funds.					
Fai	, 3, 11							
	Complete if the organization answered						() > .	<u> </u>
	Description of property	(a) Cost or ot	• • •				(d) Book	value
<u> </u>		basis (investm	ient) basis	(orner) de	preciation			
	Land							
	Buildings							
	Leasehold improvements							
	Equipment							
	Other							
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part)	X, column (B), line 1	0c.)				0.
					So	chedule	D (Form	990) 2017

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Schedule D (Form 990) 2017 OF THE PR	ESS		52-0972043 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Y		11b. See Form 990. Part X. li	ine 12
(a) Description of security or category (including name of secur			Cost or end-of-year market value
			,
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)		-	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related			
Complete if the organization answered "Y		11c See Form 990 Part X li	ne 13
(a) Description of investment	(b) Book value		Cost or end-of-year market value
	(2) 20011 02:00	(0)	
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)		-	
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Y	′es" on Form 990, Part IV, line	11d. See Form 990, Part X, li	ne 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. (E Part X Other Liabilities.	3) line 15.)		
Complete if the organization answered "Y	es" on Form 990, Part IV, line	11e or 11f. See Form 990, Pa	art X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (E	3) line 25.) 🕨		
2. Liability for uncertain tax positions. In Part XIII, pro			
organization's liability for uncertain tax positions u	nder FIN 48 (ASC 740). Check	chere if the text of the footnot	te has been provided in Part XIII \fbox

Schedule D (Form 990) 2017

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	THE REPORTERS COMMITTEE F	OR FREE	SDOM		
Sche	dule D (Form 990) 2017 OF THE PRESS				0972043 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With	n Revenue per R	leturr).
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	4,526,529.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)		302,344.		
е	Add lines 2a through 2d			2e	302,344.
3	Subtract line 2e from line 1			3	4,224,185.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,224,185.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements Wit	h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total expenses and losses per audited financial statements			1	2,285,184.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2 b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	302,344.		
е	Add lines 2a through 2d			2e	302,344.
3	Subtract line 2e from line 1			3	1,982,840.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,982,840.
Pa	rt 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 BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS

TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE

Schedule D (Form 990) 2017 Part XIII Supplemental Inf	OF THE PR	ESS	MITTEE FO	R FREE		2-0972043 _{Page}
MATERIAL TO THE FI						
PART XI, LINE 2D -		CUMENTC.				
SPECIAL FUNDRAISIN						302,344
PART XII, LINE 2D SPECIAL FUNDRAISIN			:			302,344
732055 10.00.17					S	chedule D (Form 990) 20
732055 10-09-17 110726 793927 17304	4 2	017.04010	48) THE REPO	RTERS	COMMITTEE	E FOR 17304

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the	ental Information Regarding e organization answered "Yes" on organization entered more than \$1 Attach to Form 990 Go to www.irs.gov/Form990	Form 5,000) or Fo	990, F on Fo rm 99	Part IV, line 17, 18, c rm 990-EZ, line 6a. 0-EZ.		or if the	OMB No. 1545-0047
Name of the organizatio	• THE REP OF THE	ORTERS COMMITTEE F PRESS	'OR	FRE	EDOM		Employer ide 52-0972	entification number 2043
	sing Activities complete this par	Complete if the organization answe t.	ered "Y	es" o	n Form 990, Part IV,	line 17	. Form 990-E	Z filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations blicitations on have a written o ted in Form 990, P) highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra l (inclue	non-g gover iising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees,	Ye:	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	trol of	(iv) Gross receipts from activity	tò (or fu	mount paid retained by) Indraiser Id in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total			<u></u>					
3 List all states in wh or licensing.	ich the organizatic	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is e	exempt from	registration
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form	990 or	990-l	EZ. S	Sched	ule G (Form	990 or 990-EZ) 2017

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Schedule G (Form 990 or 990-EZ) 2017 OF THE PRESS

Gross receipts Less: Contributions Gross income (line 1 minus line 2) Cash prizes Cash prizes Noncash prizes Noncash prizes Rent/facility costs Food and beverages Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from Gaming. Complete if the organizatio	744,313. 110,150. 302,344. ugh 9 in column (d)		(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c)) 854,463. 744,313. 110,150. 302,344.
Less: Contributions	(event type) 854,463. 744,313. 110,150. 302,344. ugh 9 in column (d)			854,463 744,313 110,150
Less: Contributions	744,313. 110,150. 302,344. ugh 9 in column (d)			744,313 110,150
Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from				110,150
Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from				
Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from				302,344
Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from				302,344
Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from	302,344.			302,344
Entertainment Other direct expenses Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from	ugh 9 in column (d) n line 3, column (d)			302,344
Other direct expenses Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from	 ugh 9 in column (d) n line 3, column (d)			
Other direct expenses Direct expense summary. Add lines 4 throu Net income summary. Subtract line 10 from	 ugh 9 in column (d) n line 3, column (d)			
Net income summary. Subtract line 10 from	n line 3, column (d)			
			·····	302,344
Carring. Complete il trie organizatio		000 Dort IV/ line 10, or		-192,194
\$15,000 on Form 000 E7, line 60	nanswered tes on Form	1990, Part IV, line 19, or l	eponed more than	
\$15,000 off Form 990-EZ, lifte 6a.		(b) Pull tabe/instant		(d) Total gaming (add
	(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Gross revenue				
Cash prizes				
Noncash prizes				
Rent/facility costs				
Other direct expenses				
Voluntoor lobor	Yes%	Yes%	Yes%	
Direct expense summary. Add lines 2 throu	ugh 5 in column (d)		▶	
Net gaming income summary. Subtract line	e 7 from line 1, column (d)			
· · · · · · · · · · · · · · · · · · ·	· · · _			
				. Ves No
iu, explain.				
e any of the organization's gaming licenses	s revoked, suspended, or te	erminated during the tax	vear?	Yes No
			· ·····	
13-17			Schedule G (Fo	rm 990 or 990-EZ) 201
	Cash prizes	(a) Bingo Gross revenue Cash prizes Cash prizes Noncash prizes Rent/facility costs Other direct expenses Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) er the state(s) in which the organization conducts gaming activities: te organization licensed to conduct gaming activities in each of these lo," explain:	(a) Bingo (b) Pull tabs/instant bingo/progressive bingo Gross revenue	(a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming Gross revenue

50

			REPORTERS	COMMIT	TEE FOR I	FREEDOM	F 2 0	070047	-
	ule G (Form 990 or 990-EZ) 2017			mharal				972043	
12 Is	oes the organization conduct gan the organization a grantor, bene	ficiary or	r trustee of a trust,	or a member o	f a partnership c	or other entity forme	d		
	administer charitable gaming? . dicate the percentage of gaming							Yes	└── No
	ne organization's facility							13a	%
	n outside facility							13b	%
	nter the name and address of the								
N	ame 🕨								
A	ddress 🕨								
15a D	oes the organization have a cont	ract with	a third party from	whom the orga	anization receive	es gaming revenue?		Yes	No No
	"Yes," enter the amount of gamin gaming revenue retained by the				\$	and the a	amount		
	"Yes," enter name and address of								
Ν	ame ►								
A	ddress 🕨								
16 G	aming manager information:								
Ν	ame 🕨								
G	aming manager compensation	► \$							
D	escription of services provided	•							
-									
	Director/officer	🗌 Em	ployee	Indepen	dent contractor				
17 M	landatory distributions:								
	the organization required under	state lav	v to make charitab	le distributions	from the gaming	g proceeds to			
	tain the state gaming license? nter the amount of distributions r		under state leve to				ant in the	Yes	└── No
	ganization's own exempt activition	-				organizations of sp			
Part	Supplemental Information 15c, 16, and 17b, as app		-				nd Part III, li	nes 9, 9b, 1	0b, 15b,
732083	09-13-17					Sched	lule G (Form	1 990 or 99	0-EZ) 2017
				5	51		-		-

13110726 793927 17304

2017.04010 THE REPORTERS COMMITTEE FOR 17304__1

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Schedule G	(Form 990 or 990-EZ) Supplemental Infor	mation	CONTINU	red)						54	-097	2043 F	age 4
i artiv		mation	• (00//////										
										Schedul	e G (Fori	n 990 or 9	90-EZ)
732084 04-01-	17										•		,
110776	793927 17304			2017.0	1010	52 דידידיייייייייייייייייייייייייייייייי	₽₽₽∧₽	Ͳϝͻϲ	COMM	тҭтъъ	₽∩₽	17204	1
TT0120	, J J J Z I X I J U 4			201/•U		11111	ILLE OR	CUULT.	COUNT		LOK	- / J U 4	¥

SCHED	LEJ Compensation Information	0	MB No.	1545-00	47		
(Form 9	D) For certain Officers, Directors, Trustees, Key Employees, and Highest		20	17	,		
•	Compensated Employees	1	ZU				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.	0	Open to Public				
Department or Internal Rever	is noticely in the second s		Inspection				
Name of th	organization THE REPORTERS COMMITTEE FOR FREEDOM	Employer ident	ificati	on nu	mber		
	OF THE PRESS	52-097	204	3			
Part I	Questions Regarding Compensation						
				Yes	No		
1a Chec	the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
Part \	, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	rst-class or charter travel Housing allowance or residence for persor	nal use					
	avel for companions	sidence					
	x indemnification and gross-up payments Health or social club dues or initiation fees	3					
	scretionary spending account Personal services (such as, maid, chauffe	ur, chef)					
b If any	f the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
reimb	rsement or provision of all of the expenses described above? If "No," complete Part III to explain		1b				
2 Did th	organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
truste	s, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3 Indica	e which, if any, of the following the filing organization used to establish the compensation of the organiza	tion's					
CEO/	kecutive Director. Check all that apply. Do not check any boxes for methods used by a related organization	on to					
estab	sh compensation of the CEO/Executive Director, but explain in Part III.						
	ompensation committee Written employment contract						
	dependent compensation consultant						
	rm 990 of other organizations Approval by the board or compensation of	ommittee					
4 Durin	the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
orgar	ation or a related organization:						
a Rece	e a severance payment or change-of-control payment?		4a		Х		
b Partic	pate in, or receive payment from, a supplemental nonqualified retirement plan?		4b		X		
c Partic	bate in, or receive payment from, an equity-based compensation arrangement?		4c		X		
lf "Ye	to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	ection 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5 For p	sons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n					
contii	ent on the revenues of:						
a The c	janization?		5a		X		
b Any r	ated organization?		5b		X		
	on line 5a or 5b, describe in Part III.						
	sons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n					
contii	ent on the net earnings of:						
	janization?		6a		X		
	ated organization?		6b		X		
	on line 6a or 6b, describe in Part III.						
	sons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
	cribed on lines 5 and 6? If "Yes," describe in Part III		7		X		
	ny amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III					X		
	on line 8, did the organization also follow the rebuttable presumption procedure described in						
	tions section 53.4958-6(c)?	<u></u>	9				
LHA For	aperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule	J (Forr	n 990)	2017		

732111 10-17-17

THE REPORTERS COMMITTEE FOR FREEDOM

Schedule J (Form 990) 2017

OF THE PRESS

52-0972043

Page 2

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990	
(1) BRUCE BROWN	(i)	185,397.	0.	0.	10,847.	7,814.	204,058.	0	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								

Schedule J (Form 990) 2017	OF

THE REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS

52-0972043

Page 3

Part III Supplemental Information

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

732113 10-17-17

Schedule J (Form 990) 2017

SC	HEDULE M		Nonc	ash Contr	ibutions		OMB No. 154	45-0047	7			
(Fo	orm 990)						201	17				
		Complete if the org	anizations a	answered "Yes" o	n Form 990, Part IV, lines 29	9 or 30.	20					
	tment of the Treasury	Attach to Form 990).				Open To		с			
	al Revenue Service	Go to www.irs.gov/	Form990 fo	r the latest inform	nation.		Inspect					
Name	e of the organizatior			IITTEE FOR	FREEDOM		identification		nber			
Der		OF THE PRESS	5			5	2-09720	43				
Pai	rt I Iypes of	Property	(-)	(1-)	(-)		(-1)					
			(a) Check if	(b) Number of	(c) Noncash contribution	Method	(d) of determinin	na				
			applicable	contributions or	amounts reported on		ntribution am	•	3			
				items contributed	Form 990, Part VIII, line 1g							
1												
2		sures										
3		erests										
4		ations										
5		ehold goods										
6		nicles										
7												
8		ty	x	1	1,000,609.			110				
9		y traded		<u>+</u>	1,000,009•1	AIN MAN	KEI VAL					
10		y held stock										
11	Securities - Partne trust interests											
12		laneous										
12	Qualified conserva											
13												
14		tion contribution - Other										
14 15		lential										
16		nercial										
17												
18												
19												
20		l supplies										
21												
22												
23		ns										
24		acts										
25	Other ► ()										
26	Other ► (/ }										
27	Other ► (/)										
28	Other ► ()										
29	· · · ·	, 8283 received by the organ	ization durin	g the tax vear for c	contributions							
	for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29											
	0	•	, ,	·				/es	No			
30a	During the year, di	d the organization receive b	y contributio	on any property rep	ported in Part I, lines 1 throug	h 28, that it						
					d which isn't required to be us							
	exempt purposes	for the entire holding period	?	·	·		30a		Х			
b		the arrangement in Part II.										
31	Does the organizat	tion have a gift acceptance	policy that r	equires the review	of any nonstandard contribut	ions?	31		Х			
32a					cit, process, or sell noncash							
	contributions?	-		-			32a		Х			
b	If "Yes," describe i											
33	If the organization	didn't report an amount in o	column (c) fo	or a type of propert	y for which column (a) is cheo	ked,						
	describe in Part II.											
LHA	For Paperwork	Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Sched	lule M (Form	990)	2017			

Schedule N	M (Form 99	90) 2017			ORTE PRES		COM	MITT	ΈE	FOR	FRI	EEDOM			52-0	972043	}	Page 2
Part II	is repor	ementa ting in Par t for any a	t I, colur	mn (b), t	the num	ide th ber of	e infor contri	mation re ibutions,	equire the n	ed by Pa umber	art I, lir of iterr	nes 30b, 32 Is received	2b, ar d, or a	nd 33 a com	, and whe bination o	ther the orga f both. Also	anizati compl	on ete
SCHEDU	ULE M	, PAR	гΙ,	COL	JUMN	(B)	:											
THE OF	RGANI	ZATIO	N IS	REP	ORTI	NG	CON	ITRIB	UTI	ONS	BY	NUMBE	ER	OF	CONTE	IBUTIC	ons.	
732142 09-07	7-17														Scl	nedule M (F	orm 9	90) 2017
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13

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. Go to www.irs.gov/Form990 for the latest information.



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

THE REPORTERS COMMITTEE FOR FREEDOM

FIRST AMENDMENT OF THE U.S. CONSTITUTION.

OF THE PRESS

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.

NEWS MEDIA FOR OPEN GOVERNMENT (FORMERLY, SUNSHINE IN GOVERNMENT

INITIATIVE) - THE COMMITTEE TAKES THE LEAD IN THE ADMINISTRATION OF A

COALITION OF NON-PROFIT MEDIA ORGANIZATIONS ADVOCATING FOR STRONGER

PUBLIC RECORDS LAWS.

LITIGATION - THE COMMITTEE'S LITIGATION PRACTICE IN WHICH ITS STAFF

ATTORNEYS REPRESENT THE COMMITTEE, A JOURNALIST OR NEWS ORGANIZATION

COMPLEMENTS ITS TRADITIONAL AMICUS BRIEF WORK AT A TIME OF INCREASED

NEED IN THE NEWS MEDIA FOR IMPACT LITIGATION AND PRO BONO LEGAL

SERVICES. THE COMMITTEE HAS A NETWORK OF LAWYERS AROUND THE COUNTRY

LHA For Paperwork Reduction Act Notice. see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017) 732211 09-07-17 58

Schedule O (Form 990 or		Page 2
Name of the organization	THE REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS	Employer identification number 52-0972043
WHO, FROM TIM	E TO TIME, SERVE AS LOCAL COUNSEL ON AMICUS	BRIEFS OR

PARTNER WITH THE COMMITTEE IN OTHER WAYS.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE OF THE STEERING COMMITTEE CONSISTED OF SEVEN DIRECTORS IN 2017. SUBJECT TO ANY LIMITATIONS ESTABLISHED BY RESOLUTIONS OF THE STEERING COMMITTEE, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL OF THE POWERS AND AUTHORITY OF THE STEERING COMMITTEE DURING THE INTERVALS BETWEEN MEETINGS OF THE STEERING COMMITTEE EXCEPT TO AMEND OR REPEAL THE GOVERNING PRINCIPLES, FILL VACANCIES ON THE STEERING COMMITTEE OR ANY OF ITS COMMITTEES (INCLUDING THE EXECUTIVE COMMITTEE) OR DISSOLVE OR TERMINATE THE ORGANIZATION.

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

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 STEERING COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS CIRCULATED AMONG THE STEERING COMMITTEE AND THEY ARE REQUESTED TO SIGN IT ANNUALLY.

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

THE EXECUTIVE COMMITTEE, FOLLOWED BY THE ENTIRE STEERING COMMITTEE,

APPROVES ALL SALARY INCREASES. A COMPENSATION SURVEY WAS CONDUCTED IN

AUGUST 2017 OF EXECUTIVE DIRECTOR SALARIES OF SIMILAR ORGANIZATIONS. THE

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LAST SALARY REVIEW FOR THE EXECUTIVE DIRECTOR WAS AUGUST 2017.

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Schedule O (Form 990 or 9	990-EZ) (2017)	Page 2
Name of the organization	THE REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS	Employer identification number 52-0972043
		· · ·

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON REQUEST AND ON GUIDESTAR.COM.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS NOT CHANGED ITS AUDIT OVERSIGHT PROCESS OR

SELECTION PROCESS OF AN INDEPENDENT ACCOUNTANT DURING THE TAX YEAR.

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Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

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Form	JJU	

Department of the Treasury

Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

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.

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



18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,354,644. 1,982,840. 19 Revenue less expenses. Subtract line 18 from line 12 501,814. 2,241,345. 10 Beginning of Current Year End of Year 6,696,349. 8,937,694.	AI	For th	e 2017 calendar year, or tax year beginning and ending]			
Correction OF THE FRESS Dring Dusiness as 52-0972043 Final Number and street of P0. box if mail is not delivered to street address) Room/suite Final 1156 15TH STREET NW 1250 City or town, state or province, country, and ZIP or foreign postal code G cross receipts 3 12,730,107. Margender Final address of principal officer.BRUCE BROWN For an address of principal officer.BRUCE BROWN H(a) is this a group return for subordinates? Yes X No J Website: Number of analysis on the organization's mission or most significant activities: TO PROTECT THE RIGHT TO GATHER Association Other > H(b) /e al subordinates incider? Yes X No Yes Check this box > I briefly describe the organization's mission or most significant activities: TO PROTECT THE RIGHT TO GATHER ANUD DISTRIBUTE NEWS; TO KEEP GOVERNMENT ACCOUNTABLE BY ENSURING 3 30 2 Check this box > I briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of individuals employed in calendar year 2017 (Part V, line 1a) 3 30 4 Number of individuals employed in calendar year 2017 (Part V, line 2a) 5 22 6 Total number of volting members of the gov	B	Check if applicab		D Employer identifi	cation number		
Boing Dusiness as Doing Dusiness as 0.007/2043 Intermediation Doing Dusiness as 0.007/2043 Intermediation 1156 15TH STREET NW 1250 E Telephone number Intermediation 1156 15TH STREET NW 1250 Gross receipts \$ 12,730,107. Maximum Maximum 1156 15TH STREET NW, WASHINGTON, DC 20005 H(a) Is this a group return for subordinates? Yes No Maximum Is account status: LX 500(10(a) 501(c)() (insertno) 4947(a)(1) or 527 H(a) Is this a group return for subordinates? Yes No Mebsite: WWW.RCFP.ORG It account status: LX 500(10(a) Totst X Association Other L Year of formation: 1970 M State of lega domicile: DC Part II Summary 1 Briefly describe the organization's mission or most significant activities: TO PROTECT THE RIGHT TO GATHER AND D ISTRIBUTE NEWS; TO KEEP GOVERNMENT ACCOUNTABLE BY ENSURING 2 Check this box > If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of independent voting members of the governing body (Part VI, line 1a) 1, 633 (111. 4, 141. 946 (10, 000. 3 30 <th></th> <th>chang</th> <td>e OF THE PRESS</td> <td colspan="4"></td>		chang	e OF THE PRESS				
Image: Number and street (07-0). box if mails not delivered to street address) Hourisuite E Fedephone number 202-795-9300 Iso if STH STREET NW Iso if STH STREET NW 2020-795-9300 Image: Performer in the intervent		chang	e Doing business as	52-0	972043		
City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005 G cross receipts \$ 12,730,107. Presenter Pending F Name and address of principal officer. PRUCE BROWN 1156 15TH STREET NW, WASHINGTON, DC 20005 H(b) ke all subordinates //// for subordinates ///// to subordinates ///// to subordinates ///// to subordinates ///// to subordinates ///// to subordinates ////// to subordinates ///// to subordinates ////// to subordinates //////// to subordinates ////// to subordinates /////// to subordinates /////// to subordinates //////////// to subordinates ////////////////////////////////////		return					
average City or town, state or province, country, and ZIP or foreign postal code Grees receipts a 12, 730, 107. Mash HINGTON, DC 20005 F Name and address of principal officer.BRUCE BROWN H(a) is this a group return for subordinates included? Yes No I avexempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 I avexempt status: Corporation Trust X Association Other ▶ L Year of formation: 1970 M State of legal domicile: DC Part I Summary Corporation Trust X Association Other ▶ L Year of formation: 1970 M State of legal domicile: DC Part I Summary Corporation Trust X Association Other ▶ L Year of formation: 1970 M State of legal domicile: DC Part I Summary Corporation Trust X Association discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 30 1 Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets. 3 30 2 Number of individuals employed in calendar year 2017 (Part V, line 2a) 5		return) 202-			
Image: Contributions and grants (Part VIII, Inice 12) Prior Year Prior Year 0 0 0 0 0 0 0 0 0 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10	_	ated	City or town, state or province, country, and ZIP or foreign postal code				
1156 15TH STREET NW, WASHINGTON, DC 20005 H(b) Are all subordinates included? Yes No 1 rax-exempt status: X 501(c)(3) 501(c)(1) ◀ (insert no.) 4947(a)(1) or 527 H(b) Are all subordinates included? Yes No Website: WWW.RCFP.ORG H(b) Are all subordinates included? Yes No K Form of organization: Corporation Trust X Association Other L vear of formation: 1970 M State of legal domicile: DC Partial Summary Isoffy describe the organization is mission or most significant activities: TO PROTECT THE RIGHT TO GATHER AND DISTRIBUTE NEWS; TO KEEP GOVERNMENT ACCOUNTABLE BY ENSURING 2 Check this box 3 30 4 Number of voting members of the governing body (Part VI, line 1a) 3 30 30 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 222 6 6 Total number of volunteers (estimate if necessary) 7a 10, 000. 87, 317. 7a 7a Total numelated business revenue from Part VIII, column (C), line 12 7a 0. 10, 000. 87, 317. 9 Porgram service revenue (Part VII, line 2g) 10, 00	F	Ireturn	WASHINGTON, DC 20005				
I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ▶ WWW.RCPP.ORG H(c) Group exemption number ▶ K Form of organization: Corporation Tit X Association Other ▶ I Briefly describe the organization's mission or most significant activities: TO PROTECT THE RIGHT TO GATHER AND DISTRIBUTE NEWS; TO KEEP GOVERNMENT ACCOUNTABLE BY ENSURING 2 Check this box ▶ I the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of voting members of the governing body (Part VI, line 1a) 3 30 4 Number of independent voting members of the governing body (Part VI, line 1a) 4 300 5 Total number of volunteers (estimate if necessary) 6 300 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 9 Program service revenue (Part VIII, line 1h) 1, 636, 191. 4, 141, 946. 9 Program service revenue (Part VIII, line 2a) 5, 505. -192, 069. 11 Other revenue (Part VIII, line 2b) 0. 0. 0. 12 Total revenue · add lines 8 through 11 (must equal Part VII, column (A), lines 5: 1, 069, 826. 1, 425, 363. 13 Grants and similar amounts paid (Part IX, column (A), lines 5: 225, 172.<	L	tión	¹⁹ 1156 15TH STREET NW, WASHINGTON, DC 20005	-			
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17 Other expenses (Part IX, column (A), lines T1a-T1d, T1-24e) 20 2, 010 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 : 0.057, 477 :	ber	b					
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,354,644. 1,982,840. 19 Revenue less expenses. Subtract line 18 from line 12 501,814. 2,241,345. 10 Beginning of Current Year End of Year 6,696,349. 8,937,694.	ш	17		284,818.	557,477.		
19 Revenue less expenses. Subtract line 18 from line 12 501,814. 2,241,345. 8 Beginning of Current Year End of Year 6,696,349. 8,937,694.		18		1,354,644.			
20 Total assets (Part X, line 16) 6,696,349. 8,937,694.		19		501,814.	2,241,345.		
20 Total assets (Part X, line 16) 6,696,349. 8,937,694.	or		· · ·				
	sets	20	Total assets (Part X, line 16)	6,696,349.	8,937,694.		
	tAs	21	Total liabilities (Part X, line 26)	0.	0.		
22 Net assets or fund balances. Subtract line 21 from line 20	Fun			6,696,349.	8,937,694.		

Part II Signature Block

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

Sign Here	Signature of officer BRUCE BROWN, EXECUTIVE Type or print name and title	E DIRECTOR	D	Date		
Paid	Print/Type preparer's name DAVID JONES	Preparer's signature	Date	Check PTIN if self-employed P01361002		
Preparer	Firm's name 🕞 JONES, MARESCA &			irm's EIN 52-1853933		
Use Only	Firm's address 10500 LITTLE PAT COLUMBIA, MD 210			Phone no.410-884-0220		
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)					
732001 11-2	32001 11-28-17LHA For Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2017)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2017) OF THE PRESS 52-0972043 Page
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	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.
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 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.
	(Code:) (Expenses \$, 441,053. including grants of \$) (Revenue \$] (Revenu
	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 ASSISTS JOURNALISTS AND NEWS ORGANIZATIONS WITH
	FREEDOM OF INFORMATION AND ACCESS-TO-COURT CASES. AS SUCH, THE LEGAL
	DEFENSE AND RESEARCH PROGRAM INCLUDES THE FOLLOWING:
	PUBLICATIONS - THE COMMITTEE PUBLISHES A QUARTERLY DIGITAL MAGAZINE, A
	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 \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses ► 1,441,053.
	Form 990 (20
32002	11-28-17 SEE SCHEDULE O FOR CONTINUATION(S)

THE REPORTERS COMMITTEE FOR FREEDOM

OF THE PRESS

Form 990 (2017)

Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
-	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
U	-	8		x
9	Schedule D, Part III			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	- 5		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
••	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a		x
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
~	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
А	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
~	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	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12d		12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
5	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		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. т а		<u> </u>
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
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			<u>_</u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u>_</u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u>_</u>
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		x

Form **990** (2017)

732003 11-28-17

THE REPORTERS COMMITTEE FOR FREEDOM

	990 (2017) OF THE PRESS 52-0972	2043	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	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,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	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	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2017)

732004 11-28-17

THE	REPORTERS	COMMITTEE	FOR	FREEDOM
OF	THE PRESS			

_	990 (2017) OF THE PRESS		52-0972	043	P	age 5
Par						
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	9			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re					
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	22			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		-			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).				37	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_		v
_	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c			7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		_ <u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-		_		
-	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			-		
				9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	40. I				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
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	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
40	amounts due or received from them.)	11b		10		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40-		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	4 05				
_	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		4.4		X
				14a		
<u>a</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	÷υ		14b		

Form 990	(2017)
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732005 11-28-17

THE REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS

Form 990 (2017)

52-0972043 Page 6

Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se			
	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	<u></u>		Χ			
Sec	tion A. Governing Body and Management						
	Enter the number of voting members of the governing body at the end of the tax year 30		Yes	No			
1a							
	If there are material differences in voting rights among members of the governing body, or if the governing						
b	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 1b 30						
-							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	0		х			
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		21			
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		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 become aware during the year of a significant diversion of the organization's assets?	6		X			
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	•					
74	more members of the governing body?	7a		х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
-	persons other than the governing body?	7b		х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
	The governing body?	8a	Х				
b	Each committee with authority to act on behalf of the governing body?	8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х				
С	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	Х				
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?	45 -	х				
	The organization's CEO, Executive Director, or top management official	15a	~	X			
D	Other officers or key employees of the organization	15b					
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
104		16a		х			
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104					
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure	100					
17	List the states with which a copy of this Form 990 is required to be filed ►VA, NY, FL, MD, IL, OK, NJ						
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) a	vailab	le				
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (<i>explain in Schedule O</i>)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	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						
732006	5 11-28-17	Form	990	(2017)			

2017.04010 THE REPORTERS COMMITTEE FOR 17304_1

Part VII	Со	mpensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Em	ployees, and Independent Contractors

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

OF THE PRESS

Form 990 (2017)

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.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	Position (do not check more than one) than	one	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar	nd a d I	Irecto	or/trus	stee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	suadu		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con yee	_			organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former			organizationo
(1) DAVID BOARDMAN	3.00				-					
CHAIRMAN		X		X				0.	0.	0.
(2) SUSAN GOLDBERG	2.00									
VICE CHAIRMAN		X		X				0.	0.	0.
(3) ANTHONY MAURO	2.00									
SECRETARY/TREASURER		X		X				0.	0.	0.
(4) STEPHEN ADLER	1.00									
STEERING COMMITTEE		Х						0.	0.	0.
(5) SCOTT APPLEWHITE	1.00									
STEERING COMMITTEE		Х						0.	0.	0.
(6) WOLF BLITZER	1.00								_	
STEERING COMMITTEE		X						0.	0.	0.
(7) CHIP BOK	1.00									_
STEERING COMMITTEE		х						0.	0.	0.
(8) MASSIMO CALABRESI	1.00									
STEERING COMMITTEE		х						0.	0.	0.
(9) MANNY GARCIA	1.00									•
STEERING COMMITTEE		Х						0.	0.	0.
(10) JOSH GERSTEIN	1.00									•
STEERING COMMITTEE	1 00	X						0.	0.	0.
(11) ALEX GIBNEY	1.00									•
STEERING COMMITTEE	1 00	X						0.	0.	0.
(12) JAMES GRIMALDI	1.00								0	0
STEERING COMMITTEE	1 00	X						0.	0.	0.
(13) LAURA HANDMAN	1.00								0	0
STEERING COMMITTEE		X						0.	0.	0.
(14) JOHN HENRY	0.50								0	0
STEERING COMMITTEE	1 00	X						0.	0.	0.
(15) KAREN KAISER	1.00							0.	0	0
STEERING COMMITTEE	1 00	X						0.	0.	0.
(16) DAVID LAUTER	1.00	x						0.	0.	0.
STEERING COMMITTEE	1.00	^		-	<u> </u>	-		0.	0.	0.
(17) DAHLIA LITHWICK STEERING COMMITTEE	1.00	x						0.	0.	0.
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Form 990 (2017)

THE	REPORTERS	COMMITTEE	FOR	FREEDOM

Form 990 (2017) OF THE PH	RESS								52-097	20)43	Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average hours per week	box	(C) Positior (do not check more box, unless person officer and a directo				h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		comper from organi and re organiz	the zation elated
(18) MARGARET LOW	1.00			_	-					+		
STEERING COMMITTEE		Х						0.	0).		0.
(19) JANE MAYER STEERING COMMITTEE	1.00	x						0.	0).		0.
(20) ANDREA MITCHELL	1.00							0.).		
STEERING COMMITTEE	1.00	X				-		0.	0	, •		0.
(21) MAGGIE MULVIHILL STEERING COMMITTEE	1.00	x						0.	0).		0.
(22) CAROL ROSENBERG	1.00	.,						0	0	\Box		
STEERING COMMITTEE (23) THOMAS RUBIN	1.00	X						0.	U).		0.
STEERING COMMITTEE	1 0 0	x						0.	0).		0.
(24) CHARLIE SAVAGE STEERING COMMITTEE	1.00	x						0.	C).		0.
(25) BEN SMITH	1.00									\top		
STEERING COMMITTEE (26) JENNIFER SONDAG	1.00	X						0.	0).		0.
STEERING COMMITTEE		х						0.).		0.
1b Sub-total								0.).		0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								432,233. 432,233.).		514.
2 Total number of individuals (including but n							no r		,000 of reportable			
compensation from the organization											Ye	s No
3 Did the organization list any former officer,					•	•		•				X
line 1a? If "Yes," complete Schedule J for sFor any individual listed on line 1a, is the su								her compensation from		•	3	
and related organizations greater than \$150										.	<u>4</u> Σ	<u> </u>
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>											5	x
Section B. Independent Contractors												
1 Complete this table for your five highest co the organization. Report compensation for	•	•							•	ensa	ation fror	n
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) Name and business address NONE Description of services							Сс	(C) Compensation				
							_					
2 Total number of independent contractors (i	ncluding but n	ot lii	nite	d to		~	stec	d above) who received m	nore than			
\$100,000 of compensation from the organiz	zation		TTT 7			0						

THE REPORTERS	COMMITTEE	FOR	FREEDOM
OF THE PRESS			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensation Employees continuents (A) (A) (A) (C) (D) (C) (D) (C) (D) (C) (D) (D) (E) (F) Estimated (D)	Form 990 OF THE P								INDUDON	52-097	2043
(A) Name and tile (B) (average week (list ary bours week (list ary bours week (list ary bours bours week (list ary bours bours week (list ary bours bours bours bours week (list ary bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours bours b	Part VII Section A. Officers, Directors, Tr	ustees, Key Ei	mplo	oyee	es, a	nd H	ligh	est	Compensated Employ	ees (continued)	
weak is any hours for line is is is is is is is is is is is is is is is is is is is is is is is is	(A)	(B) Average hours	Position			l		(D) Reportable compensation	(E) Reportable compensation	Estimated amount of	
STEERING COMMITTEE X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation from the organization and related
128) SAUNDRA TORRY 1.00 x 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		1.00	x						0.	0.	0.
STEERING COMMITTEE X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		1.00									
(23) JUDY WOODRUPF 1.00 x 0. 0. 0. 0. SPIERING COMMITTEE 1.00 x 0. 0. 0. 0. 0. SENICE REGNN 40.00 x 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. <td></td> <td></td> <td>x</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>			x						0.	0.	0.
(30) PAUL STEIGER 1.00 x 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(29) JUDY WOODRUFF	1.00									
SENIOR ADVISOR X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 18,661. (32) RADIELYIN TOWNSEND 40.00 X 131,601. 0. 18,256. 0. 19,597. LEGAL DEFENSE DIRECTOR X 115,235. 0. 19,597. 0. 19,597.	STEERING COMMITTEE		x						0.	Ο.	0.
(31) BRUCE BROWN 40.00 x 185,397. 0. 18,661. (32) KATELYN TOWNEEND 40.00 x 131,601. 0. 18,256. (33) GREGG LESLIE 40.00 x 115,235. 0. 19,597.	(30) PAUL STEIGER	1.00									
EXECUTIVE DIRECTOR X 185,397. 0. 18,661. (32) KATTELYNN TOWNSEND 40.00 X 131,601. 0. 18,256. (33) GREGG LESLIE 40.00 X 115,235. 0. 19,597. LEGAL DEFENSE DIRECTOR X 115,235. 0. 19,597.	SENIOR ADVISOR		X						0.	Ο.	0.
(32) KATIELYNN TOWNSEND 40.00 x 131,601. 0. 18,256. LITIGATION DIRECTOR 40.00 x 115,235. 0. 19,597. LEGAL DEFENSE DIRECTOR 1 1 1 1 1 LEGAL DEFENSE DIRECTOR 1 1 1 19,597.	(31) BRUCE BROWN	40.00									
LITIGATION DIRECTOR X 131,601. 0. 18,256. (33) GREGE LESLIE 40.00 X 115,235. 0. 19,597. LEGAL DEFENSE DIRECTOR X 115,235. 0. 19,597.	EXECUTIVE DIRECTOR				Х				185,397.	0.	18,661.
(33) GREGG LESLIE 40.00 X 115,235. 0. 19,597.	(32) KATIELYNN TOWNSEND	40.00									
LEGAL DEFENSE DIRECTOR X 115,235. 0. 19,597. Image: Constraint of the second sec	LITIGATION DIRECTOR						Х		131,601.	0.	18,256.
		40.00									
	LEGAL DEFENSE DIRECTOR						Х		115,235.	0.	19,597.
			-		-						
			-		-						
			 								
	Total to Part VII, Section A, line 1c	•	•		•	•			432,233.		56,514.

732201 04-01-17

THE REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS

Pai	τVII	Check if Schedule O cont		or noto to any lin	o in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Gra	b	Membership dues	1b					
Am (с	Fundraising events	1c	744,313.				
Gift Iar	d	Related organizations	1d					
ini,	е	Government grants (contribut	ions) 1e					
rior S	f	All other contributions, gifts, gran	ts, and					
the		similar amounts not included abo	ve 1f	3,397,633.				
dut	g	Noncash contributions included in lines	1a-1f: \$	1,000,609.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			4,141,946.			
				Business Code				
8	2 a	PROGRAM SERVICES		900099	87,317.	87,317.		
e Żi	b							
Program Service Revenue	с							
eve	d							
Ba	е							
ፈ	f	All other program service reve	enue					
		Total. Add lines 2a-2f			87,317.			
	3	Investment income (including						
		other similar amounts)		▶	188,817.			188,817.
	4	Income from investment of tax						
	5	Royalties		►				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		>				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	8,201,752.					
	b	Less: cost or other basis						
		and sales expenses	8,203,578.					
	с	Gain or (loss)						
		Net gain or (loss)		>	-1,826.			-1,826.
ø		Gross income from fundraisin						
Other Revenue		including \$ 744						
eve		contributions reported on line	1c). See					
r B		Part IV, line 18		110,150.				
the	b	Less: direct expenses		302,344.				
0	с	Net income or (loss) from fund	draising events		-192,194.			-192,194.
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses						
	с	Net income or (loss) from gam	ning activities	>				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold	b					
	с	Net income or (loss) from sale	s of inventory	>				
Γ		Miscellaneous Revenu	e	Business Code				
Γ		MISCELLANEOUS		900099	118.			118.
	b	REIMBURSEMENTS		900099	7.			7.
	с							
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶	125.			
	12	Total revenue. See instructions.		▶	4,224,185.	87,317.	0.	-5,078.
73200	9 11-28	3-17						Form 990 (2017)

732009 11-28-17

Form 990 (2017)

THE REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS

	990 (2017) OF THE PRESS	S	FOR FREEDOM	52-09	72043 Page 1(
	ion 501(c)(3) and 501(c)(4) organizations must com		er organizations must og	molete column (A)	
Secu	Check if Schedule O contains a respon		-		
Dou	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		схренаев	general expenses	скрепаеа
•	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				
Ŭ	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,				
Ŭ	trustees, and key employees	212,626.	158,584.	30,021.	24,021
6	Compensation not included above, to disqualified				
0	persons (as defined under section 4958(f)(1)) and				
	10 = 0.00 (COV)				
7	F	1,033,335.	769,748.	146,172.	117,415
7 8	Other salaries and wages Pension plan accruals and contributions (include	±,000,000.	, , , , , , , , , , , , , , , , , , , ,		±±,,±±J
Ø		39,041.	29,363.	5,441.	1 227
•	section 401(k) and 403(b) employer contributions)	68,681.	51,655.	9,572.	4,237 7,454 7,571
9	Other employee benefits	71,680.	54,395.	9,714.	7,434
10	Payroll taxes	/1,000.	54,595.	9,714.	1,311
11	Fees for services (non-employees):				
a	Management	30,280.	30,280.		
b	Legal	9,500.	50,200.	9,500.	
	Accounting	9,500.		9,500.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	110 644	12 701		10 202
	column (A) amount, list line 11g expenses on Sch 0.)	118,644.	43,791.	25,471.	49,382
12	Advertising and promotion	126.	25 252	126.	E 0.26
13	Office expenses	58,131.	35,353.	17,752.	5,026
14	Information technology				
15	Royalties	147 010	105 700	22 107	
16	Occupancy	147,916.	125,729.	22,187.	1 (10
17	Travel	32,970.	28,024.	3,298.	1,648
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	21 602	24 244		<u> </u>
19	Conferences, conventions, and meetings	31,683.	24,344.		7,339
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1.0 001			100
23	Insurance	16,271.	9,275.	6,508.	488
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 0.) SOFTWARE DEVELOPMENT	32,907.	32,907.		
a b	COMPUTER RESEARCH	30,003.	30,003.		
b	MISCELLANEOUS	26,253.	50,005.	26,253.	
c d	DUES AND SUBSCRIPTIONS	19,508.	17,415.	2,093.	
		3,285.	187.	2,507.	591
	All other expenses	1,982,840.	1,441,053.	316,615.	225,172
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	±,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,, 0))•	510,013.	223,112
26					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Eorm 990 (201

732010 11-28-17

13110726 793927 17304

2017.04010 THE REPORTERS COMMITTEE FOR 17304_1

Form **990** (2017)

Form	990	(2017)	1
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THE REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS

Form 990 Part X	Balance Sheet		5 <u>7</u> -	09/2043 Page 11
I dit X	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	621,582.	1	689,020.
2	Savings and temporary cash investments	1,658,054.	2	2,092,646.
3	Pledges and grants receivable, net	, ,	3	
4	Accounts receivable, net		4	
5	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			
g	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
× 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
	b Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities	4,389,077.	11	6,110,933.
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	27,636.	15	45,095.
16	Total assets. Add lines 1 through 15 (must equal line 34)	6,696,349.	16	8,937,694.
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
_ଶ 22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities	key employees, highest compensated employees, and disqualified persons.			
iab	Complete Part II of Schedule L		22	
┘ 23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	26	0.
	Organizations that follow SFAS 117 (ASC 958), check here ► X and			
ces	complete lines 27 through 29, and lines 33 and 34.	2 657 907		1 001 692
	Unrestricted net assets	2,657,897. 4,038,452.	27	4,901,682. 4,036,012.
	Temporarily restricted net assets	4,030,432.	28	4,030,012.
p 29	Permanently restricted net assets		29	
Ĕ	Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets or Fund Balances	and complete lines 30 through 34.		00	
30 set	Capital stock or trust principal, or current funds		30	
ä 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
S 32	Retained earnings, endowment, accumulated income, or other funds	6,696,349.	32 33	8,937,694.
2 33 34	Total net assets or fund balances Total liabilities and net assets/fund balances	6,696,349.	33 34	8,937,694.
	Total habilities and not assets/10110 balances	-,	04	Form 990 (2017)

732011 11-28-17

THE REPORTERS COMMITTEE FOR FREEDO	ERS COMMITTEE FOR FREED	DOI	M
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	1990 (2017) OF THE PRESS	52-09	72043	Pag	<u>ge 12</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			1 221	1	0 5
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,224	<u>ε, τ</u>	<u>40</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,982		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,241		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,696), S	49.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		0 0 0 0		~ 4
D	column (B))	10	8,937	,6	94.
Pa	rt XII Financial Statements and Reporting				37
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2017)

732012 11-28-17

SCHEDULE A Public Charity Status and Public Support					OMB No. 1545-0047			
(Form 990 or 990-EZ)		mplete if the organ						2017
	0		17(a)(1) nonexempt			or a section		2017
Department of the Treasury Internal Revenue Service			Attach to Form 990			<u> </u>		Open to Public
		Go to www.irs.gov				nformation.	Englaria	Inspection
Name of the organizati		REPORTERS HE PRESS	COMMITTEE	FOR FRE	EDOM		• •	identification number 2-0972043
Part I Reason		Charity Status (A	All organizations mu	st complete th	is part) S	ee instruction		2-0972045
The organization is not a								
r	•	urches, or associatio	•					
		on 170(b)(1)(A)(ii). (/				•//• •//•		
		hospital service orga				ii).		
	-					-)(iii). Enter	the hospital's name,
city, and stat	e:							
5 An organizati	on operated fo	r the benefit of a co	llege or university o	wned or opera	ted by a g	overnmental	unit describ	bed in
section 170	(b)(1)(A)(iv). (C	omplete Part II.)						
		ernment or governn						
		ly receives a substa	ntial part of its supp	port from a gov	ernmenta	l unit or from 1	he general	public described in
		omplete Part II.)	(1)(A)(ui) (Complete					
		d in section 170(b)(anization described			ad in conii	inction with a	land-grant	college
5	-	rant college of agric			-		-	-
university:	or a normana g				nume, or	y, and state o		
	on that normal	ly receives: (1) more	than 33 1/3% of its	s support from	contributi	ons, members	ship fees, a	nd gross receipts from
								t from gross investment
income and u	Inrelated busin	less taxable income	(less section 511 ta	ax) from busine	esses acqu	uired by the o	ganization	after June 30, 1975.
See section	509(a)(2). (Con	nplete Part III.)						
	-	ind operated exclusion	•	-				
-	-	-					•	e purposes of one or
		ganizations describe						check the box in
	-	describes the type o nization operated, s			-		-	aivina
		n(s) the power to re	-					
	•	omplete Part IV, Se		loot a majority				apporting
		anization supervised		nnection with i	ts support	ed organizatio	on(s), by ha	ving
control or r	nanagement of	the supporting orga	anization vested in t	the same perso	ons that co	ontrol or mana	age the sup	ported
organizatio	n(s). You must	t complete Part IV,	Sections A and C.					
c 📃 Type III fui	nctionally integ	grated. A supporting	g organization opera	ated in connec	tion with,	and functiona	lly integrate	ed with,
	•	n(s) (see instructions		-		-		
••	-	integrated. A supp		•			•	
	,	egrated. The organiz	0,	,		•	d an attent	iveness
	·	ons). You must con nization received a v	•					
	•	Type III non-functio				а турет, туре	n, type in	
f Enter the number								
		about the supporte						
(i) Name of supp		(ii) EIN	(iii) Type of organizat (described on lines 1	in your govorn	inization listed ing document?	(v) Amount o	-	(vi) Amount of other
organizatior	1		above (see instructio	V AAA	No	support (see ir	istructions)	support (see instructions)
Total								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017

52-0972043 Page 2

	A (Form 990 or 990-EZ) 2017 OF THE PRESS	52-097204
Part II	Support Schedule for Organizations Described in Sect	ions 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.)

Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4	Sec	ction A. Public Support						
membership fees received. (Do not include any 'unusual grants.') 2 Tax revenues levied for the organization's benefit and ether paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental init to the organization without charge 4 Total. Add lines 1 through 3	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
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2 Tar evenues levid for the organization is benefit and ether paid to or expended on its behalf		membership fees received. (Do not						
2 Tar evenues levid for the organization is benefit and ether paid to or expended on its behalf		include any "unusual grants.")						
are expended on its behalt The value of services or facilities Turnished by a governmental unit to the organization without charge To Total Add lines 1 through 3 The portion of total contributions by supported organization included on line 1 that exceeds 25% of the amount shown on line 11, column (f) Public support, bateactive 5 term in 4 Calendar year (or field year beginning in) Calendar year (or field year beginning in) Calendar year (or field year beginning in) To Add lines 7 through 10 Calendar year (or particulation exceeds 25% of the amount shown on line 14, column (f) Calendar year (or field year beginning in) Calendar year (or particulation exceeds 25% of the amount shown on line 11, column (f) Calendar year (or field year beginning in) Calendar year (or particulation exceeds 25% of the amount shown on line 14, Calendar year (or particulation exceeds 25% of the amount shown on line 14, Calendar year (or particulation exceeded 25% of the amount shown on line 14, Calendar year (or particulation exceeded on securities loans, rents, royalties, and income from initerest, dividends, partents received on securities loans, rents, royalties, activities, whether or not the business is regularly carried on or loas three and calpatal assets (Explain in Part VI) Carces receipts from reliated activities, etc. (see instructions) Carces receipts from reliate activit	2							
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organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	b		-					
		-						
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								
	18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instructio	ns ►

Schedule A (Form 990 or 990-EZ) 2017

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

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	686,147.	1114285.	1031301.	1634891.	4252096.	8718720.
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the	151 555	104 027	71 210	10 000	07 017	
_	organization's tax-exempt purpose	151,555.	184,837.	71,312.	10,000.	8/,31/.	505,021.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	837,702.	1299122.	1102613.	1644891.	4339413.	9223741.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				234,900.	1014065.	1248965.
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		156,613.				337,365.
c	Add lines 7a and 7b	123,665.	156,613.	57,087.	234,900.	1014065.	1586330.
	Public support. (Subtract line 7c from line 6.)						7637411.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total 9223741.
	Amounts from line 6	837,702.	1299122.	1102613.	1644891.	4339413.	9223741.
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,	259,084.	252,326.	318 976	173,513.	188 817	1192716
	and income from similar sources	255,004.	252,520.	510,570.	175,515.	100,017.	11/2/10.
L.	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	259,084.	252,326.	318,976.	173,513.	188,817.	1192716.
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)	268.	211.	24,303.	5,505.	125.	30,412.
13	Total support. (Add lines 9, 10c, 11, and 12.)	1097054.	1551659.	1445892.	1823909.	4528355.	10446869.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
_	check this box and stop here						▶∟_
	ction C. Computation of Publ						72 11
	Public support percentage for 2017 (15	73.11 %
<u>16</u>	Public support percentage from 2016 ction D. Computation of Inves					16	/3.24 %
	•		•			17	11.42 %
17 18	Investment income percentage for 20 Investment income percentage from 2					18	<u>11.42 %</u> 17.62 %
	a 33 1/3% support tests - 2017. If the						·
150	more than 33 1/3%, check this box a						
h	33 1/3% support tests - 2016. If the						
~	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization						
-	23 10-06-17		,) or 990-EZ) 2017
							-

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Schedule A (Form 990 or 990-EZ) 2017 OF THE PRESS

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

Section A. All Supporting Organizations

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

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_____ 10b | _____ Schedule A (Form 990 or 990-EZ) 2017

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes

No

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Ра	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		L
	A family member of a person described in (a) above?	11b		L
	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	tion B. Type I Supporting Organizations			
			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,			
	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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
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. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
-	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
-	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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			
<u></u>	supported organizations played in this regard.	3		L
-	tion E. Type III Functionally Integrated Supporting Organizations	<u>, </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions	<i>)</i> .		
a b	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i> The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
b		struction	2)	
c a	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	liucion	y. Yes	No
2	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Tes	NO
а	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		20		
5	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.	2.5		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b				
2	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
			-	

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Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 OF THE PRESS Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or 6 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 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 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 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions) 6

7 \perp Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

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Sche	dule A (Form 990 or 990-EZ) 2017 OF THE PRESS		5	2-0972043 Page 7
Par		(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		(continuca)	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemption			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
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 the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Carryover from 2012 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2017, if			
5	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
0	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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THE REPORTERS COMMITTEE FOR FREEDOM Schedule A (Form 990 or 990-EZ) 2017 OF THE PRESS 52-0972043 Page
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:
OTHER MISCELLANEOUS INCOME
2013 AMOUNT: \$ 268.
2014 AMOUNT: \$ 211.
2015 AMOUNT: \$ 933.
2016 AMOUNT: \$ 10.
2017 AMOUNT: \$ 118.
RELOCATION ALLOWANCE
2015 AMOUNT: \$ 13,005.
RECOVERY OF ATTORNEY FEES 2015 AMOUNT: \$ 2,390.
2016 AMOUNT: \$ 1,400.
REIMBURSEMENTS
2015 AMOUNT: \$ 7,975.
2016 AMOUNT: \$ 4,095.
2017 AMOUNT: \$ 7.

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Schedule A (Form 990 or 990-EZ) 2017

chedule B	
orm 990, 990-EZ,	
990-PF)	

Department of the Treasury	
Internal Revenue Service	

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2017

Employer identification number

THE	REPORTERS	COMMITTEE	FOR	FREEDOM

OF THE PRESS

Organization type (check one):

52	2 – 0	97	20	43

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number

52-0972043

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 8,130. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 X Person Payroll 7,850. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Х Person Payroll 7,850. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Pavroll 22,850. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

723452 11-01-17

13110726 793927 17304

Employer identification number

52-0972043

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution X 8 Person Payroll 7,850. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X Person Payroll 7,850. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 10 Х Person Payroll 150,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 11 X Person Payroll 33,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 12 X Person Pavroll 12,850. Noncash \$ (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	т	(c) otal contributions	(d) Type of contribution
13		\$	8,150.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	т	(c) otal contributions	(d) Type of contribution
14		\$	5,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	Т	(c) otal contributions	(d) Type of contribution
15		\$	30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	т	(c) otal contributions	(d) Type of contribution
<u>16</u>		\$	7,850.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	т	(c) otal contributions	(d) Type of contribution
17		\$	7,850.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	Т	(c) otal contributions	(d) Type of contribution
18		\$	7,850.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
<u> 19</u>		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
20		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c) Total contributions	(d)	
<u>No.</u>	Name, address, and ZIP + 4	\$ <u>25,000</u> .	Type of contribution Person X Payroll	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions \$21,400.	Type of contribution Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
23		\$17,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No	(b) Name address and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>No.</u>	Name, address, and ZIP + 4	\$ <u>408,065.</u>	Person X Payroll (Complete Part II for noncash contributions.)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a)	(b)	(c) (d)		
No.	Name, address, and ZIP + 4	Total contributions Type of contribution		
25		\$		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
26		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
27		\$		
(a)	(b)	(c) (d)		
<u>No.</u>	Name, address, and ZIP + 4	Total contributions Type of contribution \$		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
29		\$ 7,850. Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
30		* 7,850. * 7,850. Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	ıl spa	ice is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
31		\$_	300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
32		\$_	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
33		\$_	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
34		\$_	8,150.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
35		\$_	10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
36		\$_	7,420.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al spac	e is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
37		\$	70,487.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
38		\$	7,850.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
39		\$	300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
40		\$	12,635.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
41		\$	10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
42		\$_	7,850.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
43		\$_	1,000,609.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
44		\$_	8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
45		\$_	7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$_	6 , 200 .	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
47		\$_	25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
48		\$_	40,000.	Person X Payroll (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>49</u>		\$8,150.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$72,850.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$8,710.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l spa	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
55		\$_	7,850.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
56		\$_	27,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
57		\$_	20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
58		\$_	7,850.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
59		\$_	8,065.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
60		\$_	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
61		\$8,150.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
<u>No.</u>	Name, address, and ZIP + 4	\$100,000.	Person X Payroll (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>65</u>		\$12,635.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No	(b) Name address and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>No.</u>	Name, address, and ZIP + 4	\$50,000.	Person X Payroll (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	ıl spa	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
67		\$_	12,850.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
68		\$_	50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
69		\$_	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
<u>70</u>		\$_	180,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
71		\$_	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
72		\$_	7,850.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
73		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
74		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
		\$7,850.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
76		\$13,925.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
77		\$ <u>46,950.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d) Turne of constribution		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
78		\$107,850.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
79		\$7,850.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
80		\$14,065.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
81		\$ <u>150,050.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	S 38,700.	Type of contribution Person X Payroll		
(a)	(b)	(c)	(d)		
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
84		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l spa	ice is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
85		\$_	10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
86		\$_	10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
87		\$_	8,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4	\$_	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
89		\$_	8,065.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
90		\$_	15,450.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$7,850.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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	B (Form 990, 990-EZ, or 990-PF) (2017)		· - · ·	Page 3
Name of or	ganization EPORTERS COMMITTEE FOR FREEDOM		Employe	er identification number
	E PRESS		52	-0972043
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is neede	ed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instruction		(d) Date received
10	AMAZON STOCK			
43		\$1,000,6	<u>.09</u>	05/02/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instruction		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$	D (Form 1	990, 990-EZ, or 990-PF) (2017)
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Name of orga	nization				Employer identification number
THE RE	PORTERS COMMITTEE FOR	FREEDOM			
OF THE					52-0972043
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete of	ributions to organizations (lescribed in section	on 501(c)(7), (8), or	(10) that total more than \$1,000 for
	completing Part III, enter the total of exclusively religiou	s, charitable, etc., contributions	of \$1,000 or less for th	Terrer organization	¹⁵ ► \$
	Use duplicate copies of Part III if addition	al space is needed.		, (2.1101 and 11101 01100	,
(a) No. from				(-1) D	
Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	ription of how gift is held
-					
·					
·					
		(e) Transf	er of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
·					
(a) No. from		(a) 11aa af a	.:41		wintion of how with in hold
Part I	(b) Purpose of gift	(c) Use of g	jiit	(d) Desc	ription of how gift is held
		(e) Transf	er of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of g	uift	(d) Desc	ription of how gift is held
Part I		(0) 030 01 9	,	(0) Dese	
.					
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		(e) Transf	er of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
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(a) No. from	(b) Purpose of gift	(c) Use of g	aift	(d) Desc	ription of how gift is held
Part I	.,			. ,	
.					
-					
		/ · -			
		(e) Transf	er of gift		
	.		-		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
-					
-					
-					

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

13110726 793927 17304

SCHEDULE C	Po	OMB No. 1545-0047			
(Form 990 or 990-EZ)	CHEDULE C orm 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527				2017
		if the organization is described			
Department of the Treasury Internal Revenue Service	-	Go to www.irs.gov/Form990 for i			2. Open to Public Inspection
If the organization ans	wered "Yes," or	n Form 990, Part IV, line 3, or Fo	m 990-EZ, Part V, I	ine 46 (Political Campaign	Activities), then
	•	nplete Parts I-A and B. Do not con	•		
		01(c)(3)) organizations: Complete I	Parts I-A and C belov	w. Do not complete Part I-B.	
 Section 527 organiz 					
-		n Form 990, Part IV, line 4, or Fo			
	•	have filed Form 5768 (election une		•	•
	-	have NOT filed Form 5768 (election			
If the organization ans Tax) (see separate ins		n Form 990, Part IV, line 5 (Proxy	' Tax) (see separate	instructions) or Form 990-	EZ, Part V, line 35c (Proxy
	5), or (6) organiza	tions: Complete Part III.			
Name of organization	THE REP	ORTERS COMMITTEE	FOR FREEDC)M Emplo	oyer identification number
	OF THE				52-0972043
Part I-A Comp	ete if the org	ganization is exempt unde	er section 501(c) or is a section 527 o	rganization.
1 Provide a descript	ion of the organiz	ation's direct and indirect politica	l campaign activities	in Part IV.	
2 Political campaign	activity expendit	ures		▶\$	
3 Volunteer hours fo	r political campai	gn activities			
Part I-B Comp	oto if the ore	anization is axampt unde	r sostion 501/o)(3)	
		ganization is exempt under incurred by the organization under			
		incurred by organization manager			
		n 4955 tax, did it file Form 4720 fo			
b If "Yes," describe i					
		anization is exempt unde	r section 501(c), except section 501(c)(3).
-		d by the filing organization for sec	•		
		ization's funds contributed to oth			
			-		
		s. Add lines 1 and 2. Enter here an			
•	•			,	
					Yes No
		nployer identification number (EIN			h the filing organization
made payments. F	or each organiza	tion listed, enter the amount paid	from the filing organ	ization's funds. Also enter th	e amount of political
contributions recei	ived that were pr	omptly and directly delivered to a	separate political or	ganization, such as a separa	te segregated fund or a
political action con	nmittee (PAC). If	additional space is needed, provid	de information in Par	t IV.	
(a) Nam	e	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization.
					If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2017

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Schedule C (Form 990 or 990-EZ) 2017						972043 Page 2		
Part II-A Complete if the org section 501(h)).	ganizatio	n is exer	npt under sectio	n 501(c)(3) and fil	ed Form 5768 (el	ection under		
	-		* • •	Part IV each affiliated	group member's nam	e, address, EIN,		
		, ,	1 ,	wisions apply				
Limi	its on Lobb	ying Exper	nd "limited control" pro nditures nts paid or incurred.)	,	(a) Filing organization's totals	(b) Affiliated group totals		
1a Total lobbying expenditures to infl	uence publi	c opinion (arass roots lobbvina)					
b Total lobbying expenditures to infl					2,695.			
c Total lobbying expenditures (add l					2,695.			
d Other exempt purpose expenditur					1,754,973.			
e Total exempt purpose expenditure					1,757,668.			
f Lobbying nontaxable amount. Ent					237,883.			
If the amount on line 1e, column (a)			bying nontaxable am		,			
Not over \$500,000			the amount on line 1e.					
Over \$500,000 but not over \$1,00	0 000		0 plus 15% of the exc					
Over \$1,000,000 but not over \$1,5			0 plus 10% of the exc					
Over \$1,500,000 but not over \$17								
Over \$17,000,000	ss over \$1,500,000.							
	I	\$1,000,0						
g Grassroots nontaxable amount (er	nter 25% of	line 1f)			59,471.			
h Subtract line 1g from line 1a. If zer		-+ 0			0.			
i Subtract line 1f from line 1c. If zero	0.							
j If there is an amount other than ze								
reporting section 4911 tax for this					Г	Yes No		
	•		raging Period Under					
(Some organizations t				• • •	of the five columns b	elow.		
			ate instructions for lin	-				
	Lobby	ying Exper	ditures During 4-Yea	ar Averaging Period				
Calendar year (or fiscal year beginning in)	(a) 2	014	(b) 2015	(c) 2016	(d) 2017	(e) Total		
2a Lobbying nontaxable amount	191	,647.	208,666.	198,381.	237,883.	836,577.		
b Lobbying ceiling amount						1 054 066		
(150% of line 2a, column(e))						1,254,866.		
c Total lobbying expenditures	3	8,460.	17,279.	10,269.	2,695.	33,703.		
d Grassroots nontaxable amount	47	,912.	52,167.	49,595.	59,471.	209,145.		
e Grassroots ceiling amount (150% of line 2d, column (e))						313,718.		
	1					1		

Schedule C (Form 990 or 990-EZ) 2017

732042 11-09-17

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2017 OF THE PRESS 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)).

of the lobbying activity. Yes No Amount	
1 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? Volunteers Volunteers	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	
d Mailings to members, legislators, or the public?	
e Publications, or published or broadcast statements?	
f Grants to other organizations for lobbying purposes?	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	
i Other activities?	
j Total. Add lines 1c through 1i	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	
b If "Yes," enter the amount of any tax incurred under section 4912	
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section	
501(c)(6).	
	No
1 Were substantially all (90% or more) dues received nondeductible by members?	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3	
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3	, IS
answered "Yes."	
1 Dues, assessments and similar amounts from members1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	
expenses for which the section 527(f) tax was paid).	
a Current year 2a	
b Carryover from last year 2b	
c Total 2c	
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	
expenditure next year?	
5 Taxable amount of lobbying and political expenditures (see instructions) 5 Part IV Supplemental Information	
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2017

732043 11-09-17

	HEDULE D		al Financial Statement		OMB No. 1545-0047		
(Forr	n 990)	Complete if the org	anization answered "Yes" on Form 99	0, I2h			
	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.				Open to Public Inspection		
-	I Revenue Service e of the organizati				er identification number		
Inam	-	OF THE PRESS			52-0972043		
Pai	rt I Organiza	ations Maintaining Donor Advise	ed Funds or Other Similar Fund	ds or Accounts	S.Complete if the		
	organizatio	n answered "Yes" on Form 990, Part IV, lin		() = · ·			
			(a) Donor advised funds	(b) Funds a	and other accounts		
1		nd of year					
2		of contributions to (during year)					
3		of grants from (during year)					
4 5		it end of year on inform all donors and donor advisors in		l visod funds			
5	-	on's property, subject to the organization's	-		Yes No		
6		on inform all grantees, donors, and donor a					
	0	poses and not for the benefit of the donor o	0 0	,			
	impermissible priv				Yes No		
Pa	rt II Conserv	ration Easements. Complete if the org	ganization answered "Yes" on Form 990	, Part IV, line 7.			
1	Purpose(s) of cons	servation easements held by the organizat	ion (check all that apply).				
		n of land for public use (e.g., recreation or e		, ,			
		of natural habitat	Preservation of a ce	ertified historic stru	cture		
-		n of open space					
2	·	through 2d if the organization held a quali	fied conservation contribution in the forr		n easement on the last Id at the End of the Tax Year		
	day of the tax yea				iu al life chu of life fax feaf		
a b		onservation easements					
c c		vation easements on a certified historic str					
d		vation easements included in (c) acquired					
-		nal Register					
3		vation easements modified, transferred, re			ring the tax		
	year 🕨						
4	Number of states	where property subject to conservation ea	sement is located	_			
5	Does the organiza	tion have a written policy regarding the pe	riodic monitoring, inspection, handling o	f			
	,	forcement of the conservation easements i					
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easeme	ents during the year		
_							
7	Amount of expens	ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	vation easements of	during the year		
8		vation easement reported on line 2(d) above	a satisfy the requirements of section 17				
5)(4)(B)(ii)?			Yes No		
9		be how the organization reports conservation					
		ole, the text of the footnote to the organiza	•				
	conservation ease			-	-		
Pa	rt III Organiza	ations Maintaining Collections o	f Art, Historical Treasures, or (Other Similar	Assets.		
	Complete i	f the organization answered "Yes" on Form	1 990, Part IV, line 8.				
1a	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and balance	e sheet works of art,		
		s, or other similar assets held for public exi		rance of public ser	vice, provide, in Part XIII,		
		tnote to its financial statements that descri					
b	-	elected, as permitted under SFAS 116 (AS					
		r similar assets held for public exhibition, e	oucation, or research in furtherance of p	public service, prov	iue the tollowing amounts		
	relating to these it			•			
		ided on Form 990, Part VIII, line 1		N A			
2	.,	received or held works of art, historical tre	asures, or other similar assets for financ				
-	-	unts required to be reported under SFAS 1		San, provide			
а	-	on Form 990, Part VIII, line 1		▶ \$			
		1 Form 990, Part X					

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Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c d Additions during the year 1d e Distributions during the year 1e f Ending balance 1f		THE REP	ORTERS COM	MITTEE FOR	FREEDOM				
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); a 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); d Loan or exchange programs b Scholarly research e Other	Sche	dule D (Form 990) 2017 OF THE	PRESS			52	-09720)43	Page 2
check at that apply: □ choice whittion □ chain or exchange programs □ ves □ No □ chain or exchange programs □ ves □ chain or exchange programs □ ves □ ves	Par	t III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or Oth	er Similar	Assets(co	ontinue	d)
a Public exhibition d Can or exchange programs b Scholarly research e Other c Previde a description of the organization's collection's exempt purpose in Part XIII. 5 During the year, did the organization scolie or events and an anount on Form 990, Part X, line 21. Yes No 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. is the organization include an amount on Form 990, Part X, line 21. 14 Eodining the year id id 20 Did the organization include an amount on Form 990, Part X, line 21. id id 21 Ud the organization include an amount on Form 990, Part X, line 21. id id 21 Use for organization include an amount on Form 990, Part X, line	3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following that are a	significant use	of its colle	ction ite	ems
b ⊆ Cherny research e ⊡ Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 Ves No Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 900, Part IV, line 9, or reported an amount on Form 900, Part X, line 21. Yes No 1a the organization anagent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. Yes No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount 1e 1d 1d<		(check all that apply):							
c Preservation for Vuture generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part XI. 16 Derive treaspondent truestee, custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part XI. 17 Is the organization angent, truestee, custodian or other intermediary for contributions or other assets not included on form 990, Part XI. In early 18 Is the organization angent, truestee, custodian or other intermediary for contributions or outbrait account liability Yes No 6 Beginning balance 4 4 4 4 10 It organization angent, the arx XIII. Part XIII. Yes No 10 It organization angent, the arx XIII. Part XIIII. Part XIII. P	а	Public exhibition	d	Loan or exc	hange programs				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization is collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount Itele Itele </td <td>b</td> <td>Scholarly research</td> <td>е</td> <td>Other</td> <td></td> <td></td> <td></td> <td></td> <td></td>	b	Scholarly research	е	Other					
5 During the year, did the organization solicit or receive donations of art. Instorical treasures, or other smill assets to be solid to make that an the maintained as part of the organization sollection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X? Image: The organization and the organization answered 'Yes' on Form 990, Part X? No b If Yes," explain the arrangement in Part XIII and complete the following table: Amount Image: The organization and the part of the organization answered 'Yes' on Form 990, Part X? No b If Yes," explain the arrangement in Part XIII and complete the following table: Image: The organization and the part of the organization answered 'Yes' on Form 990, Part X. No b If Yes," explain the arrangement in Part XIII and complete the following table: Image: The organization answered 'Yes' on Form 990, Part X. No b If Yes," explain the arrangement in Part XIII and complete if the organization answered 'Yes' on Form 990, Part X. Image: The organization answered 'Yes' on Form 990, Part X. No b If Yes," explain the arrangement in Part XIII and complete if the organization answered 'Yes' on Form 990, Part X. Image: The organization answered 'Yes' on Form 990, Part X. No b If Yes," explain the arrangement in Part XIII and complete if the organization answered 'Yes' on Form 990, Part X. Image: The organization answered 'Yes' on Form 990, Part X. No b If Yes, "organization answered 'Yes' on Form 990, Part Y. Image: The	с	Preservation for future generations							
to be sold to raise funds raffer than to be maintained as part of the organization's collection? Yes No Part IV Escrew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ine 3. Ine 3. <thine 3.<="" th=""> <thine 3.<="" th=""> Ine 3. <th< td=""><td>4</td><td>Provide a description of the organization's c</td><td>ollections and explair</td><td>n how they further t</td><td>ne organization's exe</td><td>empt purpose</td><td>in Part XIII.</td><td></td><td></td></th<></thine></thine>	4	Provide a description of the organization's c	ollections and explair	n how they further t	ne organization's exe	empt purpose	in Part XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete the following table: Image: Complete the following table: c Beginning balance Image: Complete the following table: Image: Complete the following table: Image: Complete the following table: c Beginning balance Image: Complete the following table: Image: Complete the following table: Image: Complete the following table: Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Image: Complete the following table: Image: Complete the organization answered 'Yes' on Form 990, Part X, line 10. 1a Beginning of year balance (a) Current year (b) Phor year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) 42,2147 (4,475,676 (4,506,162 (4,597,879. 1a Beginning of year balance 116,270 150,163 246,664 217,761 222,047. <tr< td=""><td>5</td><td>During the year, did the organization solicit of</td><td>or receive donations of</td><td>of art, historical trea</td><td>sures, or other simila</td><td>ar assets</td><td></td><td>-</td><td></td></tr<>	5	During the year, did the organization solicit of	or receive donations of	of art, historical trea	sures, or other simila	ar assets		-	
reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year ie Id d Diditions during the year ie If 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves b If "wes", explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete If the organization answered "Yes" on Form 900, Part IV, line 10. 1a Beginning of year balance (a) Current year is the investment earnings, gains, and losses 146, 270, 150, 163, 246, 664, 217, 761, 222, 047, 150, 163, 246, 664, 217, 761, 222, 047, 150, 173, 150, 163, 246, 664, 217, 761, 222, 047, 150, 176, 14, 506, 162, 4, 558, 547, 4, 558, 547, 4, 558, 547, 4, 558, 547, 4, 558, 547, 4, 558, 547, 4, 558, 547, 4, 558, 547, 4, 558, 547, 4, 558, 547, 4, 558, 547, 4, 558, 547, 4, 558, 547, 4, 558, 547, 4, 558, 547, 56, 548, 548, 548, 548, 548, 548, 548, 548									No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 390, Part X? IVes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete in the arrangement in Part XIII and complete the following table: Image: Complete intermediate intermedinte interedintermediate interedintermediate intermediat	Par			te if the organizatio	n answered "Yes" o	n Form 990, P	art IV, line 9), or	
on Form 990, Part X? Yes No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance It It d Additions during the year It It e Distributions during the year It It d Additions during the year It It e Distributions during the year It It d Dist during the year It It d Distributions during the year It It d Distributions It It It Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. It Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Beginning of year balance (a) A32, 147. (a, 475, 676. (a) 506, 162. (a, 558, 547. (c) Four years back a Contributions It (a) Current year (b) Foor year (c) Two years back (d) Three years back (e) Four years back a D									
b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year f Ending balance b Distributions during the year f Ending balance b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Part V Endowment funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Part V Endowment earnings, gains, and losses 146, 270, 150, 163, 246, 664, 217, 761, 222, 047, d Grants or scholarships d Grants or scholarships d Administrative expenses 30, 770, 4, 432, 147, 4, 475, 676, 4, 506, 162, 4, 558, 547, Provide the estimated percentage of the current year molealance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 18. 04 % b Permanent endowment ▶ 18. 04 % b Permanent endowment ▶ 18. 96 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization is endowment funds. Part V Lend, Buildings, and Equipment. Complete if the organizations listed as required on Schedule R? 4 Land bescription of property (a) Cost or other basis (investment) basis (other) b	1a			•				г	
c Beginning balance Image: Construction of the set of the construction of the constr							🗀 Ye	s L	No
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Part VIII Investments - Other Securities. Complete if the organization answered "Ves" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of socurity or catagory including name of security (b) Book value (c) Method of valuation: Cost or end of year (1) Financial derivatives (b) Book value (c) Method of valuation: Cost or end of year (2) Closely-hold equity interests (a) (3) Other (b) (b) (c) (c) (c) (c) (c) (c) (c) (d) (c) (e) (c) (f) (c) (g) (c) (h) (c) (f) (c) (g) (c) (h) (c) (g) (c) (h) (c)	arket value
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(1) rederal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that report	
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided	

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Schedule D (Form 990) 2017

	THE REPORTERS COMMITTEE F	OR FREE	SDOM		
Sche	dule D (Form 990) 2017 OF THE PRESS				0972043 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With	n Revenue per R	leturr).
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	4,526,529.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)		302,344.		
е	Add lines 2a through 2d			2e	302,344.
3	Subtract line 2e from line 1			3	4,224,185.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
с	Add lines 4a and 4b		4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	4,224,185.	
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements Wit	h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total expenses and losses per audited financial statements			1	2,285,184.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2 b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	302,344.		
е	Add lines 2a through 2d			2e	302,344.
3	Subtract line 2e from line 1			3	1,982,840.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,982,840.
Pa	rt 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 BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS

TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE
732054 10-09-17 Schedule D (Form 990) 2017

13110726 793927 17304

THE REPORTERS COMMITTEE FOR FREEDOM Schedule D (Form 990) 2017 OF THE PRESS Part XIII Supplemental Information (continued)	52-0972043 Page 5
MATERIAL TO THE FINANCIAL STATEMENTS.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL FUNDRAISING EVENT EXPENSES	302,344.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL FUNDRAISING EVENT EXPENSES	302,344.
SPECIAL FUNDRAISING EVENT EXPENSES	502,544.
	Schedule D (Form 990) 2017

732055 10-09-17

(Form 990 or 990-F7)1	the organization answered "Yes" on organization entered more than \$1 Attach to Form 990 Go to www.irs.gov/Form990	Form 5,000 or Fo	990, F on Fo rm 99	Part IV, line 17, 18, o rm 990-EZ, line 6a. 0-EZ.		es — if the	OMB No. 1545-0047
Name of the organization THE RE OF THE	nployeride 2 – 0 9 7 2	ntification number 043					
Part I Fundraising Activitie required to complete this p	S. Complete if the organization answer	ered "Y	'es" oi	n Form 990, Part IV,	line 17. F	orm 990-E2	I filers are not
	e Solicita ns f Solicita g Special n or oral agreement with any individual Part VII) or entity in connection with p dividuals or entities (fundraisers) pursu	tion of tion of fundra (inclue	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru: jundraising services?	stees, or	Yes aiser is to b	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	or cor	ustody	(iv) Gross receipts from activity	to (or re fund	ount paid tained by) traiser in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total		I					
3 List all states in which the organiza or licensing.	tion is registered or licensed to solicit	contrib	outions	s or has been notified	d it is exe	mpt from re	egistration

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

Schedule G (Form 990 or 990-EZ) 2017

732081 09-13-17

THE REPORTERS COMMITTEE FOR FREEDOM

	edu I rt I	le G (Form 990 or 990-EZ) 2017 OF THE II Fundraising Events. Complete if th		N "Vac" on Form 000 Ba		0972043 Page 2
ГС		of fundraising event contributions and gr				
		· · · · · ·	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
			GALA			(add col. (a) through col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	854,463.			854,463.
	2	Less: Contributions	744,313.			744,313.
	3	Gross income (line 1 minus line 2)	110,150.			110,150.
	4	Cash prizes				
es	5	Noncash prizes				
pens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	302,344.			302,344.
	8	Entertainment				
	9	Other direct expenses				200 244
	10	1 5 5				302,344. -192,194.
Pa	rt l	Net income summary. Subtract line 10 from I Gaming. Complete if the organization		1 990. Part IV. line 19. or		-192,194.
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	′ from line 1, column (d)			
а	ls t	ter the state(s) in which the organization conduct the organization licensed to conduct gaming a No," explain:	ucts gaming activities: ctivities in each of these			Yes No
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

	THE REPORTERS COMMITTEE FOR FREEDOM			
				Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		V	
10	to administer charitable gaming? Indicate the percentage of gaming activity conducted in:		Yes	└── No
	a The organization's facility	13a	1	%
	• An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
b	o If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount			
	of gaming revenue retained by the third party ▶\$ If "Yes," enter name and address of the third party:			
Ľ	and res, enter name and address of the third party.			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	
r	retain the state gaming license? Denter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	. —	162	
~	organization's own exempt activities during the tax year > \$			
Pa	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	nes 9,	9b, 10)b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

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Schedule G (Form 990 or 990-EZ) 2017

		THE REPORTERS	COMMITTEE	FOR FREEDOM	52 0072042
Schedule C	G (Form 990 or 990-EZ) Supplemental Ir	OF THE PRESS			52-0972043 Page 4
					Schedule G (Form 990 or 990-EZ)
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SC	HEDULE J Compensation Information	ОМІ	3 No. 1	545-00	47			
	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			17	,			
•	Compensated Employees	4	20					
Deres	Triment of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	Ор	en to	Publ	ic			
	rtment of the Treasury Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.	l.	nspe	ction				
Nan	ne of the organization THE REPORTERS COMMITTEE FOR FREEDOM Em	nployer identif	icatio	on nu	mber			
	OF THE PRESS	52-0972	2043	3				
Pa	Int I Questions Regarding Compensation							
		_		Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990	0,						
	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 u	use						
	Travel for companions Payments for business use of personal resider	ence						
	Tax indemnification and gross-up payments							
	Discretionary spending account	chef)						
b	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	L	1b					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	·····	2					
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization							
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization t	to						
	establish compensation of the CEO/Executive Director, but explain in Part III.							
	Compensation committee Written employment contract							
	Independent compensation consultant							
	Form 990 of other organizations	mittee						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
4	organization or a related organization:							
а	Receive a severance payment or change-of-control payment?		4a		x			
b	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.							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	contingent on the revenues of:							
а	The organization?		5a		X			
	Any related organization?		5b		X			
	If "Yes" on line 5a or 5b, describe in Part III.							
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	contingent on the net earnings of:							
а	The organization?		6a		X			
	Any related organization?		6b		X			
	If "Yes" on line 6a or 6b, describe in Part III.							
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments							
	not described on lines 5 and 6? If "Yes," describe in Part III	L	7		X			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the							
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	L	8		X			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
	Regulations section 53.4958-6(c)?		9					
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J	(Form	ו 990)) 2017			

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THE REPORTERS COMMITTEE FOR FREEDOM

Schedule J (Form 990) 2017

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns			
(A) Name and Title		compensation incentive rep		(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) BRUCE BROWN	(i)	185,397.	0.	0.		7,814.	204,058.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J ((Form 990)	2017

THE REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS

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Page 3

Part III Supplemental Information

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

Schedule J (Form 990) 2017

	HEDULE M orm 990)	Complete if the erg	Nonc	OMB No. 1	-	17 I			
	tment of the Treasury al Revenue Service	 Complete if the org Attach to Form 990 Go to www.irs.gov/ 			n Form 990, Part IV, lines :	29 or 30.	Open To Inspe	Publ	ic
Nam	e of the organization	THE REPORTER	S COMM	IITTEE FOR	FREEDOM	Employe	r identificatio	on nur	mber
		OF THE PRESS				5	52-0972	043	
Pa	rt I Types of F	Property				•			
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) d of determin ontribution ar	•	s
1	Art - Works of art								
2	Art - Historical treasu	ires							
3		ests							
4		ons							
5		old goods							
6	Cars and other vehic	les							
7									
8									
9		traded	X	1	1,000,609.	FAIR MAF	RKET VA	LUE	
10	Securities - Closely h	eld stock							
11	Securities - Partnersl trust interests	hip, LLC, or							
12		neous							
13	Qualified conservation								
	-								
14		on contribution - Other							
15		ntial							
16		ercial							
17									
18									
19									
20		upplies							
21									
22									
23		······							
24	Archeological artifac	te							
25	Other (.s)							
26	Other ► (/ }				1			
27	Other ► (/)							
28	Other ► (,)							
29	`		zation durin	g the tax year for c	contributions	1			
		ation completed Form 82							
	···· g-···							Yes	No
30a	During the year, did	the organization receive b	v contributio	on any property rea	ported in Part I, lines 1 throu	10h 28. that it			
					d which isn't required to be i				
		•			· · · · · · · · · · · · · · · · · · ·		30a		Х
b		e arrangement in Part II.							
31		•	policy that r	equires the review	of any nonstandard contrib	utions?	31		х
	-		•	-	cit, process, or sell noncash				
	-	-		-			32a		х
þ	If "Yes," describe in								
33	,		olumn (c) fo	r a type of propert	y for which column (a) is ch	ecked.			
	describe in Part II.					,			
LHA		eduction Act Notice, see	the Instruc	tions for Form 99	0.	Sche	dule M (Forn	n 990)	2017

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							COMMITTEE	E FOR	FRI	EEDOM			
Sched Part					THE PRES			ing all have De				52-0972043	Page 2
	— i	s report	ting in Part	I, colui	mn (b), the nun I information.	nber o	f contributions, the	e number o	of item	is received, or	and 33 a com	3, and whether the organiz ibination of both. Also con	nplete
SCH	EDUL	EM	, PARI	ι,	COLUMN	(B):						
THE	ORG	ANIZ	ZATION	IS	REPORT	ING	CONTRIBUT	TIONS	BY	NUMBER	OF	CONTRIBUTION	S.
732142	09-07-17											Schedule M (Form	n 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. Go to www.irs.gov/Form990 for the latest information.



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

THE REPORTERS COMMITTEE FOR FREEDOM

FIRST AMENDMENT OF THE U.S. CONSTITUTION.

OF THE PRESS

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.

NEWS MEDIA FOR OPEN GOVERNMENT (FORMERLY, SUNSHINE IN GOVERNMENT

INITIATIVE) - THE COMMITTEE TAKES THE LEAD IN THE ADMINISTRATION OF A

COALITION OF NON-PROFIT MEDIA ORGANIZATIONS ADVOCATING FOR STRONGER

PUBLIC RECORDS LAWS.

LITIGATION - THE COMMITTEE'S LITIGATION PRACTICE IN WHICH ITS STAFF

ATTORNEYS REPRESENT THE COMMITTEE, A JOURNALIST OR NEWS ORGANIZATION

COMPLEMENTS ITS TRADITIONAL AMICUS BRIEF WORK AT A TIME OF INCREASED

NEED IN THE NEWS MEDIA FOR IMPACT LITIGATION AND PRO BONO LEGAL

SERVICES. THE COMMITTEE HAS A NETWORK OF LAWYERS AROUND THE COUNTRY

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2017)73221109-07-17

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2017.04010 THE REPORTERS COMMITTEE FOR 17304__1

Schedule O (Form 990 or	Page 2	
Name of the organization	THE REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS	Employer identification number 52-0972043
WHO, FROM TIM	E TO TIME, SERVE AS LOCAL COUNSEL ON AMICUS	BRIEFS OR

PARTNER WITH THE COMMITTEE IN OTHER WAYS.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE OF THE STEERING COMMITTEE CONSISTED OF SEVEN DIRECTORS IN 2017. SUBJECT TO ANY LIMITATIONS ESTABLISHED BY RESOLUTIONS OF THE STEERING COMMITTEE, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL OF THE POWERS AND AUTHORITY OF THE STEERING COMMITTEE DURING THE INTERVALS BETWEEN MEETINGS OF THE STEERING COMMITTEE EXCEPT TO AMEND OR REPEAL THE GOVERNING PRINCIPLES, FILL VACANCIES ON THE STEERING COMMITTEE OR ANY OF ITS COMMITTEES (INCLUDING THE EXECUTIVE COMMITTEE) OR DISSOLVE OR TERMINATE THE ORGANIZATION.

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

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 STEERING COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS CIRCULATED AMONG THE STEERING COMMITTEE AND THEY ARE REQUESTED TO SIGN IT ANNUALLY.

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

THE EXECUTIVE COMMITTEE, FOLLOWED BY THE ENTIRE STEERING COMMITTEE,

APPROVES ALL SALARY INCREASES. A COMPENSATION SURVEY WAS CONDUCTED IN

AUGUST 2017 OF EXECUTIVE DIRECTOR SALARIES OF SIMILAR ORGANIZATIONS. THE

LAST SALARY REVIEW FOR THE EXECUTIVE DIRECTOR WAS AUGUST 2017.

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Schedule O (Form 990 or 990-EZ) (2017)

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2017.04010 THE REPORTERS COMMITTEE FOR 17304_1

Schedule O (Form 990 or 990-EZ) (2017)					
Name of the organization	THE REPORTERS	COMMITTEE	FOR	FREEDOM	Employer identification number
	OF THE PRESS				52-0972043

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON REQUEST AND ON GUIDESTAR.COM.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS NOT CHANGED ITS AUDIT OVERSIGHT PROCESS OR

SELECTION PROCESS OF AN INDEPENDENT ACCOUNTANT DURING THE TAX YEAR.

Schedule O (Form 990 or 990-EZ) (2017)

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