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Form	

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.



AI	For th	e 2020 calendar year, or tax year beginning and e	nding		
B	Check if applicab Addre chang	S OF THE DECC		D Employer identifie	cation number
	Name			52-09720	43
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite . 0 2 0	E Telephone number 202-795-	
	return termir ated			G Gross receipts \$	5,072,609.
	Amen	ded WACHTNEMON DC 20005		H(a) Is this a group re	
	Applie			for subordinates	
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	
<u> </u>	Tax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	r 527		list. See instructions
		te: ► WWW.RCFP.ORG		H(c) Group exemption	n number 🕨
ĸ	orm o	f organization: Corporation Trust 🔀 Association Other 🕨	L Year o		State of legal domicile: DC
P	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: TO PR	OTECT	THE RIGHT	TO GATHER
Activities & Governance		AND DISTRIBUTE NEWS; TO KEEP GOVERNMENT A	CCOUN	TABLE BY EN	SURING
ern	2	Check this box I if the organization discontinued its operations or dispose	ed of more		
20	3				31
~	4	Number of independent voting members of the governing body (Part VI, line 1b) \ldots			31
ties	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			48
tivit	6	Total number of volunteers (estimate if necessary)			<u>32</u> 0.
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		
		Contributions and suggets (Dart) (III line 1b)		Prior Year 4,190,998.	Current Year 4,509,489.
anı	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		278,026.	50,073.
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		536,823.	225,205.
å	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		39,562.	6,931.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,045,409.	4,791,698.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,589,207.	3,340,966.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe	1	Total fundraising expenses (Part IX, column (D), line 25) 818,85	9.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,467,057.	1,076,771.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,056,264.	4,417,737.
	19	Revenue less expenses. Subtract line 18 from line 12		989,145.	373,961.
Net Assets or Fund Balances				ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		16,470,279.	18,248,470.
at A:	21	Total liabilities (Part X, line 26)		809,655.	1,606,601.
ŽĒ	22	Net assets or fund balances. Subtract line 21 from line 20		15,660,624.	16,641,869.

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.

	B.D. Brow			9.2.2021	
Sign	Signature of officer			Date	
Here	BRUCE BROWN, EXECUTIV	E DIRECTOR			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signatur	Date	Check	PTIN
Paid	TINA PEACHER	Una	tearter 9.2.21		P01608826
Preparer		& MCQUADE, P.A.		Firm's EIN ▶ 52	-1853933
Use Only	Firm's address ▶ 10500 LITTLE PA	TUXENT PARKWAY,	SUITE 770		
	COLUMBIA, MD 21	044		Phone no. $410-$	884-0220
May the IF	RS discuss this return with the preparer shown at	oove? See instructions			X Yes No
032001 12-2	3-20 LHA For Paperwork Reduction Act Not	tice, see the separate instru	ctions.		Form 990 (2020)
S	EE SCHEDULE O FOR ORGANI	ZATION MISSION	STATEMENT C	ONTINUATI	ON

Part III Statement of Program services or note to any line in this Part III Interly describe the organization's mission: TO PROFECT THE EIGHT TO GATHER AND DISTRIBUTE NEWS; TO KEEP GOVERNMENT ACCOUNTABLE BY ENSURING ACCESS TO PUBLIC RECORDS, MEETINGS AND COUNTRODOMS; AND TO PRESERVET THE PRINCIPLES OF FREE SPECH AND UNFERTERED PRESS, AS GUARANTEED BY THE FIRST AMENDMENT OF THE U.S. 2 Did the organization undertake symplical program services during the year which were not listed on the proferm 980 or 980 ±22? If Views if V	4e		00 /~~
Check fischedue G contains a response or note to any line in this Part III Filted vectors investor: COUNTROMS; AND TO PRESERVE THE AND DISTRIBUTE NEWS; TO KEEP GOVERNMENT ACCOUNTROMS; AND TO PRESERVE THE PRINCIPLES OF FREE SPEECH AND COUNTROMS; AND TO PRESERVE THE PRINCIPLES OF FREE SPEECH AND COUNTROMS; AND TO PRESERVE THE PRINCIPLES OF FREE SPEECH AND UNFERTERED PRESS, AS GUARANTEED BY THE FIRST AMENDMENT OF THE U.S. D dt be organization undertake any significant from services during the year which were not listed on the prior form 990 or 990-022 If 'Ves, 'destine these new services on Schedule 0. 3 Did the organization cases conducting, or make significant changes in how it conducts, any 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, 'any, for stach program service accompletioner's for schod rifs three largest program services. To ALL NEWS WEDIA. IT OFFICES FREE LEGAL ASSISTANCE AND RESEARCH TO JOURNALISTS ANI ATTORNEYS, FILES AMICUS BRIEFS, PUBLISHES NUMEROUS GUIDES TO ALL NEWS WEDIA. IT OFFICES AMICUS BRIEFS, PUBLISHES NUMEROUS GUIDES AND MATERIALS, AND SPEAKS OUT AGAINST THREATS TO OTHE PREDOM OF THE PRESS. THE COMMITTEE UNDERTAKES LEGAL DEFENSE AND RESEARCH PROJECTS IN ALL ATTORNEYS, FILES AMICUS BRIEFS, FUBLISHES NUMEROUS GUIDES AND MATERIALS, AND SPEAKS OUT AGAINST THREATS TO COURT CASES. AS SUCH, THE LEGAL DEFENSE AND RESEARCH PROGRAM INCLUDES THE FOLOWING: PRE-PUBLICATION LEGAL SERVICES - THE COMMITTEE PROVIDES THESE SERVICES TO FREELANCE AND INDERTAKES LEGAL DEFENSE AND NEWS CORGANIZATIONS WITF FREEDOM OF INFORMATION AND ACCESS-TO-COURT CASES. AS SUCH, THE LEGAL DEFENSE AND RESEARCH PROGRAM INCLUDES THE FOLOWING: PRE-PUBLICATION LEGAL SERVICES - THE COMMITTEE PROVIDES THESE SERVICES TO FREELANCE AND INDEPENDENT JOURNALISTS INCLUDING DOCUMENTARY 4 Conter)(Expense 6			
Creck fishedule Contains a response or note to any line in this Part III	4d	(Expenses \$ including grants of \$) (Revenue \$)	
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Check if Schedule O contains a response or note to any line in this Part III			
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	1	Briefly describe the organization's mission:	
	Par	t III Statement of Program Service Accomplishments	
THE REPORTERS COMMITTEE FOR FREEDOM Form 990 (2020) OF THE PRESS 52-0972043 Page Part III Statement of Program Service Accomplishments		/	Pa

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Part IV Checklist of Required Schedules

Form 990 (2020)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
-	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_ A	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
4	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	- 23	
5	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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		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	4.4%		x
	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		- 22
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.4%		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	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	15		
	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,			
	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			
	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
	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		X
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Form	990 (2020) OF THE PRESS 52-0972	2043	Р	age 4
	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		
	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		
	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 or 22, for receivables from or payables to any current	200		<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			<u> </u>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	200		
Ū	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
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		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
	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?			
	• • • • • •	38	Х	
Pa	Note: All Form 990 filers are required to complete Schedule O rt 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	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b)		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Х Form 990 (2020)

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Form	990 (2020) OF THE PRESS 52-0972	<u>04</u> 3	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 48			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (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 on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	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 transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	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 contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section $170(c)$.	-		x
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		x
ام	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7e		x
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	<u> </u>	- 23
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	Sponsoring organizations maintaining donor advised funds.	0		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.0		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	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			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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THE REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS

Form 990 (2020)

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			Χ
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 31 If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 31			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		v
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-		v
_	of officers, directors, trustees, or key employees to a management company or other person?	3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		х
	more members of the governing body?	7a		Λ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			х
~	persons other than the governing body?	7b		Λ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	х	
a L	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	21	
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		21
000	tion B. Toncies (This Section B requests information about policies not required by the internal nevertue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	105	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUd		
D.	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.	- Tu		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
1 6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, FL, GA, HI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	is only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website Image: Construction of the second			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finai	ncial	
00	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 ►			
	1156 15TH STREET NW, WASHINGTON, DC 20005			
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

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

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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.

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• 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.

See instructions for the order in which to list the persons above.

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

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Form 990 (2020)

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	THE	REI	PORTERS	COMMITTEE	FOR	FREEDOM
Form 990 (2020)	OF	THE	PRESS			

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	compensated Employee	es (continued)				
(A)	(B)				C)	-		(D)	(E)			(F)	
Name and title	Average			Pos	itior			Reportable	Reportable		Es	timate	ed
	hours per					than is bot		compensation	compensation			nount	
	week	offi	cer an	dad	irecto	or/trus	tee)	from	from related			other	
	(list any	ector						the	organizations		com	pensa	ation
	hours for	Individual trustee or director				ted		organization	(W-2/1099-MISC)	fre	om th	е
	related	stee c	Institutional trustee			Highest compensated employee		(W-2/1099-MISC)			•	anizat	
	organizations	al trus	nal tr		oyee	e emp						d relat	
	below	ividua	titutic	Officer	Key employee	hest i ploye	Former				orga	inizati	ons
	line)	hd	Ins	Offi	Key	Hig em	For			\rightarrow			
(18) SUSAN GOLDBERG	1.00												•
STEERING COMMITTEE		Х						0.		0.			0.
(19) JAMES GRIMALDI	1.00												
STEERING COMMITTEE		Х						0.		0.			0.
(20) LAURA HANDMAN	1.00												
STEERING COMMITTEE		Х						0.		0.			0.
(21) DIEGO IBARGUEN	1.00												
STEERING COMMITTEE		X						0.		0.			0.
(22) BENJAMIN SMITH	1.00												
STEERING COMMITTEE UNTIL MAY 2020		X						0.		0.			0.
(23) KAREN KAISER	1.00									\neg			
STEERING COMMITTEE		x						0.		0.			0.
(24) DAVID LAUTER	1.00									-			
STEERING COMMITTEE		x						0.		0.			0.
(25) JANE MAYER	1.00									-			
STEERING COMMITTEE	1000	x						0.		0.			0.
(26) COLLEEN MCCAIN NELSON	1.00				<u> </u>								••
STEERING COMMITTEE	1.00	x						0.		0.			0.
								957,298.		0.	<u> </u>	1,1	
1b Subtotal		•••••						957,290.		0.	0.	т,т	03.
c Total from continuation sheets to Part V								957,298.		0.	0,	1 1	03.
d Total (add lines 1b and 1c)								-		J •	0.	т,т	03.
2 Total number of individuals (including but n	ot limited to th	lose	liste	ed al	bov	e) wł	no re	eceived more than \$100	,000 of reportable				-
compensation from the organization													/
										п		Yes	No
3 Did the organization list any former officer,			key e	emp	loye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual		L	4	Х	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	/ unr	elat	ed organization or indivi	dual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch	pers	son .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of comp	ensa	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax y	/ear.				
(A)								(B)			(C	;)	
Name and business	address	NC	ONE	3				Description of s	ervices	Co	omper	nsatio	n
2 Total number of independent contractors (i	noludina but a	ot li	mita	d + c	the	00 li		abovo) who received ~	oro than				
	e e		mite	u 10		se iis 0	sied	above, who received if					
\$100,000 of compensation from the organi SEE PART VII, SECTIO		ידי	<u>JTT7</u>	<u>\</u>		-	тц	RETS					2020
-	A CON.		101	777		N K				ŀ	-orm 3	990 ()	2020)
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THE	REE	ORTERS	COMMITTEE	FOR	FREEDOM
OF 7	CHE	PRESS			

	PRESS								52-097	2043
Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	byee	es, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)		(D)	(E)	(F)					
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per week					e,		from the	from related organizations	other compensation
	(list any	tor) ploye		organization	(W-2/1099-MISC)	from the
	hours for	r direc				ed en		(W-2/1099-MISC)	,	organization
	related	stee o	rustee			oen sat				and related
	organizations	ial tru	onal t		ployee	comp				organizations
	(list any hours for related organizations below line)	Idividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MAGGIE MULVIHILL	1.00	-	-	0	×	Ŧ	Ē			
STEERING COMMITTEE		x						0.	0.	0.
(28) JAMES NEFF	1.00									
STEERING COMMITTEE		x						0.	0.	0.
(29) NORMAN PEARLSTINE	1.00									
STEERING COMMITTEE		X						0.	0.	0.
(30) THOMAS RUBIN	1.00									
STEERING COMMITTEE		Х						0.	0.	0.
(31) CHARLES SAVAGE	1.00									
STEERING COMMITTEE	1 0 0	X						0.	0.	0.
(32) JENNIFER SONDAG	1.00							0		0
STEERING COMMITTEE	1.00	X						0.	0.	0.
(33) NABIHA SYED	1.00	x						0.	0.	0.
STEERING COMMITTEE AS OF MAY 2020 (34) ADAM SYMSON	1.00	<u> </u>	<u> </u>					0.	0.	0.
STEERING COMMITTEE	1.00	x						0.	0.	0.
(35) PIERRE THOMAS	1.00							0.		0.
STEERING COMMITTEE	1000	x						0.	0.	0.
(36) SAUNDRA TORRY	1.00									
STEERING COMMITTEE		x						0.	0.	0.
(37) VICKIE WALTON-JAMES	1.00									
STEERING COMMITTEE		X						0.	0.	0.
(38) JUDY WOODRUFF	1.00									
STEERING COMMITTEE		Х						0.	0.	0.
	+		-	-						
Total to Part VII, Section A, line 1c										

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THE REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS

Pa	rt \	/111	Statement of Re	ven	ue						_
			Check if Schedule O o	conta	ains a res	ponse	or note to any li				
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		b c d f f <u>h</u>	Federated campaigns	ibuti grant abov lines	11 11 11 11 11 11 11 11 11 11 11 11 11	2 1 2 4 , 3 3 5	509,489. ■ Business Code 900099	4,509,489.			sections 512 - 514
ram 8eve		d									
rog		е									
д.			All other program service					50,073.			
	3		Total. Add lines 2a-2f Investment income (includ other similar amounts)	ding	dividend	s, intere	est, and	222,885.			222,885.
	 4 Income from investment of tax-exempt bond pro 5 Royalties 										
			Gross rents	6a 6b	(i) R		(ii) Personal	-			
			Less: rental expenses Rental income or (loss)	6c				-			
	7	d	Net rental income or (loss) Gross amount from sales of assets other than inventory) 	(i) Secu 283 ,	urities	(ii) Other	-			
Revenue			Less: cost or other basis and sales expenses	7b	280,	911.		-			
Rev			Net gain or (loss)				· · · · · · · · · · · · · · · · · · ·	2,320.			2,320.
Other	8		Gross income from fundraisir including \$ contributions reported on Part IV, line 18	ng ev line	ents (not or 1c). See	:					
		b	Less: direct expenses								
			Net income or (loss) from								
	9		Gross income from gamin Part IV, line 19			9a		-			
			Less: direct expenses Net income or (loss) from			··					
	10		Gross sales of inventory, I and allowances	ess	returns						
		b	Less: cost of goods sold								
			Net income or (loss) from								
sn			MT GODT T ANDOUG				Business Code	4 1 6 0			4 1 6 0
neor	11		MISCELLANEOUS CREDIT CARD R		מסמ		900099 900099	4,168. 2,763.			4,168. 2,763.
Miscellaneous Revenue		b c	CAEDII CARD R	۷۷ ند.	פתאש		900099	4,703.			4,103.
Re			All other revenue								<u> </u>
≥			Total. Add lines 11a-11d					6,931.			
	12		Total revenue. See instructio				, ,	4,791,698.		0.	,
03200	9 12	-23									Form 990 (2020)

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THE REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS

	-
Part IX Statement of Functional Expenses	
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete colur	nn (A).

Dor	Check if Schedule O contains a respon ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	243,579.	162,818.	44,317.	36,444
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		1 717 020	467 012	205 270
7	Other salaries and wages	2,571,231.	1,717,939.	467,913.	385,379
8	Pension plan accruals and contributions (include	110 750	70 050	21 546	17 255
~	section 401(k) and 403(b) employer contributions)	118,759. 189,259.	79,858. 127,265.	21,546. 34,336.	17,355
9	Other employee benefits	218,138.	146,590.	42,159.	27,658 29,389
10	Payroll taxes	210,130.	140,390.	42,139.	29,309
11	Fees for services (nonemployees):				
	Management	34,651.	34,651.		
	Legal	18,550.	54,051.	18,550.	
	Accounting Lobbying	10,000.		10,550.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	46,839.		46,839.	
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	369,515.	43,879.	88,426.	237,210
12	Advertising and promotion	9,274.	3,723.	5,401.	150
13	Office expenses	90,717.	25,296.	39,681.	25,740
14	Information technology	31,745.	2,177.	29,568.	
15	Royalties				
16	Occupancy	241,213.	162,202.	43,761.	35,250
17	Travel	27,915.	17,764.	5,740.	4,411
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				10.005
22	Depreciation, depletion, and amortization	89,550.	60,217.	16,246.	13,087
23	Insurance	15,466.	7,727.	7,739.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DUES AND SUBSCRIPTIONS	65,669.	29,390.	29,493.	6,786
b	COMPUTER RESEARCH	24,468.	24,468.		
с	TAXES AND LICENSES	11,199.		11,199.	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,417,737.	2,645,964.	952,914.	818,859
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 (2020

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Form 990 (2020) Part X Balance Sheet

THE REPORTERS COMMITTEE FOR FREEDOM

OF THE PRESS

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or r	ote to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			441,863.	1	298,942
	2	Savings and temporary cash investments			998,217.	2	2,247,115
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,407,500.	4	1,623,231
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	ostantial o	contributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sea	ction 4958(c)(3)(B)		6	
ŝts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
<	9				123,162.	9	113,573
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		730,977.	C1E 00C		520 080
	b	Less: accumulated depreciation		198,905.	615,986.	10c	532,072
	11	Investments - publicly traded securities			12,846,956.	11	13,396,942
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin		F		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			36,595.	15	36,595
	16	Total assets. Add lines 1 through 15 (must ed		1	16,470,279. 77,964.	16	18,248,470
	17	Accounts payable and accrued expenses			//,904.	17	179,158
	18	Grants payable				18	318,337
	19 00	Deferred revenue				19	510,557
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
Liabilities	22	Loans and other payables to any current or fo					
bili		trustee, key employee, creator or founder, sub				22	
Lia	00	controlled entity or family member of any of the Secured mortgages and notes payable to unr		F		22	
	23 24	Unsecured notes and loans payable to unrela		F		23 24	464,400
	25	Other liabilities (including federal income tax,		F		27	101/100
	20	parties, and other liabilities not included on lin	-				
		of Schedule D			731,691.	25	644,706
	26	Total liabilities. Add lines 17 through 25		F	809,655.	26	1,606,601
		Organizations that follow FASB ASC 958, c					
ces		and complete lines 27, 28, 32, and 33.		·			
lan	27	Net assets without donor restrictions			8,771,647.	27	9,036,955
Ba	28	Net assets with donor restrictions		6,888,977.	28	7,604,914	
pur		Organizations that do not follow FASB ASC					
гF		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund	ls			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
t As	31	Retained earnings, endowment, accumulated		F		31	
Net	32	Total net assets or fund balances			15,660,624.	32	16,641,869.
	33	Total liabilities and net assets/fund balances			16,470,279.	33	18,248,470.

Form **990** (2020)

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\mathbf{THE}	REPORTERS	COMMITTEE	FOR	FREEDOM

Form	1 990 (2020) OF THE PRESS	52	-0972	043	Pag	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		,793		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	,41'		
3	Revenue less expenses. Subtract line 2 from line 1	3				61.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15	,660		
5	Net unrealized gains (losses) on investments	5		60'	7,2	84.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	16	,643	L,8	69.
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: Cash X 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	6,			
	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 on Sc					
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 Aı	udit			
	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 on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2020)

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SCHEDULE A	1					_		OMB No. 1545-0047
(Form 990 or 990-EZ)			rity Status aı					2020
(Co		nization is a section 50			or a section		Ζυζυ
Department of the Treasury			47(a)(1) nonexempt ch Attach to Form 990 or					Open to Public
Internal Revenue Service			/Form990 for instruct			nformation.		Inspection
Name of the organizati	on THE	REPORTERS	COMMITTEE FO	DR FRE	EDOM		Employer	identification number
	OF T	HE PRESS					5	2-0972043
Part I Reason	for Public (Charity Status.	(All organizations must	complete t	his part.) S	See instruction	IS.	
The organization is not a	a private found	lation because it is: ((For lines 1 through 12,	check only	one box.)	1		
1 🗌 A church, co	nvention of ch	urches, or associatio	on of churches describe	d in sectio	on 170(b)(1)(A)(i).		
2 A school des	cribed in sect i	ion 170(b)(1)(A)(ii). (Attach Schedule E (For	m 990 or 9	90-EZ).)			
3 A hospital or	a cooperative	hospital service org	anization described in s	ection 170)(b)(1)(A)(i	ii).		
4 A medical res	search organiz	ation operated in co	njunction with a hospita	al described	d in sectio	on 170(b)(1)(A	(iii). Enter	the hospital's name,
city, and stat	.e:							
5 📃 An organizat	on operated for	or the benefit of a co	llege or university owne	ed or opera	ted by a g	overnmental u	init describ	bed in
section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6 A federal, sta	ite, or local go [,]	vernment or governr	nental unit described in	section 17	70(b)(1)(A))(v).		
7 An organizat	on that norma	Illy receives a substa	ntial part of its support	from a gov	rernmenta	l unit or from t	he general	public described in
section 170	b)(1)(A)(vi). (C	omplete Part II.)						
8 A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Pa	rt II.)				
9 An agricultur	al research orç	ganization described	in section 170(b)(1)(A)	(ix) operate	ed in conju	unction with a	land-grant	college
or university	or a non-land-ç	grant college of agric	ulture (see instructions	. Enter the	name, cit	y, and state o	the colleg	e or
university:								
10 X An organizat	on that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, ar	nd gross receipts from
activities rela	ted to its exen	npt functions, subjec	ct to certain exceptions	; and (2) no	more tha	n 33 1/3% of i	ts support	from gross investment
income and u	unrelated busir	ness taxable income	(less section 511 tax) f	rom busine	esses acqu	uired by the or	ganization	after June 30, 1975.
See section	509(a)(2). (Cor	mplete Part III.)						
11 An organizat	on organized a	and operated exclus	ively to test for public s	afety. See	section 5	09(a)(4).		
12 An organizat	on organized a	and operated exclus	ively for the benefit of,	o perform	the function	ons of, or to ca	arry out the	e purposes of one or
more publicly	/ supported or	ganizations describe	ed in section 509(a)(1)	or section	509(a)(2).	See section \$	5 09(a)(3). C	heck the box in
			of supporting organization					
a 🛄 Type I. A s	upporting orga	anization operated, s	supervised, or controlled	l by its sup	ported or	ganization(s), 1	ypically by	giving
	-		gularly appoint or elect	a majority	of the dire	ctors or truste	es of the s	upporting
<u> </u>		complete Part IV, Se						
			d or controlled in conne					
	0		anization vested in the	same perso	ons that co	ontrol or mana	ige the sup	ported
<u> </u>	. ,	t complete Part IV,						
	-	•	g organization operated				lly integrate	ed with,
	-		s). You must complete					
••	-		porting organization ope				•	
	-	•	zation generally must sa			•	d an attent	iveness
		,	nplete Part IV, Sectior					
	0		written determination fr			а Туре I, Туре	II, Type III	
			nally integrated suppor					
g Provide the follow (i) Name of supp		n about the supporte (ii) EIN	ed organization(s).	(iv) Is the orga	anization listed	(v) Amount of	monotony	(vi) Amount of other
organization		(1) 211	(described on lines 1-10	in your govern	ing document?	support (see in	-	support (see instructions)
	-		above (see instructions))	Yes	No			
				+				<u> </u>
Total								<u> </u>
LHA For Paperwork Re	duction Act N	lotice see the last	Juctions for Form 000	or 990. 57	032021 01	25.21 Schor		m 990 or 990-EZ) 2020
	auction Act N	101106, SEE 1118 IIISU	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		032021 01	-20-21 OCHEC		11 990 OF 990-EZJ 2020

THE REPORTERS COMMITTEE FOR FREEDOM Schedule A (Form 990 or 990-EZ) 2020 OF THE PRESS

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Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support				1	1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
-	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10	ata (aga instructi				12	
12	Gross receipts from related activities, First 5 years. If the Form 990 is for the		,	fourth or fifth toy			
13	•	•				() ()	
Sec	organization, check this box and stor ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2020 (-	column (f))		14	%
	Public support percentage from 2019					15	%
	33 1/3% support test - 2020. If the c						
	stop here. The organization qualifies	•					
k	33 1/3% support test - 2019. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	•	er de la constante en gan m	
b	10% -facts-and-circumstances tes	-		• • • •	-		
	more, and if the organization meets th						
	organization meets the facts-and-circ				• •		
18	Private foundation. If the organization						ns
						edule A (Form 990	

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Schedule A (Form 990 or 990 EZ) 2020 OF THE PRESS

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

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

300	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1634891.	4252096.	3661589.	4190998.	4509489.	18249063.	
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	10,000.	87,317.	62,156.	278,026.	50,073.	487,572.	
3	Gross receipts from activities that							
	are not an unrelated trade or bus- iness under section 513							
л	Tax revenues levied for the organ-							
4	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							
~	o	1644891.	4339413.	3723745.	4469024.	1559562	18736635.	
	Total. Add lines 1 through 5	1044091.	40004T0.	J/2J/4J.	4409024.	4559502.	<u>10/20022</u>	
<i>i</i> a	Amounts included on lines 1, 2, and	692,750.	1379315.	753,250.	1205125.	992,819.	5023259.	
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	092,730.	T3/32T3•	/ J J , Z J U •	1203123.	992,019.	3023239.	
	amount on line 13 for the year						0.	
с	Add lines 7a and 7b	692,750.	1379315.	753,250.	1205125.	992,819.	5023259.	
8	Public support. (Subtract line 7c from line 6.)						13713376.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017 4339413.	(c) 2018 3723745.	(d) 2019	(e) 2020	(f) Total	
9	Amounts from line 6	1644891.	4339413.	3723745.	4469024.	4559562.	18736635.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	173,513.	188,817.	226,149.	276,131.	222,885.	1087495.	
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
с	Add lines 10a and 10b	173,513.	188,817.	226,149.	276,131.	222,885.	1087495.	
11	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	5,505.	125.		39,562.	6,931.	52,123.	
13	assets (Explain in Part VI.)	1823909.	4528355.	3949894.	4784717.		19876253.	
	First 5 years. If the Form 990 is for th							
••	check this box and stop here	ie organization s n				or (c)(c) organizat		
Sec	tion C. Computation of Publ	ic Support Pe	rcentage					
	Public support percentage for 2020 (I			column (f))		15	68.99 %	
	Public support percentage from 2019					16	55.90 %	
	tion D. Computation of Inves			<u></u>		10		
	Investment income percentage for 20			ne 13. column (fl)		17	5.47 %	
	Investment income percentage from 2					18	7.16 %	
	33 1/3% support tests - 2020. If the						7-	
.54	more than 33 1/3%, check this box a						► X	
h								
J	b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
20	 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 							
	23 01-25-21			2, 5, 105, 0100A ti) or 990-EZ) 2020	
	16							

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Schedule A (Form 990 or 990-EZ) 2020 OF THE PRESS

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2020

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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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Sche	Idule A (Form 990 or 990-EZ) 2020 OF THE PRESS 52-0	97204	3 Pa	age 5
Par	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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above?If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	-		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
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 line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
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 yea(see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		

- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- 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.

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Schedule A (Form 990 or 990-EZ) 2020

3a

3b

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Schedule A (Form 990 or 990-EZ) 2020 OF THE PRESS Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. 1 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 2 2 Recoveries of prior-year distributions 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 0.015 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 0.035. 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 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6

emergency temporary reduction (see instructions). 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) 2020

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	Schedule A (Form 990 or 990-EZ) 2020 OF THE PRESS 52-0972043 Page 7							
Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	ion D - Distributions				Current Year			
_1	Amounts paid to supported organizations to accomplish exe	empt purposes		1				
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	he organization is responsive	9					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2020 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020			
1	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2020							
а	From 2015							
b	From 2016							
с	From 2017							
d	From 2018							
е	From 2019							
f	Total of lines 3a through 3e							
-	Applied to underdistributions of prior years							
h	Applied to 2020 distributable amount							
i	Carryover from 2015 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
-	Applied to 2020 distributable amount							
с	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2020, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, <i>explain in Part VI.</i> See instructions.							
6	Remaining underdistributions for 2020. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2021. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2016							
-	Excess from 2017							
	Excess from 2018							
	Excess from 2019							
	Excess from 2020							

Schedule A (Form 990 or 990-EZ) 2020

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Schedule	A (Form 990	or 990-EZ nental	THE R) 2020 OF TH Information. P	E PRES	RS COMN S						2043 Pag
	Part IV, Se line 1; Par	ection A, I t IV, Secti , lines 5, 6	ines 1, 2, 3b, 3c, 4 on D, lines 2 and 3 3, and 8; and Part	lb, 4c, 5a, 6, 3; Part IV, Se	9a, 9b, 9c, 1 ction E, lines	1a, 11b, a s 1c, 2a, 2t	nd 11c; P 5, 3a, and	Part IV, Sec 3b; Part V	tion B, lines , line 1; Part	1 and 2; Part V, Section B,	V, Section C, ine 1e; Part V,
SCHEI	DULE A,	PART	III, LIN	E 12, 1	EXPLANA	ATION	FOR	OTHER	INCOME	:	
OTHER	R MISCEI	LANE	OUS INCOM	E							
2016	AMOUNT	: \$	10.								
2017	AMOUNT	: \$	118.								
2020	AMOUNT	: \$	4,168.								
RECOV	VERY OF	ATTO	RNEY FEES								
2016	AMOUNT	:\$	1,400.								
REIM	BURSEMEN	ITS									
2016	AMOUNT	: \$	4,095.								
2017	AMOUNT	: \$	7.								
2020	AMOUNT	:\$	2,763.								
ADJUS	STMENTS										
2019	AMOUNT	:\$	39,562.								
032028 01-	25-21					21			Schedu	le A (Form 99	0 or 990-EZ)
12082	3 79392	7 173	304	2020	.04020		REPOR	TERS	COMMIT	TEE FOR	17304_

Sch	edu	le B
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(Form 990, 990-EZ, or 990-PF) Department of the Treasury

	Internal I	Revenue	Service	
ĺ	Name	of the	organizati	on

** 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.

THE REPORTERS COMMITTEE FOR FREEDOM



2020

Employer identification number

52-0972043

	OF	THE	PRESS
Organization type (che			

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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.

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 addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$100,000.	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
2		- _ \$\$	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
3		\$7,500.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$10,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		- _ \$\$	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25	5-20	Schedule B (Form S	990, 990-EZ, or 990-PF) (2020)

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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 addition	onal space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$10,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		- \$\$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
9		\$10,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$100,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		- \$\$15,000.	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
023452 11-25		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
020402 11-20	20	Schedule D (Form	990, 990-EZ, or 990-PF) (2020)

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Name of organization

THE REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS

Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	iditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
<u>13</u>		S 15,000. (Complete Part II for noncash contribution)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on
14		\$ 100,000. \$ 100,000. \$ Complete Part II for noncash contribution.	s.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on
15		\$ 50,000. Person X Payroll Noncash (Complete Part II for noncash contribution)	s.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on
16		\$ 250,000. Person X Payroll Noncash (Complete Part II for noncash contribution)	s.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on
17		\$ 15,000. Person X Payroll Noncash (Complete Part II for noncash contribution)	s.)
(a)	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on
No.	Name, audress, and ZIP + 4		
I		\$ 5,000. \$ 5,000. (Complete Part II for noncash contribution: Schedule B (Form 990, 990-EZ, or 990-PF)	

2020.04020 THE REPORTERS COMMITTEE FOR 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 add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$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
20		\$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
		\$15,000.	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
22		\$\$	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
		\$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
24		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25	b-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

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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 a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$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
26		\$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
27		\$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
28		\$\$	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
29		\$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
30		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25	2	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

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(a)	(b)	(c)	
			(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
31		- \$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIP + 4		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		\$ <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
35		\$ <u>250,000.</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
<u>36</u> 023452 11-2		\$ <u>135,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

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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
37		\$15,000.	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
38		\$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
39		\$00.	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		\$26,285.	Person X Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	
I			noncash contributions.) (d)
No.		Total contributions	noncash contributions.) (d) Type of contribution Person X Payroll
No. 41 (a)	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution Person X Payroll

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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		\$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
44		\$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
45		\$7,569.	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		\$	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		\$15,000.	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		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990, FZ, or 990, PE) (2020

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additio	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$15,000.	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
50		- \$ <u>15,000.</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
51		\$100,000.	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
52		- \$9,000.	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
53		- \$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
<u>54</u> 023452 11-25		\$ <u>15,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$200,000.	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
56		\$100,000.	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
57		\$15,000.	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		\$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
59		\$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
60		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25	5-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
61		\$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
62		\$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
63		\$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
64		\$75,000.	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
65		\$15,000.	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
66		\$5,000.	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 addi	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$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
68		\$160,000.	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		\$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
70		\$15,000.	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
		\$200,000.	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		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25	5-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020

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Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	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
74		\$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
75		\$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
76		\$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
		\$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
78		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25	5-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$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
80		\$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
81		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(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.)
023452 11-25	5-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

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Schedule B	(Form 990,	990-EZ, o	r 990-PF)	(2020)
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Name of organization

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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ 023453 11-25-20 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) 37

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	RTERS COMMITTEE FOR	FREEDOM		52 0072042
F THE P	'RESS clusively religious, charitable, etc., contribu	itions to organizations described in	section 501(c)(7) (8)	52 - 0972043 or (10) that total more than \$1.000 for
fro con	m any one contributor. Complete columns (apleting Part III, enter the total of exclusively religious e duplicate copies of Part III if additiona	a) through (e) and the following line e , charitable, etc., contributions of \$1,000 o	ntry For organizations	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d	I) Description of how gift is held
		(e) Transfer of g	 ft	
	Transferee's name, address, a	and ZIP + 4	Relationship	of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d	I) Description of how gift is held
		(e) Transfer of g	 ft	
	Transferee's name, address, a	and ZIP + 4	Relationship	of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d	I) Description of how gift is held
[
		(e) Transfer of g	 ft	
	Transferee's name, address, a	and ZIP + 4	Relationship	of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d	I) Description of how gift is held
		(e) Transfer of g	ft	
	Transferee's name, address, a	and ZIP + 4	Relationship	of transferor to transferee

SCHEDULE C Political Campaign and Lobbying Activities									
(Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527									
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.									
Department of the Treasury Internal Revenue Service Open to Public Internal Revenue Service Inspection Inspection									
If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then									
 Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. 									
 Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. 									
 Section 527 organizations: Complete Part I-A only. 									
If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then									
 Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. 									
 Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. 									
If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Prox	эху								
Tax) (See separate instructions), then									
Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization THE REPORTERS COMMITTEE FOR FREEDOM Employer identification number	her								
OF THE PRESS COMMITTEE FOR FREEDOM 52-0972043	Jei								
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.									
1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.									
2 Political campaign activity expenditures									
3 Volunteer hours for political campaign activities									
Part I-B Complete if the organization is exempt under section 501(c)(3).									
1 Enter the amount of any excise tax incurred by the organization under section 4955									
2 Enter the amount of any excise tax incurred by organization managers under section 4955									
	No								
	No								
b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).									
 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 									
exempt function activities									
 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, 									
line 17b									
	No								
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization									
made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political									
contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a									
political action committee (PAC). If additional space is needed, provide information in Part IV.									
(a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political									
filing organization's contributions received ar funds. If none, enter -0 promptly and directly									
delivered to a separate	e								
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) 2020

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Schedule C (Form 990 or 990-EZ) 2020						972043 Page 2
Part II-A Complete if the org	anizatio	n is exer	npt under sectio	n 501(c)(3) and fil	led Form 5768 (el	ection under
expenses, and shar	e of excess	lobbying	expenditures).		l group member's nam	e, address, EIN,
Limit	ts on Lobb	/ing Exper	nd "limited control" pro nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence publi	c opinion (grassroots lobbying)		0.	
b Total lobbying expenditures to influ	uence a legi	slative boo	ly (direct lobbying)		0.	
c Total lobbying expenditures (add li	nes 1a and	1b)			0.	
d Other exempt purpose expenditure					3,598,878.	
e Total exempt purpose expenditure					3,598,878.	
f Lobbying nontaxable amount. Ente		nt from the	e following table in bot	h columns.	329,944.	
If the amount on line 1e, column (a) o	r (b) is:		bying nontaxable am			
Not over \$500,000			the amount on line 1e.			
Over \$500,000 but not over \$1,000		. ,	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,	000,000		0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
g Grassroots nontaxable amount (en	ter 25% of	line 1f)			82,486.	
h Subtract line 1g from line 1a. If zero					0.	
i Subtract line 1f from line 1c. If zero	o or less, en	ter -0			0.	
j If there is an amount other than zer reporting section 4911 tax for this	-			ation file Form 4720		Yes No
(Some organizations th	nat made a See	section 50 the separa	ate instructions for lin	have to complete all nes 2a through 2f.)	of the five columns b	elow.
	Lobby	ing Exper/	nditures During 4-Yea	ar Averaging Period		i
Calendar year (or fiscal year beginning in)	(a) 20	017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	237	,883.	276,924.	337,956.	329,944.	1,182,707.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 						1,774,061.
c Total lobbying expenditures	2	,695.	2,856.	1,805.		7,356.
d Grassroots nontaxable amount	59	,471.	69,231.	84,489.	82,486.	295,677.
e Grassroots ceiling amount (150% of line 2d, column (e))						443,516.
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2020

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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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of th	e lobbying 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?				
d	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?				
	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				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
_	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5	i), or se	ection	
	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				
Pai	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	"No" OR (b) Part	III-A, lin	e 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2 a		
b	Carryover from last year		. 2b		
с	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		. 3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (See instructions)		5		
Pa	t IV Supplemental Information				
Drov	ide the deperimtions required for Dort I.A. line 1. Dort I.D. line 4. Dort I.C. line 5. Dort II.A. (affiliated aroun		lines 1		

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) 2020

032043 12-02-20

00		lal Financial Statements		OMB No. 1545-0047
		tal Financial Statements		2020
(FOII	Part IV, line 6, 7, 8, 9, 1	10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		Open to Public
		Attach to Form 990. 1990 for instructions and the latest information.		Inspection
		MITTEE FOR FREEDOM	Empl	oyer identification number
	OF THE PRESS			52-0972043
Par			ccou	nts.Complete if the
	organization answered "Yes" on Form 990, Part IV,			
	-	.,	b) Fund	Is and other accounts
1	Total number at end of year			
2 3	Aggregate value of contributions to (during year)	- I		
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors i		ds	
	are the organization's property, subject to the organization	-		Yes No
6	Did the organization inform all grantees, donors, and donor	r advisors in writing that grant funds can be used o	only	
	for charitable purposes and not for the benefit of the dono	r or donor advisor, or for any other purpose confer	ring	
				Yes No
Par		-	, line 7.	
1	Purpose(s) of conservation easements held by the organiz	· · · · · · · · · · · · · · · · · · ·	wie eller i	
	Preservation of land for public use (for example, recr Protection of natural habitat	eation or education) Preservation of a histo		•
	Preservation of open space		neu ma	
2	Complete lines 2a through 2d if the organization held a qua	alified conservation contribution in the form of a cc	onserva	tion easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified historic s		2c	
d	Number of conservation easements included in (c) acquire			
•	listed in the National Register		2d	ale using a dia a dia a
3	Number of conservation easements modified, transferred, vear	released, extinguished, or terminated by the organ	lization	during the tax
4	Number of states where property subject to conservation	easement is located		
5	Does the organization have a written policy regarding the p			
	violations, and enforcement of the conservation easements			Yes No
6	Staff and volunteer hours devoted to monitoring, inspectin			
	▶			
7	Amount of expenses incurred in monitoring, inspecting, ha	ndling of violations, and enforcing conservation ea	isement	ts during the year
	► \$			
8	Does each conservation easement reported on line 2(d) ab			Yes No
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conserva-			
5	balance sheet, and include, if applicable, the text of the for	-		
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections	of Art, Historical Treasures, or Other	Simila	ır Assets.
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC	958, not to report in its revenue statement and bal	lance sł	neet works
	of art, historical treasures, or other similar assets held for p		nce of p	public
	service, provide in Part XIII the text of the footnote to its fir			
b	If the organization elected, as permitted under FASB ASC	· · ·		
	art, historical treasures, or other similar assets held for pub provide the following amounts relating to these items:	nic exhibition, equivation, or research in furtherance	e or put	
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical t)
	the following amounts required to be reported under FASE			
а	Revenue included on Form 990, Part VIII, line 1		. ▶ \$	
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instruction	ons for Form 990.	S	Schedule D (Form 990) 2020
032051	12-01-20			

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					COM	MITTEE	FOR	FREED	MO						
	dule D (Form 990) 2020		THE P										72043		age 2
Pa	rt III Organizations	Maintai	ining Co	ollection	s of Ar	t, Histori	cal Tr	easures,	or Oth	er Sir	nilar A	sse	ts (contin	ued)	
3	Using the organization's ac	equisition,	, accessio	n, and othe	r record	s, check an	y of the	following the	at make :	signific	ant use	of its			
	collection items (check all	that apply	/):												
а	Public exhibition				d			hange progr							
b	Scholarly research				е	U Oth	er								
С	Preservation for futu	re genera	tions												
4	Provide a description of th											n Parl	t XIII.		
5	During the year, did the org	•				-							-		7
D	to be sold to raise funds ra				÷								Yes		No
Pa	rt IV Escrow and Cu				Comple	te if the org	anizatio	n answered	"Yes" or	ו Form	990, Pa	rt IV,	line 9, or		
	reported an amount														
1a	Is the organization an ager					-									1
	on Form 990, Part X?				- +1 6-1							ட	Yes		No
b	If "Yes," explain the arrang	jement in	Part XIII a	nd complet	e the fol	lowing table	9:						A		
	Designing belongs												Amount		
	Beginning balance										c d				
	Additions during the year										d				
e د	Distributions during the year										e If				
20	Ending balance Did the organization includ									···· 🖵			Yes		No
	If "Yes," explain the arrang			-								ـــــ	165]
Pai															
			<u> </u>	(a) Current		(b) Prior		(c) Two yea			ree years	back	(e) Four	vears	back
1a	Beginning of year balance			. ,	3,864.	. ,	, 6,534.	., ,	8,589.		4,432,				676.
b	Contributions							2,07	6,354.						
с	Net investment earnings, g			682	2,807.	1,16	7,724.	-16	2,187.	. 146,27		146,270.		150,	163.
d	Grants or scholarships														
е	Other expenditures for faci		Γ												
	and programs			304	1,551.	29	2,996.	20	5,026.	179,058.			193,	692.	
f	Administrative expenses			3	3,632.		2,398.		1,196.		30,	770.			
g	F 1 () 1			7,323	3,488.	6,94	8,864.	6,07	6,534.		4,368,	589.	4,	432,	147.
2	Provide the estimated perce	centage of	f the curre	ent year end	balance	e (line 1g, c	olumn (a	a)) held as:							
а	Board designated or quasi	-endowme	ent 🕨	14.970	00	%									
b	Permanent endowment			%											
с	Term endowment	85.0	<u>300 %</u>	ò											
	The percentages on lines 2	2a, 2b, and	d 2c shou	ld equal 10	0%.										
3a	Are there endowment fund	ls not in th	he posses	sion of the	organiza	ation that ar	e held a	nd administe	ered for t	the org	anizatio	n	_		
	by:													Yes	No
	(i) Unrelated organization	IS											3a(i)		Х
	(ii) Related organizations												3a(ii)		Х
b	If "Yes" on line 3a(ii), are th	ne related	organizat	ions listed a	as requir	ed on Sche	dule R?						3b		
4	Describe in Part XIII the int				n's endo	wment fund	ls.								
Pa	rt VI Land, Building														
	Complete if the org		answered	"Yes" on F	orm 990				-						
	Description of pro	operty		1	ost or ot (investrr		(b) Cost basis	or other (other)		preciat			(d) Book	value	e
1a	Land														
	Buildings							0 4 6 0		1 0 0					<u></u>
С	Leasehold improvements							0,162.			,727				35.
d	Equipment							4,114.			,885,			3,2	
	Other							6,701.		34	,293	·		2,4	
Tota	I. Add lines 1a through 1e. (Column (c	d) must eq	ual Form 99	90, Part J	X, column (l	B), line 1	0c.)		<u></u>	🕨		532 D/Form	2,0	

Schedule D (Form 990) 2020

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THE	REE	PORTERS	COMMITTEE	FOR	FREEDOM
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Schedule D (Form 990) 2020 OF THE PRES	S	52	-0972043 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(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 "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	- 15)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e /5.)		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED RENT			644,706.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tetel (Column (b) must organ Form 000, Port V, ool (P) (in	o 25)		644,706.
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial statements t	hat reports the

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

Schedule D (Form 990) 2020

032053 12-01-20

	THE REPORTERS COMMITTEE FOR	K FR	EEDOM			
he	edule D (Form 990) 2020 OF THE PRESS			52-	0972043	Page 4
ar	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Revenue per R	eturi	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
I	Total revenue, gains, and other support per audited financial statements			1	5,352,	,143.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	607,284.			
b	Donated services and use of facilities	2b				

2c

	1				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	607,284.
3	Subtract line 2e from line 1			3	4,744,859.
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	46,839.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	46,839.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem			5	4,791,698.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents W	ith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	4,370,898.
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	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	4,370,898.
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	46,839.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	46,839.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,417,737.
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:

Schedule D Part XI

c Recoveries of prior year grants

1 2

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 A LEGAL

FELLOWSHIP.

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

		ERS COMMITTEE	FOR FREEDOM	52-0972043 Page 5
Schedule D (Form 990) 2020 Part XIII Supplemental Ir	nformation (continued)	66		52-0972045 Page 5
MATERIAL TO THE F		EMENTS.		
				Schedule D (Form 990) 2020
032055 12-01-20		46		

SC	HEDULE J	Compensation Information	I	OMB No.	1545-00	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20	
•		Compensated Employees		ZU	ZU)
Dono	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatio		Employer ide			mber
		OF THE PRESS	52-09	97204	3	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	charter travel Housing allowance or residence for person	nal use			
	Travel for com	panions Payments for business use of personal res	sidence			
	Tax indemnifie	cation and gross-up payments Health or social club dues or initiation fees	3			
	Discretionary	spending account Personal services (such as maid, chauffeu	ır, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
		provision of all of the expenses described above? If "No," complete Part III to explain		1 b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	compensation consultant Compensation survey or study				
	Form 990 of o	ther organizations	ommittee			
4		d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					x
a		ce payment or change-of-control payment?				X
b		ceive payment from a supplemental nonqualified retirement plan?				X
С		ceive payment from an equity-based compensation arrangement?		4c		
	If "Yes" to any of III	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only costion 501/	(2) 501(c)(4) and 501(c)(20) arganizations must complete lines 5.0				
5		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	an			
5	contingent on the r		211			
2	•			5a		x
h	Any related organiz	ration?				x
5		pr 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
Ŭ	contingent on the r					
а	-			6a		X
b	Any related organiz	ration?				X
~		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	3			
	-	nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				
-		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		Х
9		id the organization also follow the rebuttable presumption procedure described in				
-		n 53.4958-6(c)?		9		
LHA		eduction Act Notice, see the Instructions for Form 990.		le J (Forr	n 990)) 2020

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Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.	<u>nploy</u>	rees, and Highest C	compensated Empl	loyees. Use duplica	te copies if additional s	pace is needed.	ac described in the ins	
Por each monotored whose compensation must be reported on Schedule 9, report compensation from the organization on town plantation on the monotored and and another and the section of and monotored and another and the section of and (b) and (c) amounts for that individual. 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.	orm 9 orm 9 sd ind	oored on schedule . 90, Part VII. ividual must equal th	, report compensation for the total amount of F	orm 990, Part VII, S	ection A, line 1a, applic	able column (D) and ((E) amounts for that inc	urucuons, or row (ii). lividual.
		(B) Breakdown of W-2	V-2 and/or 1099-MI	and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	1	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denerits	(CI)-(I)(BI)	In column (b) reported as deferred on prior Form 990
(1) BRUCE BROWN	Ξ	211,566.	15,000.	.0	11,189.	5,825.	243,580.	0.
EXECUTIVE DIRECTOR	0	•0	•0	.0		•0	•0	.0
(2) KATIELYNN TOWNSEND	Ξ	175,898.	10,000.	0.	8,77	5,864.	200,533	.0
LITIGATION DIRECTOR	: 🗉	.0	.0	.0	.0	.0	.0	.0
(3) GABRIEL ROTTMAN	Ξ	137,614.	10,000.	.0	7,40	5,864.	160,881	•0
DIR. OF PRESS FREEDOM & TECH. PROJEC (ii)	(ii)	•0	• 0	•0	•0	.0	• 0	•0
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popoo and Hickest Compensated Employees The duplicate THE REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS Istees. Kev Employees, and Highest Compensated Employees. Use dupl Schedule J (Form 990) 2020

Page 3											990) 2020
52-0972043	omplete this part for any additional information.										Schedule J (Form 990) 2020
THE REPORTERS COMMITTEE FOR FREEDOM	Part III Supplemental Information										

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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. THE REPORTERS COMMITTEE FOR FREEDOM Fmm



52-0972043

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

ACCESS TO PUBLIC RECORDS, MEETINGS AND COURTROOMS; AND TO PRESERVE THE

PRINCIPLES OF FREE SPEECH AND UNFETTERED PRESS, AS GUARANTEED BY THE

FIRST AMENDMENT OF THE U.S. CONSTITUTION.

OF THE PRESS

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

CONSTITUTION.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE PRE-PUBLICATION LEGAL SERVICES PROGRAM WAS NOT PREVIOUSLY LISTED ON

THE FORM 990. IN ADDITION, STARTING IN 2020 THE COMMITTEE EXPANDED ITS

PROGRAM WITH LOCAL LEGAL INITIATIVE. SEE DESCRIPTONS PROVIDED ON FORM

990, PART III, LINE 4A AND BELOW.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE ORGANIZATION NO LONGER CONDUCTS THE NEWS MEDIA FOR OPEN GOVERNMENT

(FORMERLY, SUNSHINE IN GOVERNMENT INITIATIVE) - THE COMMITTEE

PARTICIPATED IN A COALITION OF NON-PROFIT MEDIA ORGANIZATIONS

ADVOCATING FOR STRONGER PUBLIC RECORDS LAWS.

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

FILMMAKERS.

PUBLICATIONS - THE COMMITTEE PUBLISHES AND MAINTAINS A BLOG, VARIOUS

ONLINE LEGAL GUIDES AND OTHER MATERIALS, INCLUDING THE FREEDOM OF

INFORMATION ACT (FOIA) WIKI, FOR GATHERING AND DISSEMINATING THE NEWS.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

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 11-20-20
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Name of the organization	THE REPORTERS CO	OMMITTEE FOR	FREEDOM	Employer identification number 52-0972043

THE COMMITTEE'S INTERNET WEBSITE PROVIDES CONTENT ON MEDIA LAW AND

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.

LITIGATION - THE COMMITTEE'S LITIGATION PRACTICE, WHICH INCLUDES ITS STAFF ATTORNEYS, 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 WHO, FROM TIME TO TIME, SERVE AS LOCAL COUNSEL ON AMICUS BRIEFS OR PARTNER WITH THE COMMITTEE IN OTHER WAYS.

STARTING IN 2020, THE COMMITTEE EXPANDED ITS PROGRAM WITH LOCAL LEGAL INITIATIVE ATTORNEYS BASED IN FIVE STATES - COLORADO, OKLAHOMA, OREGON, PENNSYLVANIA AND TENNESSEE - TO HELP LOCAL JOURNALISTS AND NEWS ORGANIZATIONS DEFEND THEIR RIGHTS TO GATHER AND REPORT THE NEWS, GAIN ACCESS TO PUBLIC RECORDS AND COURT PROCEEDINGS, AND HOLD STATE AND LOCAL GOVERNMENT AGENCIES AND OFFICIALS ACCOUNTABLE. THE STATES WERE SELECTED FROM MORE THAN 45 SUBMISSIONS THE COMMITTEE RECEIVED FROM OVER 30 STATES, REGIONS AND TERRITORIES NATIONWIDE AS PART OF A PROPOSAL PROCESS CONDUCTED IN 2019.

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

THE EXECUTIVE COMMITTEE OF THE STEERING COMMITTEE CONSISTED OF EIGHT

DIRECTORS IN 2020. SUBJECT TO ANY LIMITATIONS ESTABLISHED BY RESOLUTIONS OF 032212 11-20-20
Schedule O (Form 990 or 990-EZ) 2020
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16420823 793927 17304
2020.04020 THE REPORTERS COMMITTEE FOR 17304 1

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization THE REPORTERS COMMITTEE FOR FREEDOM	Employer identification number
OF THE PRESS	52-0972043
THE STEERING COMMITTEE, THE EXECUTIVE COMMITTEE SHALL HAV	E AND MAY EXERCISE
ALL OF THE POWERS AND AUTHORITY OF THE STEERING COMMITTEE	DURING THE
INTERVALS BETWEEN MEETINGS OF THE STEERING COMMITTEE EXCE	PT TO AMEND OR
REPEAL THE GOVERNING PRINCIPLES, FILL VACANCIES ON THE ST	EERING COMMITTEE
OR ANY OF ITS COMMITTEES (INCLUDING THE EXECUTIVE COMMITT	EE) OR DISSOLVE OR
TERMINATE THE ORGANIZATION.	

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

A COPY OF THE FORM 990 IS REVIEWED BY BOTH THE AUDIT COMMITTEE AND THE

EXECUTIVE DIRECTOR. A COPY IS PROVIDED TO ALL MEMBERS OF THE STEERING

COMMITTEE PRIOR TO FILING WITH THE IRS.

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 15:

THE EXECUTIVE COMMITTEE, FOLLOWED BY THE ENTIRE STEERING COMMITTEE,

APPROVES ALL SALARY INCREASES. A COMPENSATION SURVEY WAS CONDUCTED IN

DECEMBER 2018 OF EXECUTIVE DIRECTOR SALARIES OF SIMILAR ORGANIZATIONS. THE

LAST SALARY REVIEW FOR THE EXECUTIVE DIRECTOR IN 2019.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MS, NV, NH, NJ, NM, NY, NC, ND, OH

OK, OR, PA, RI, SC, TN, UT, VA, WA, WV

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTSOSchedule O (Form 990 or 990-EZ) 2020032212 11-20-205216420823 793927 173042020.04020 THE REPORTERS COMMITTEE FOR 17304 1

Schedule O (Form 990 or 9	990-EZ) 2020	Page 2
Name of the organization	THE REPORTERS COMMITTEE FOR FREEDOM	Employer identification number
	OF THE PRESS	52-0972043

AVAILABLE TO THE PUBLIC UPON REQUEST.

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.

032212 11-20-20

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

	_	_	_
			\mathbf{n}
Form			U

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.



AF	or the	2020 calendar year, or tax year beginning and	ending	_	
B (heck if	C Name of organization THE REPORTERS COMMITTEE FOR FREEDOM		D Employer identifie	cation number
	Addres	S OF THE PRESS			
	Name change	Doing business as		52-09720	43
	Initial return Final	, , , , , , , , , , , , , , , , , , , ,	Room/suite	E Telephone number	
	/return/ termin		1020	202-795-	
	ated Ameno return	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005		G Gross receipts \$ H(a) Is this a group re	5,072,609.
	Applic	F Name and address of principal officer: BRUCE BROWN		for subordinates	
	pendir	^g SAME AS C ABOVE		H(b) Are all subordinates in	
11	ax-exe	empt status: 🗴 501(c)(3) 🛄 501(c) () ◀ (insert no.) 🛄 4947(a)(1) (or 527		list. See instructions
		e: ► WWW.RCFP.ORG		H(c) Group exemption	
KF	orm of	organization: Corporation Trust X Association Other ►	L Year		State of legal domicile: DC
	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: TO P	ROTECT	THE RIGHT	TO GATHER
Activities & Governance		AND DISTRIBUTE NEWS; TO KEEP GOVERNMENT	ACCOUN	TABLE BY EN	SURING
ŝrnê	2	Check this box 🕨 🗔 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	
Ň	3	Number of voting members of the governing body (Part VI, line 1a)		3	31
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b)			31
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a) \ldots		5	48
iviti	6	Total number of volunteers (estimate if necessary)			32
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
				Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)		4,190,998.	4,509,489.
/eni		Program service revenue (Part VIII, line 2g)		278,026.	50,073.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		536,823.	225,205.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		39,562.	6,931.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,045,409.	4,791,698.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		2,589,207.	3,340,966.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	······	2,589,207.	<u> </u>
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	50	0.	0.
Ä		······································		1,467,057.	1,076,771.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,056,264.	4,417,737.
		Revenue less expenses. Subtract line 18 from line 12		989,145.	373,961.
es		nevenue iess expenses. Subtract inte to fruiti inte 12		ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		16,470,279.	18,248,470.
Ass Bal	21	Total liabilities (Part X, line 26)		809,655.	1,606,601.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		15,660,624.	16,641,869.
		Signature Black		,,.	

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		Date
Paid	Print/Type preparer's name TINA PEACHER	Preparer's signature	Date	Check PTIN if self-employed P01608826
Preparer	Firm's name JONES, MARESCA			Firm's EIN 52-1853933
Use Only	Firm's address 10500 LITTLE PA' COLUMBIA, MD 21			Phone no.410-884-0220
May the IF	RS discuss this return with the preparer shown at	oove? See instructions		X Yes No
032001 12-2	3-20 LHA For Paperwork Reduction Act Not			Form 990 (2020)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

- orm	THE REPORTERS COMMITTEE FOR FREEDOM 990 (2020) OF THE PRESS	52-0972043	Page
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Σ
1	Briefly describe the organization's mission:		
	TO PROTECT THE RIGHT TO GATHER AND DISTRIBUTE NEWS;		IENT
	ACCOUNTABLE BY ENSURING ACCESS TO PUBLIC RECORDS, M		
	COURTROOMS; AND TO PRESERVE THE PRINCIPLES OF FREE		
	UNFETTERED PRESS, AS GUARANTEED BY THE FIRST AMENDM		
2	Did the organization undertake any significant program services during the year which were not listed of	V	┌┐.
	prior Form 990 or 990-EZ?		
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program s		
3	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program ser	wices as measured by expense	ic.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation		
	revenue, if any, for each program service reported.		unu
4a	(Code:) (Expenses \$ 2,645,964. including grants of \$) (Bevenue \$ 50,	073
104	LEGAL DEFENSE AND RESEARCH		
	THE COMMITTEE PROVIDES AROUND-THE-CLOCK, PRO BONO S	ERVICES TO ALL N	IEWS
	MEDIA. IT OFFERS FREE LEGAL ASSISTANCE AND RESEARCH		
	ATTORNEYS, FILES AMICUS BRIEFS, PUBLISHES NUMEROUS	GUIDES AND	
	MATERIALS, AND SPEAKS OUT AGAINST THREATS TO THE FR	EEDOM OF THE PRE	ESS.
	THE COMMITTEE UNDERTAKES LEGAL DEFENSE AND RESEARCH	PROJECTS IN ALI	1
	AREAS OF MEDIA LAW AND ASSISTS JOURNALISTS AND NEWS		
	FREEDOM OF INFORMATION AND ACCESS-TO-COURT CASES. A	-	AL
	DEFENSE AND RESEARCH PROGRAM INCLUDES THE FOLLOWING	:	
	PRE-PUBLICATION LEGAL SERVICES - THE COMMITTEE PROV		CES
	TO FREELANCE AND INDEPENDENT JOURNALISTS INCLUDING		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	/ (/ (, (
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 2,645,964.		
			990 (202
32002	12-23-20 SEE SCHEDULE O FOR CONTINUAT	ION(S)	
20	823 793927 17304 2020.04020 THE REPORTERS CO	OMMITTEE FOR 173	04

THE REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS

I UI				
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
•	If "Yes," complete Schedule A	1 2	X	<u> </u>
2 3	Is the organization required to complete Schedule B, Schedule of Contributors?	2	- 23	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</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	3		
4	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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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 donor-restricted endowments			
	or in 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,		37	
	Part VI	11 a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			77
	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
ام	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	11d		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11e	Х	- 23
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			x
20-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		- **
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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Form 990 (2020)

Part IV Checklist of Required Schedules

OF THE PRESS

Form 990 (2020)

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			<u> </u>
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	x	
04.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
248				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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		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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a		00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			v
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			77
	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			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	• • • • • •	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	_ 00		
	Check if Schedule O contains a response or note to any line in this Part V			
.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	-		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	<u>1c</u>	X	0.0
03200	4 12-23-20	Form	990	(2020)

Form	990 (2020) OF THE PRESS 52-0972	043	P	age 5						
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 48									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (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 on Schedule O	3b		<u> </u>						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b	If "Yes," enter the name of the foreign country									
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v						
	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 transaction?	5b								
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x						
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
_	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	7-		x						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a								
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		x						
ام	to file Form 8282?	7c		- 23						
	,	7e		x						
	 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 									
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		X						
-	 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h								
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	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:	1								
а	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.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans 13b									
	Enter the amount of reserves on hand 13c									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	<u> </u>	<u> </u>						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		X						
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									

Form **990** (2020)

032005 12-23-20

THE REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS

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

Form 990 (2020)

	Check if Schedule O contains a response or note to any line in this Part VI						Σ
Sect	ion A. Governing Body and Management						_
				_		Yes	I
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		31			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		31			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other				
	officer, director, trustee, or key employee?				2		2
3	Did the organization delegate control over management duties customarily performed by or under the			Γ			
	of officers, directors, 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				4		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		Г	5		
	Did the organization have members or stockholders?				6		
	Did the organization have members, stockholders, or other persons who had the power to elect or a			F			
	more members of the governing body?				7a		:
	Are any governance decisions of the organization reserved to (or subject to approval by) members,			····			
	persons other than the governing body?				7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e followina:	···· F			
	The governing body?	-	-		8a	Х	
b	Each committee with authority to act on behalf of the governing body?			···· F	8b	Х	\square
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re			···· F			F
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		
ect	ion B. Policies (This Section B requests information about policies not required by the Internal F						
						Yes	
0a	Did the organization have local chapters, branches, or affiliates?			Г	10a		F
	If "Yes," did the organization have written policies and procedures governing the activities of such o			···· -			┢
~	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo				11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	.,	i e i i i i g i i e i e i i	F			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			- 1	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris				12b	Х	┢
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			···· -	12.0		┢
	in Schedule O how this was done				12c	х	
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 approv			···· -	14		┢
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		laependent				
-	The organization's CEO, Executive Director, or top management official				150		
				···· –	15a		
b	Other officers or key employees of the organization			···· -	15b		ŀ
C -	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		itle e				
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange				40-		
	taxable entity during the year?			····	16a		ŀ
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga						
	exempt status with respect to such arrangements?				16b		
	ion C. Disclosure	<u> </u>				77.0	
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright AL$, AK , AR , CA , CA						
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990)-T (Section 501	(c)(3)s	s only	r) avai	lat
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain		,				
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, o	onflict	of interest policy	y, anc	l finar	ncial	
9	statements available to the public during the tax year.						
			at the electric 🔊				
	State the name, address, and telephone number of the person who possesses the organization's be	ooks ar	ia recoras 📂 _				
	KIRSTEN POOLE - 202-795-9300	ooks ar	ia recoras 🏲 _				
		ooks ar	ia recoras 🏴 _			990	

	THE	REPORTERS	COMMITTEE	FOR	FREEDOM
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Form 990 (2	2020)	OF	THE	PRESS				52-09
Part VII	Compensation	of (Officers	, Directors,	Trustees,	Key Employees,	Highest 0	Compensated
	Employees, an	d In	depend	lent Contra	ctors			

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

OF THE PRESS

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.

See instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do			ition more		one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i lirecto	s bot	h an	compensation	compensation	amount of
	week					i/irus	lee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	truste	al tru:		yee	ompei		(and related
	below	/id ual	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) BRUCE BROWN	40.00									10 014
EXECUTIVE DIRECTOR				Χ				226,566.	0.	17,014.
(2) KATIELYNN TOWNSEND	40.00							105 000		14 625
LITIGATION DIRECTOR						Х		185,898.	0.	14,635.
(3) GABRIEL ROTTMAN	40.00									40.000
DIR. OF PRESS FREEDOM & TECH. PROJEC						Х		147,614.	0.	13,267.
(4) JENNIFER PELTON	40.00							100 115		10 0 00
DEVELOPMENT DIRECTOR						Х		132,117.	0.	12,969.
(5) JENNIFER TOPPER	40.00							101 010		10 500
COMMUNICATIONS DIRECTOR						X		131,816.	0.	12,523.
(6) KIRSTEN POOLE	40.00							100.000		10 005
OPERATIONS DIRECTOR						X		133,287.	0.	10,695.
(7) STEPHEN ADLER	3.00									•
CHAIRMAN		Х		X				0.	0.	0.
(8) MARGARET LOW	2.00								0	0
VICE CHAIR	1 00	Х		X				0.	0.	0.
(9) MASSIMO CALABRESI	1.00	37						0	0	0
SECRETARY/TREASURER	1 0 0	Х		X				0.	0.	0.
(10) SCOTTY APPLEWHITE	1.00	37						0	0	0
STEERING COMMITTEE	1 00	Х						0.	0.	0.
(11) WOLF BLITZER	1.00	37						0	0	0
STEERING COMMITTEE	1.00	Х						0.	0.	0.
(12) DAVID BOARDMAN	1.00	х						0.	0.	0.
STEERING COMMITTEE (13) THEODORE BOUTROUS	1.00	Δ						0.	0.	0.
(_ · ,	1.00	х						0.	0.	0.
STEERING COMMITTEE AS OF MAY 2020 (14) MANUEL GARCIA	1.00	Δ						0.	0.	0.
STEERING COMMITTEE	1.00	х						0.	0.	0.
(15) EMILIO GARCIA-RUIZ	1.00	Δ						0.	0.	0.
STEERING COMMITTEE	1.00	х						0.	0.	0.
(16) JOSH GERSTEIN	1.00	Λ	-		-			0.	0.	<u>0 </u>
STEERING COMMITTEE	1.00	х						0.	0.	0.
(17) ALEXANDER GIBNEY	1.00	1	-					0.	0.	<u> </u>
STEERING COMMITTEE	<u> </u>	х						0.	0.	0.
		77	L	L	L			0.	0.	Form 990 (2020)
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THE REPORT	ERS	COMMITTEE	FOR	FREEDOM
OF THE PRE	ISS			

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Form 990 (2020) OF THE P.	RESS								52-0972	2043	Pa	age 8
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	vees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A)	(B)				C)	<u> </u>		(D)	(E)		(F)	
Name and title	Average			Pos	sitior			Reportable	Reportable		imate	d
	hours per					e than is bot			compensation		ount d	
	week					or/trus		from	from related		other	
	(list any	ctor						the	organizations	comp	ensat	tion
	hours for	r dire				ted		organization	(W-2/1099-MISC)	fro	om the	Э
	related	stee o	ustee			ensa		(W-2/1099-MISC)		orga	inizati	on
	organizations	al trus	nal tr		oyee	e omp					relate	
	below	Individual trustee or director	nstitutional trustee	cer	Key employee	Highest compensated employee	Former			orga	nizatio	ons
	line)	Ind	lnst	Officer	Key	Hig	Fer			<u> </u>		
(18) SUSAN GOLDBERG	1.00											
STEERING COMMITTEE		Х						0.	0.			0.
(19) JAMES GRIMALDI	1.00											
STEERING COMMITTEE		Х						0.	0.			0.
(20) LAURA HANDMAN	1.00											
STEERING COMMITTEE		X						0.	0.			Ο.
(21) DIEGO IBARGUEN	1.00											
STEERING COMMITTEE		X						0.	0.			Ο.
(22) BENJAMIN SMITH	1.00									1		
STEERING COMMITTEE UNTIL MAY 2020		x						0.	0.			0.
(23) KAREN KAISER	1.00				+					+		
STEERING COMMITTEE	1.00	x						0.	0.			0.
(24) DAVID LAUTER	1.00			-	-				0.	┼───		••
	1.00	x						0.	0.			0.
STEERING COMMITTEE	1.00				-	-		0.	0.	<u> </u>		0.
(25) JANE MAYER	1.00								0			0
STEERING COMMITTEE	1 0 0	X						0.	0.	<u> </u>		0.
(26) COLLEEN MCCAIN NELSON	1.00								0			~
STEERING COMMITTEE X 0.									0.	1		0.
1b Subtotal 957,298.									0.		L,1(_
c Total from continuation sheets to Part V	II, Section A							0.	0.			0.
d Total (add lines 1b and 1c)								957,298.	0.	81	L,1(03.
2 Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) wl	ho r	received more than \$100	,000 of reportable			
compensation from the organization 🕨												7
											Yes	No
3 Did the organization list any former officer	director. trust	ee. I	kev e	emp	olove	e. o	r hio	phest compensated emp	lovee on			
line 1a? If "Yes," complete Schedule J for s										3		Х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$15									ine englin-unen	4	Х	
5 Did any person listed on line 1a receive or									dual for services			
rendered to the organization? If "Yes," con										5		Х
Section B. Independent Contractors	ipiere Schedul	01	01 30	ucn	pers	<u>3011</u>						
•	manage and in	don	ando	t	ont	raati		that reasined more than	¢100.000 of compon			
1 Complete this table for your five highest co	-								· · · · ·	sation	OITI	
the organization. Report compensation for	the calendar y	ear	enai	ng ۱	with	or w	ntrii		/ear.			
(A) Name and business	address	NT	ONE	7				(B) Description of s	envices	(C) Compen		2
		TAC		<u> </u>			_			Jompon	oution	·
							_					
							_					
2 Total number of independent contractors (including but n	not li	mite	d to	tho	se li	sted	d above) who received m	ore than			
\$100,000 of compensation from the organ	•					0	-	,				
SEE PART VII, SECTIO	N A CON	TII	NUZ	AT:	IOI	NS	SH	EETS		Form 9	990 (2	2020)
-											· · ·	• • •

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THE REPORTERS	COMMITTEE	FOR	FREEDOM
OF THE PRESS			

Form 990 OF THE P		-					-	FREEDOM	52-097	2043
Part VII Section A. Officers, Directors, Tr	1	nplo	oyee			ligh	est			
(A) Name and title	(B) Average hours	(C) Position (check all that apply)					ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	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)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) MAGGIE MULVIHILL STEERING COMMITTEE	1.00	x						0.	0.	0.
(28) JAMES NEFF	1.00			-	-	\vdash				
STEERING COMMITTEE	1.00	x						0.	0.	0.
(29) NORMAN PEARLSTINE	1.00									
STEERING COMMITTEE		x						0.	0.	0.
(30) THOMAS RUBIN	1.00									
STEERING COMMITTEE		x						0.	0.	0.
(31) CHARLES SAVAGE	1.00									
STEERING COMMITTEE		x						0.	0.	0.
(32) JENNIFER SONDAG	1.00									
STEERING COMMITTEE		X						0.	0.	0.
(33) NABIHA SYED	1.00									
STEERING COMMITTEE AS OF MAY 2020		X						0.	0.	0.
(34) ADAM SYMSON	1.00									
STEERING COMMITTEE		Х						0.	0.	0.
(35) PIERRE THOMAS	1.00									
STEERING COMMITTEE	1 0 0	X						0.	0.	0.
(36) SAUNDRA TORRY	1.00	.,							0	0
STEERING COMMITTEE	1 0 0	X						0.	0.	0.
(37) VICKIE WALTON-JAMES	1.00	x						0.	0.	0.
STEERING COMMITTEE	1.00			-				0.	0.	0.
(38) JUDY WOODRUFF STEERING COMMITTEE	1.00	x						0.	0.	0.
		\vdash								
		-	-	-	-					
Total to Part VII, Section A, line 1c										

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THE REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS

Pa	rt \	/111						
			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII	(5)	(0)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
Sυ								sections 512 - 514
ants	1		Federated campaigns 1a					
n Gr			Membership dues 1b					
fts,			Fundraising events 1c					
ia la			Related organizations 1d					
Sin			Government grants (contributions) 1e					
utic Jer		Ť	All other contributions, gifts, grants, and similar amounts not included above 1f 4 ,	509,489.				
et b		-		509,409.				
Contributions, Gifts, Grants and Other Similar Amounts		-	Noncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f		4,509,489.			
<u> </u>				Business Code	1,000,1000			
e	2	а	PROGRAM SERVICES	900099	50,073.	50,073.		
Program Service Revenue	2	b				,		
Sei		č						
am		d						
ogr B		е						
Ъ		f	All other program service revenue					
		g	Total. Add lines 2a-2f	►	50,073.			
	3		Investment income (including dividends, intere					
			other similar amounts)		222,885.			222,885.
	4		Income from investment of tax-exempt bond p	-				
	5		Royalties					
			(i) Real	(ii) Personal				
	6		Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c Net rental income or (loss)					
	7		Gross amount from sales of (i) Securities	(ii) Other				
	'	u	assets other than inventory 7a 283, 231.	(
		b	Less: cost or other basis					
an			and sales expenses 7b 280,911.					
Revenue		с	Gain or (loss) 7c 2,320.					
Re		d	Net gain or (loss)	►	2,320.			2,320.
her	8	а	Gross income from fundraising events (not					
Oth			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8b					
			Net income or (loss) from fundraising events	>				
	9	а	Gross income from gaming activities. See					
		h	Part IV, line 19 9a Less: direct expenses 9b					
	10		Gross sales of inventory, less returns	>				
		ŭ	and allowances					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
s				Business Code				
Miscellaneous Revenue	11		MISCELLANEOUS	900099	4,168.			4,168.
lan		b	CREDIT CARD REWARDS	900099	2,763.			2,763.
See 1		С						
Mis			All other revenue					
	L		Total. Add lines 11a-11d		6,931.	E0 072	0	222 126
	12		Total revenue. See instructions	🕨	4,791,698.	50,073.	0.	,
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THE REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS

	52
Part IX Statement of Functional Expenses	
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column	ר (A).

	Check if Schedule O contains a respons	e or note to any line in	this Part IA		L
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	040 550	1 6 0 0 1 0	44 04 5	26 444
	trustees, and key employees	243,579.	162,818.	44,317.	36,444
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	2,571,231.	1,717,939.	467,913.	385,379
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	118,759.	79,858.	21,546.	17,355
9	Other employee benefits	189,259.	127,265.	34,336.	27,658
10	Payroll taxes	218,138.	146,590.	42,159.	29,389
11	Fees for services (nonemployees):				
а	Management				
b	Legal	34,651.	34,651.		
С	Accounting	18,550.		18,550.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	46,839.		46,839.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	369,515.	43,879.	88,426.	237,210
12	Advertising and promotion	9,274.	3,723.	5,401.	150
13	Office expenses	90,717.	25,296.	39,681.	25,740
14	Information technology	31,745.	2,177.	29,568.	
15	Royalties				
16	Occupancy	241,213.	162,202.	43,761.	35,250
17	Travel	27,915.	17,764.	5,740.	4,411.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	89,550.	60,217.	16,246.	13,087
23	Insurance	15,466.	7,727.	7,739.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	DUES AND SUBSCRIPTIONS	65,669.	29,390.	29,493.	6,786,
b	COMPUTER RESEARCH	24,468.	24,468.		
с	TAXES AND LICENSES	11,199.		11,199.	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,417,737.	2,645,964.	952,914.	818,859
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 (2020)

Form 990 (2020)

THE REPORTERS COMMITTEE FOR FREEDOM

OF THE PRESS

	n 990 () rt X					52-	0972045 Page 11
Fd			o to or:	line in this Dert Y			
		Check if Schedule O contains a response or not	e to any	Ine in this Part X	(A)		
					(A) Beginning of year		(B) End of year
	1	Cash non interact bearing			441,863.	1	298,942.
	2	Cash - non-interest-bearing			998,217.	2	2,247,115.
	3	Savings and temporary cash investments			JJ0,217.	2	2,247,113.
	4	Pledges and grants receivable, net			1,407,500.	4	1,623,231.
	5	Accounts receivable, net Loans and other receivables from any current o			1,10,,5000		1,020,2010
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual					
	ľ	under section 4958(f)(1)), and persons describe				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			123,162.	9	113,573.
	1	Land, buildings, and equipment: cost or other	I I				
		basis. Complete Part VI of Schedule D	10a	730,977.			
	b	Less: accumulated depreciation		730,977. 198,905.	615,986.	10c	532,072.
	11	Investments - publicly traded securities		12,846,956.	11	13,396,942.	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			36,595.	15	36,595.
	16	Total assets. Add lines 1 through 15 (must equ			16,470,279.	16	18,248,470.
	17	Accounts payable and accrued expenses			77,964.	17	179,158.
	18	Grants payable			18		
	19	Deferred revenue				19	318,337.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV c	of Schedule D		21	
es	22	Loans and other payables to any current or form	ner office	er, director,			
iliti		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	464,400.
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-		731,691.		611 706
		of Schedule D		······	809,655.	25	644,706. 1,606,601.
	26	Total liabilities. Add lines 17 through 25		N Y	009,033.	26	1,000,001.
es		Organizations that follow FASB ASC 958, che	eck nere				
anc	07	and complete lines 27, 28, 32, and 33.			8,771,647.	27	9,036,955.
Bala	27 28	Net assets with donor restrictions			6,888,977.	27	7,604,914.
Β	20	Net assets with donor restrictions Organizations that do not follow FASB ASC 9			0,000,011.	20	7,004,514.
Fu		and complete lines 29 through 33.	56, cne				
or	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or ed				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			15,660,624.	32	16,641,869.
2	33	Total liabilities and net assets/fund balances			16,470,279.	33	18,248,470.
					. , -		Form 990 (2020)

Form **990** (2020)

032011 12-23-20

THE	REPORTERS	COMMITTEE	FOR	FREEDOM
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Form	1 990 (2020) OF THE PRESS	52	-09720)43	Pag	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		791		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,			37.
3	Revenue less expenses. Subtract line 2 from line 1	3				61.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,			24.
5	Net unrealized gains (losses) on investments	5		607	7,2	84.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	16,	641	L,8	69.
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: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
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?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	6,			
	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 on 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	udit			
	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 on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2020)

032012 12-23-20

SCHEDULE A		Dublic Cha						OMB No. 1545-0047
(Form 990 or 990-E			rity Status an					2020
			47(a)(1) nonexempt cha			or a section		2020
Department of the Treasury Internal Revenue Service			Attach to Form 990 or F					Open to Public Inspection
Name of the organiz			//Form990 for instruction			nformation.	Employor	identification number
Name of the organiz		HE PRESS	COMMITTEE FO.	K FKE	EDOM			2-0972043
Part I Reaso			(All organizations must c	omplete th	nis part.) S	ee instructior		2 09/2013
			For lines 1 through 12, c					
1 \square A church,	convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(⁻	1)(A)(i).		
2 A school o	escribed in sect	tion 170(b)(1)(A)(ii).	Attach Schedule E (Form	990 or 99	90-EZ).)			
3 A hospital	or a cooperative	hospital service orga	anization described in se	ction 170	(b)(1)(A)(i	ii).		
4 A medical	research organiz	zation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
city, and s								
			llege or university owned	l or operat	ted by a g	overnmental ı	unit describ	bed in
		Complete Part II.)	nantal whit departihed in a	notion 17	0/6//4//4	6.0		
· · ·		0	nental unit described in s Intial part of its support f			. ,	he general	nublic described in
		Complete Part II.)	intial part of its support i	ioni a gov	errimenta		ne general	public described in
			(1)(A)(vi). (Complete Part	: 11.)				
	•		in section 170(b)(1)(A)(i		ed in conju	inction with a	land-grant	college
or universi	y or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	e or
university:								
			than 33 1/3% of its supp					
			ct to certain exceptions;					
			(less section 511 tax) fro	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.
	on 509(a)(2). (Co	. ,	ively to toot for public or	fativ Caa	nation Fl	O(a)(4)		
	-	-	ively to test for public sa ively for the benefit of, to	•			arry out the	purposes of one or
0			ed in section 509(a)(1) of					
			of supporting organization					
			upervised, or controlled					giving
			gularly appoint or elect a					
organiza	tion. You must o	complete Part IV, Se	ections A and B.					
			l or controlled in connec					
			anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
	. ,	st complete Part IV,						
	-	• • • •	g organization operated				lly integrate	ed with,
	•	.,.	b). You must complete F porting organization open				rtod organi	zation(c)
			zation generally must sat				0	()
		•	nplete Part IV, Sections			•	a an actoric	
		,	written determination fro				II, Type III	
function	ally integrated, o	r Type III non-functio	nally integrated supporti	ng organiz	zation.			
f Enter the numb	er of supported	organizations						
		n about the supporte		(iv) Is the orga	nization listed	(.) And a start of		
(i) Name of su organiza		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi Yes	ng document?	(v) Amount of support (see ir	-	(vi) Amount of other support (see instructions)
			above (see instructions))	163	NO			
								<u> </u>
Total								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

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	(Form 990 or 990-EZ) 2020 OF		52-0972043 _{Pag}	
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)				
	(Complete only if you checked the	he box on line 5, 7, or 8 of F	art 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
_	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	etc (see instructi	ons)			12	
	First 5 years. If the Form 990 is for th		,	fourth or fifth tax			
10	organization, check this box and stop	-			•		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2020 (column (f))		14	%
	Public support percentage from 2019					15	%
	33 1/3% support test - 2020. If the						
100	stop here. The organization qualifies						
h	33 1/3% support test - 2019. If the						
~	and stop here. The organization qua						
170	10% -facts-and-circumstances tes						
17 a							
	and if the organization meets the fact			-	-	-	
	meets the facts-and-circumstances to	-		• • • •			
b	10% -facts-and-circumstances tes						IU% Or
	more, and if the organization meets t						
	organization meets the facts-and-circ						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b		nd see instruction	

Schedule A (Form 990 or 990-EZ) 2020 OF THE PRESS

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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	ction A. Public Support	/	,					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1634891.	4252096.	3661589.	4190998.	4509489.	18249063.	
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	10,000.	87,317.	62,156.	278,026.	50,073.	487,572.	
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	1644891.	4339413.	3723745.	4469024.	4559562.	18736635.	
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons	692,750.	1379315.	753,250.	1205125.	992,819.	5023259.	
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						0.	
	Add lines 7a and 7b	692,750.	1379315.	753,250.	1205125.	992,819.		
	Public support. (Subtract line 7c from line 6.)						13713376.	
	ction B. Total Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Amounts from line 6	1644891.	(b) 2017 4339413.	3723745.	4469024.	4559562.	18736635.	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	173,513.	188,817.	226,149.	276,131.	222,885.	1087495.	
b	Unrelated business taxable income		,					
	(less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	173,513.	188,817.	226,149.	276,131.	222,885.	1087495.	
11	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.)	5,505.	125.		39,562.	6,931.	52,123.	
13	Total support. (Add lines 9, 10c, 11, and 12.)	1823909.	4528355.	3949894.	4784717.	4789378.	19876253.	
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third, [.]	fourth, or fifth tax	year as a section 5	601(c)(3) organizat	ion,	
	check this box and stop here)	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	68.99 %	
<u>16</u>	Public support percentage from 2019 ction D. Computation of Invest					16	55.90 %	
	-			20.12 column (f)		17	5.47 %	
17	Investment income percentage for 20					18	5.47 %	
18	Investment income percentage from 2 33 1/3% support tests - 2020. If the						,,,	
198							N V	
Ŀ	more than 33 1/3%, check this box a 33 1/3% support tests - 2019. If the							
	line 18 is not more than 33 1/3%, che	•						
20	Private foundation. If the organizatio							
		T OU TOL CHECK &						
03202	32023 01-25-21 Schedule A (Form 990 or 990-EZ) 2020							

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^{2020.04020} THE REPORTERS COMMITTEE FOR 17304__1

Schedule A (Form 990 or 990-EZ) 2020 OF THE PRESS

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

Section A. All Supporting Organizations

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

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es) to all in fibutor ntity with 7 - 7 - 8 - 10 - 9b - 10a - 10a - 10a - 10b -Schedule A (Form 990 or 990-EZ) 2020

1

2

3a

3b

3c

4a

4b

4c

5a

Yes

No

Sche	dule A (Form 990 or 990-EZ) 2020 OF THE PRESS 52-0	97204	3 Pa	age 5
Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	115		
Ŭ	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
-	Did the governing body members of the governing body, officers ecting in their official conscity, or membership of one or		162	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
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 line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
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 yea(see instruction	ns).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns)	
2	Activities Test. Answer lines 2a and 2b below.	,	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		165	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	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		

- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- 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. Schedule A (Form 990 or 990-EZ) 2020

032025 01-25-21

3a

3b

THE REPORTERS COMMITTEE FOR FREEDOM

Schedule A (Form 990 or 990-EZ) 2020 OF THE PRESS Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. 1 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 2 2 Recoveries of prior-year distributions 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 0.015 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 0.035. 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 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4

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).

Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

5

5

THE REPORTERS COMMITTEE FOR FREEDOM

Sche	Schedule A (Form 990 or 990 EZ) 2020 OF THE PRESS 52-0972043 Page 7				
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	Section D - Distributions Current Year				
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	IS	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
	From 2018				
	From 2019				
	Total of lines 3a through 3e				
-	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
-	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
-	Remaining underdistributions for years prior to 2020, if				
•	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, <i>explain in</i> Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
Ŭ	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
-	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
-	Excess from 2020				
0					

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

THE REPORTERS COMMITTEE FOR FREEDOM Schedule A (Form 990 or 990-EZ) 2020 OF THE PRESS OF THE PRESS Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part VI 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
2016 AMOUNT: \$ 10.
2017 AMOUNT: \$ 118.
2020 AMOUNT: \$ 4,168.
RECOVERY OF ATTORNEY FEES
2016 AMOUNT: \$ 1,400.
REIMBURSEMENTS
2016 AMOUNT: \$ 4,095.
2017 AMOUNT: \$ 7.
2020 AMOUNT: \$ 2,763.
ADJUSTMENTS
2019 AMOUNT: \$ 39,562.

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Schedule A (Form 990 or 990-EZ) 2020

Sch	edu	le B
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(Form 990, 990-EZ, or 990-PF) Department of the Treasury

	Internal I	Revenue	Service	
ĺ	Name	of the	organizati	on

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Schedule of Contributors

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

THE REPORTERS COMMITTEE FOR FREEDOM



2020

Employer identification number

52-0972043

	OF	THE	PRESS
Organization type (che	eck on	e):	

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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.

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 addition	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$100,000.	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
2		\$15,000.	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
3		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ 10,000.	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
5		\$ <u>85,000.</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
No. 6	Name, address, and ZIP + 4	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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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 additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Х 8 Person Payroll 25,000. 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 10,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 Χ Person Payroll 100,000. 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 15,000. 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 Payroll 30,000. Noncash \$ (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13		\$ <u>15,000.</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
14		\$ <u>100,000.</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
<u> 15</u>		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ 250,000.	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$15,000.	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>18</u>		\$5,000.	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 addition	nal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 19</u>		\$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
20		\$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
		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$ 25,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$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
No.	Name, address, and ZIP + 4	\$75,000.	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 addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$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
26		\$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
27		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	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
29		\$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
30		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
31		\$15,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$5,000.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$ 5,000.	Type of contribution Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	S 25,000.	Type of contribution 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		\$250,000.	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		\$ <u>135,000.</u>	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 addition	nal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
37		\$15,000.	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
38		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ 200,000.	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ 26,285.	Type of contribution Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
<u>No.</u>	Name, address, and ZIP + 4	\$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
No.	Name, address, and ZIP + 4	\$ <u>15,000.</u>	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		\$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	
44		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b)	(c) Total contributions	(d)	
45	Name, address, and ZIP + 4	\$7,569.	Type of contribution Person X Payroll	
(a)	(b)	(c)	(d)	
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$300,000.	Type of contribution Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
47		\$15,000.	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		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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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) (d) Total contributions Type of contribution		
49		\$ 15,000. Person X Payroll Noncash Image: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
50		\$ 15,000. 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		
51		\$ 100,000. \$ Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
52		\$		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
53		\$ 10,000. Person X Payroll Noncash Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
54		\$ 15,000. 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	
55			Person X Payroll Noncash Complete Part II for oncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
56			Person X Payroll Noncash Complete Part II for oncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
57		\$ <u>15,000.</u>	Person X Payroll Noncash Complete Part II for oncash contributions.)	
(a)	(b)	(c)	(d)	
<u>No.</u>	Name, address, and ZIP + 4		Type of contribution Person X Payroll Image: Complete Part II for oncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
59		\$ <u>180,250.</u>	Person X Payroll Noncash Complete Part II for oncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
60		\$40,000.	Person X Payroll Noncash Complete Part II for oncash contributions.)	

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(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
61		\$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	
62		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
<u>Ко.</u>	Name, address, and ZIP + 4	Total contributions \$ 10,000.	Type of contribution Person X Payroll	
(a)	(b)	(c)	(d)	
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ 75,000.	Type of contribution Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
65		\$15,000.	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>66</u>	Name, auuress, anu ∠ir + 4	\$5,000.	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	
67		\$50,000.	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	
68		\$160,000.	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	
69		\$50,000.	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	
		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b)	(c)	(d) Type of contribution	
<u>71</u>	Name, address, and ZIP + 4	Total contributions \$200,000.	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>72</u>		\$ 100,000.	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	
		\$15,000.	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		\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ 30,000.	Type of contribution Person X Payroll	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions \$10,000.	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	
77		\$\$	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	
78		\$ <u>15,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

023452 11-25-20

16420823 793927 17304

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 additional space is needed.			
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
79		\$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	
80		\$6,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
81		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Payroll (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.)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

023452 11-25-20

16420823 793927 17304

THE R	rganization EPORTERS COMMITTEE FOR FREEDOM E PRESS			veridentification
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is neede	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date rece
		\$		

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

023453 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

16420823 793927 17304

2020.04020 THE REPORTERS COMMITTEE FOR 17304_1

Employer identification number

(d) Date received

Name of or THE RE	ganization EPORTERS COMMITTEE FOR E PRESS	FREEDOM	Employer identification number 52-0972043
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line e charitable, etc., contributions of \$1,000 c	n section 501(c)(7), (8), or (10) that total more than \$1,000 for the yearnty. For organizations or less for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of g	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of g	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of g	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of g nd ZIP + 4	gift Relationship of transferor to transferee

023454 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

16420823 793927 17304

SCHEDULE C Political Campaign and Lobbying Activities				OMB No. 1545-0047		
(Form 990 or 990-EZ)					2020	
Department of the Treasury	Complete	if the organization is described	below. 🕨 Attach to	Form 990 or Form 9	90-EZ.	Open to Public
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				Inspection		
If the organization ans	wered "Yes," or	n Form 990, Part IV, line 3, or For	m 990-EZ, Part V, lin	e 46 (Political Camp	aign Acti	vities), then
 Section 501(c)(3) org 	ganizations: Con	nplete Parts I-A and B. Do not com	plete Part I-C.			
 Section 501(c) (other 	r than section 50	01(c)(3)) organizations: Complete F	Parts I-A and C below.	. Do not complete Pa	t I-B.	
 Section 527 organization 	ations: Complete	e Part I-A only.				
-		n Form 990, Part IV, line 4, or For				
		have filed Form 5768 (election und		-	-	
		have NOT filed Form 5768 (electio				
If the organization ans Tax) (See separate inst		n Form 990, Part IV, line 5 (Proxy	Tax) (See separate i	nstructions) or Form	1 990-EZ,	Part V, line 35c (Proxy
		tions: Complete Part III.				
Name of organization		ORTERS COMMITTEE	FOR FREEDON	A I	Employer	r identification number
Hamo of organization	OF THE			1		2-0972043
Part I-A Comple		anization is exempt unde	r section 501(c)	or is a section 5		
		,				
1 Provide a description	on of the organiz	ation's direct and indirect politica	l campaign activities ir	n Part IV.		
		ures			▶\$	
		gn activities				
		janization is exempt unde				
		incurred by the organization unde				
2 Enter the amount of any excise tax incurred by organization managers under section 4955						
		n 4955 tax, did it file Form 4720 fo				
4a Was a correction made? Yes No						
b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).						
 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 						
	, i	ization's funds contributed to othe	•		Ψ	
			-		▶\$	
		. Add lines 1 and 2. Enter here an			· •	
	-				▶\$	
		1120-POL for this year?				Yes No
5 Enter the names, a	ddresses and er	nployer identification number (EIN) of all section 527 po	litical organizations to	which th	e filing organization
	U U	tion listed, enter the amount paid	00			•
	-	omptly and directly delivered to a			eparate se	egregated fund or a
political action com	mittee (PAC). If	additional space is needed, provid	1	IV.		
(a) Name	•	(b) Address	(c) EIN	(d) Amount paid f filing organization funds. If none, ente	n's coi er-0 c	(e) Amount of political ntributions received and promptly and directly lelivered 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) 2020

032041 12-02-20

THE REPORTERS (COMMITTEE	FOR	FREEDOM
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52-0972043 Pa

Schedule C (Form 990 or 990-EZ) 2020 (OF TH	E PRES	S		52-0	972043 Page 2
Part II-A Complete if the org	anizatio	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 organizat	tion belong	gs to an affil	iated group (and list ir	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and shar	e of exces	s lobbying e	expenditures).			
B Check ► if the filing organizat	tion check	ed box A ar	nd "limited control" pro	visions apply.		
		oying Exper eans amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ					0.	
b Total lobbying expenditures to influ					0.	
c Total lobbying expenditures (add li		d1b)			-	
d Other exempt purpose expenditure			· · · · · · · · · · · · · · · · · · ·		3,598,878.	
e Total exempt purpose expenditure					3,598,878.	
f Lobbying nontaxable amount. Ente	I				329,944.	
If the amount on line 1e, column (a) o	r (b) is:		bying nontaxable am			
Not over \$500,000			the amount on line 1e.			
Over \$500,000 but not over \$1,000			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,	000,000		0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
					02 406	
g Grassroots nontaxable amount (en		,			82,486. 0.	
h Subtract line 1g from line 1a. If zero	-				0.	
i Subtract line 1f from line 1c. If zero					0.	
j If there is an amount other than zer reporting section 4911 tax for this				ation file Form 4720		Yes No
		4-Year Ave	raging Period Under	Section 501(h)		
(Some organizations the				•	of the five columns b	elow.
			ate instructions for lin			
	Lobb	ying Exper	ditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	23	7,883.	276,924.	337,956.	329,944.	1,182,707.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 						1,774,061.
c Total lobbying expenditures		2,695.	2,856.	1,805.		7,356.
d Grassroots nontaxable amount	5	9,471.	69,231.	84,489.	82,486.	295,677.
e Grassroots ceiling amount						
(150% of line 2d, column (e))						443,516.
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2020

032042 12-02-20

THE REPORTERS COMMITTEE FOR FREEDOM

Schedule C (Form 990 or 990-EZ) 2020 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)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(t	o)
of th	e lobbying 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?				
d	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?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
	Total. Add lines 1c through 1i				
	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				
	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?				
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5	i), 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				
Pa	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	"No" OR (b) Part	III-A, lin	ie 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a		
b	Carryover from last year		2b		
с	Total		. 2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		. 3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		. 4		
5	Taxable amount of lobbying and political expenditures (See instructions)		. 5		
Pa	t IV Supplemental Information				
Drov	ide the departmentions required for Dort I.A. line 1. Dort I.D. line 4. Dort I.C. line 5. Dort II.A. (affiliated around		lines 1		

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) 2020

032043 12-02-20

~~		Our and a manual state				OMB No. 1545-0047
			al Financial St			2020
(Forn	n 990)	Part IV, line 6, 7, 8, 9, 10	anization answered "Ye , 11a, 11b, 11c, 11d, 11e	e, 11f, 12a, or 12b.		
	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form9	Attach to Form 990. 90 for instructions and t	the latest information		Open to Public Inspection
		IE REPORTERS COMM			Empl	oyer identification number
		THE PRESS			_	52-0972043
Par		Maintaining Donor Advise		Similar Funds or A	ccoui	nts.Complete if the
	organization answere	ed "Yes" on Form 990, Part IV, lin	ie 6. (a) Donor advise	d funds	b) Eurod	Is and other accounts
	Total number at and of year				b) Fullo	
1 2		r utions to (during year)				
2		rom (during year)				
4		rear				
5		all donors and donor advisors in		eld in donor advised fun	ds	
	-	erty, subject to the organization's	-			Yes No
6		all grantees, donors, and donor a				
	for charitable purposes and	I not for the benefit of the donor c	or donor advisor, or for ar	ny other purpose confer	ring	
	impermissible private benef					Yes No
Par		asements. Complete if the org		, ,	line 7.	
1		easements held by the organizati	· · · · · · · · · · · · · · · · · · ·	1		
		or public use (for example, recrea	ation or education)	Preservation of a histo		•
	Protection of natural I			Preservation of a certi	fied hist	toric structure
0	Preservation of open	•	final annany sting anatyik	ution in the former of a se		
2		2d if the organization held a qualit	fied conservation contrib	ution in the form of a co		Held at the End of the Tax Year
2	day of the tax year.	on easements			2a	
b	Total acreage restricted by				2b	
c	• •	sements on a certified historic str			2c	
		sements included in (c) acquired				
		er			2d	
3		sements modified, transferred, re			ization	during the tax
	year 🕨					
4	Number of states where pro	operty subject to conservation ea	sement is located 🕨			
5	•	a written policy regarding the per	e .			
		t of the conservation easements in				
6	Staff and volunteer hours de	evoted to monitoring, inspecting,	handling of violations, ar	nd enforcing conservation	on ease	ements during the year
7		ed in monitoring, inspecting, hand	lling of violations, and an	foreing concernation of		to during the year
7	► \$	a in monitoring, inspecting, hand	aling of violations, and en	norcing conservation ea	Isemen	is during the year
8		 sement reported on line 2(d) abov	e satisfy the requiremen	its of section 170(h)(4)(F	8)(i)	
0			•			Yes No
9		ne organization reports conservati				
	balance sheet, and include,	, if applicable, the text of the footr	note to the organization's	s financial statements th	at desc	cribes the
	organization's accounting for		-			
Par		Maintaining Collections o		easures, or Other	Simila	nr Assets.
	Complete if the orga	nization answered "Yes" on Form	1 990, Part IV, line 8.			
1a		as permitted under FASB ASC 95				
		or other similar assets held for put			nce of p	oublic
		the text of the footnote to its final				and the set
Ø		as permitted under FASB ASC 95				
	provide the following amour	other similar assets held for public nts relating to these items:		i researen in iurtherane	e or put	
		orm 990, Part VIII, line 1			¢	
		n 990, Part X				
2		or held works of art, historical tre				
-	-	ired to be reported under FASB A		- ·	13. 31100	
а	•	990, Part VIII, line 1	-		▶ \$	i
		0, Part X				
		Act Notice, see the Instruction				Schedule D (Form 990) 2020

032051 12-01-20

		ORTERS COM	MITTEE FOR	FREEDOM		
	dule D (Form 990) 2020 OF THE					972043 Page 2
Par	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Similar Ass	ets(continued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that make	significant use of i	ts
	collection items (check all that apply):					
а	Public exhibition	d	Loan or excl	hange program		
b	Scholarly research	е	Other			
с	Preservation for future generations					
4	Provide a description of the organization's co	ollections and explair	n how they further tl	ne organization's ex	empt purpose in P	art XIII.
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other simila	ar assets	
	to be sold to raise funds rather than to be ma					Yes No
Par	t IV Escrow and Custodial Arran		te if the organizatio	n answered "Yes" o	n Form 990, Part I'	V, line 9, or
	reported an amount on Form 990, Par	rt X, line 21.				
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other assets no	t included	
	on Form 990, Part X?				L	Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:			
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2 a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	ustodial account liab	ility?	Yes No
	If "Yes," explain the arrangement in Part XIII.					
Par	rt V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	orm 990, Part IV, line		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bac	
1a	Beginning of year balance	6,948,864.	6,076,534.	4,368,589.	4,432,14	7. 4,475,676.
b	Contributions			2,076,354.		
с	Net investment earnings, gains, and losses	682,807.	1,167,724.	-162,187.	146,270	150,163.
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs	304,551.	292,996.		179,058	
f	Administrative expenses	3,632.	2,398.	1,196.	30,770	
g	End of year balance	7,323,488.	6,948,864.	6,076,534.	4,368,589	4,432,147.
2	Provide the estimated percentage of the curr		e (line 1g, column (a	a)) held as:		
а	Board designated or quasi-endowment	14.9700	_%			
b	Permanent endowment	%				
С	Term endowment 85.0300	%				
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.				
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organization	
	by:					Yes No
	(i) Unrelated organizations					
	(ii) Related organizations					3a(ii) X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?			3b
4	Describe in Part XIII the intended uses of the		wment funds.			
Par	rt VI Land, Buildings, and Equipm					
	Complete if the organization answered	d "Yes" on Form 990				
	Description of property	(a) Cost or of	. ,	. ,	Accumulated	(d) Book value
		basis (investr	nent) basis	(other) de	epreciation	
	Land					
	Buildings			- 1 6 0	100 505	100 100
С	Leasehold improvements			0,162.	103,727.	426,435.
d	Equipment			4,114.	60,885.	33,229.
	Other			6,701.	34,293.	72,408.
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)	►	532,072.
					Schedu	le D (Form 990) 2020

032052 12-01-20

THE	REF	ORTERS	COMMITTEE	FOR	FREEDOM
	пир	הטבממ			

Schedule D (Form 990) 2020 OF THE PRE	SS	5	2-0972043 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes	" on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)		(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
<u>(B)</u>			
(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 "Yes	" on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-vear market value
(1)			,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX Other Assets.			
Complete if the organization answered "Yes	" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
8) Description		(b) Book value
(1)			
(2)			
(3)			-
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) I	ine 15.)		•
Part X Other Liabilities.			
Complete if the organization answered "Yes	" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED RENT			644,706.
(3)			
<u>(4)</u>			+
(5)			-
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) I	ine 25.)		644,706.
2. Liability for uncertain tax positions. In Part XIII, provid			

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

Schedule D (Form 990) 2020

032053 12-01-20

THE REP	PORTERS	COMMITTEE	FOR	FREEDOM	
OF THE	PRESS				

Sche	edule D (Form 990) 2020 OF THE PRESS			0972043 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements	With Revenue per F	Returi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	5,352,143.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	a 607,284	•	
b	Donated services and use of facilities	b		
с		c		
d		d		
е	Add lines 2a through 2d		2e	607,284.
3	Subtract line 2e from line 1		3	4,744,859.
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	a 46,839.	•	
b	Other (Describe in Part XIII.)	b		
с	Add lines 4a and 4b		4c	46,839.
5				4,791,698.
Pa	art XII Reconciliation of Expenses per Audited Financial Statements	s With Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	4,370,898.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	a		
b	Prior year adjustments 2	b		
с	Conter losses 2	c		
d		d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	4,370,898.
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	a 46,839.	•	
b	Other (Describe in Part XIII.)	b		
с	Add lines 4a and 4b		4c	46,839.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,417,737.
Pa	art 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 A LEGAL

FELLOWSHIP.

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 032054 12-01-20 Schedule D (Form 990) 2020

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	THE REPORTERS COMMITTEE FOR FREEDOM	
Schedule D (Form 990) 2020 Part XIII Supplemental	OF THE PRESS	52-0972043 Page 5
MATERIAL TO THE	FINANCIAL STATEMENTS.	
		Schedule D (Form 990) 202

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SC	HEDULE J Compensation Information	OMB No	. 1545-00)47
(Fo	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest	20)2(
	Compensated Employees			
Dena	tment of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	Open		
	al Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.	Insp	ection	
Nam	•	ployer identificat		mber
		52-097204	13	
Pa	rt 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,	's		
	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 us	se		
	Travel for companions Payments for business use of personal residen	nce		
	Tax indemnification and gross-up payments			
	Discretionary spending account	ief)		
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	<u>1b</u>		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
~				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	5		
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations	aittoo		
		littee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?			X
с	Participate in or receive payment from an equity-based compensation arrangement?			Х
	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?			X
	Any related organization?			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:			
	The organization?			X
b	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			37
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	-		
	Regulations section 53.4958-6(c)?			
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (For	m 990) 2020

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THE RE Schedule J (Form 990) 2020 OF THE	I REPORTERS COM THE PRESS	COMMITTEE FOR	FREEDOM	52-0972043	043		Page 2
s, Trustees, Ke	ployees, and Highest (Compensated Empl	oyees. Use duplica	te copies if additional s	pace is needed.		
	reported on Schedule m 990, Part VII.	J, report compensat	ion from the organi	ation on row (i) and fro	m related organization	ns, described in the ins	tructions, on row (ii).
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.	individual must equal t	he total amount of F	orm 990, Part VII, S	ection A, line 1a, applic	able column (D) and ((E) amounts for that inc	ividual.
	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deterred compensation	Denents	(C)-(I)(B)	in column (b) reported as deferred on prior Form 990
(1) BRUCE BROWN	(i) 211,566.	15,000.	.0	11,189.	5,825.	243,580.	0.
EXECUTIVE DIRECTOR		•0	.0	•0	0	0	.0
(2) KATIELYNN TOWNSEND (2)	(i) 175,898.	10,000.	.0	8,77	5,864.	200,53	0.
CGATION DIRECTOR		•0	.0		.0	,	•0
GABRIEL ROTTMAN	137,61	10,000.	•0	7,403.	5,864.	160,88	•
DIR. OF PRESS FREEDOM & TECH. PROJEC (ii)	(ii) 0 •	.0	.0	.0	0.	0.	.0
	(i)						
	(ii)						
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						Schedu	Schedule J (Form 990) 2020

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rmation	
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.	plete this part for any additional information.
	Schedule J (Form 990) 2020

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THE REPORTERS COMMITTEE FOR FREEDOM

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. THE REPORTERS COMMITTEE FOR FREEDOM Fmm



52-0972043

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

ACCESS TO PUBLIC RECORDS, MEETINGS AND COURTROOMS; AND TO PRESERVE THE

PRINCIPLES OF FREE SPEECH AND UNFETTERED PRESS, AS GUARANTEED BY THE

FIRST AMENDMENT OF THE U.S. CONSTITUTION.

OF THE PRESS

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

CONSTITUTION.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE PRE-PUBLICATION LEGAL SERVICES PROGRAM WAS NOT PREVIOUSLY LISTED ON

THE FORM 990. IN ADDITION, STARTING IN 2020 THE COMMITTEE EXPANDED ITS

PROGRAM WITH LOCAL LEGAL INITIATIVE. SEE DESCRIPTONS PROVIDED ON FORM

990, PART III, LINE 4A AND BELOW.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE ORGANIZATION NO LONGER CONDUCTS THE NEWS MEDIA FOR OPEN GOVERNMENT

(FORMERLY, SUNSHINE IN GOVERNMENT INITIATIVE) - THE COMMITTEE

PARTICIPATED IN A COALITION OF NON-PROFIT MEDIA ORGANIZATIONS

ADVOCATING FOR STRONGER PUBLIC RECORDS LAWS.

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

FILMMAKERS.

PUBLICATIONS - THE COMMITTEE PUBLISHES AND MAINTAINS A BLOG, VARIOUS

ONLINE LEGAL GUIDES AND OTHER MATERIALS, INCLUDING THE FREEDOM OF

INFORMATION ACT (FOIA) WIKI, FOR GATHERING AND DISSEMINATING THE NEWS.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

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Name of the organization	THE REPORTERS OF THE PRESS	COMMITTEE	FOR	FREEDOM	Employer identification number 52-0972043

THE COMMITTEE'S INTERNET WEBSITE PROVIDES CONTENT ON MEDIA LAW AND

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.

LITIGATION - THE COMMITTEE'S LITIGATION PRACTICE, WHICH INCLUDES ITS STAFF ATTORNEYS, 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 WHO, FROM TIME TO TIME, SERVE AS LOCAL COUNSEL ON AMICUS BRIEFS OR PARTNER WITH THE COMMITTEE IN OTHER WAYS.

STARTING IN 2020, THE COMMITTEE EXPANDED ITS PROGRAM WITH LOCAL LEGAL INITIATIVE ATTORNEYS BASED IN FIVE STATES - COLORADO, OKLAHOMA, OREGON, PENNSYLVANIA AND TENNESSEE - TO HELP LOCAL JOURNALISTS AND NEWS ORGANIZATIONS DEFEND THEIR RIGHTS TO GATHER AND REPORT THE NEWS, GAIN ACCESS TO PUBLIC RECORDS AND COURT PROCEEDINGS, AND HOLD STATE AND LOCAL GOVERNMENT AGENCIES AND OFFICIALS ACCOUNTABLE. THE STATES WERE SELECTED FROM MORE THAN 45 SUBMISSIONS THE COMMITTEE RECEIVED FROM OVER 30 STATES, REGIONS AND TERRITORIES NATIONWIDE AS PART OF A PROPOSAL PROCESS CONDUCTED IN 2019.

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

THE EXECUTIVE COMMITTEE OF THE STEERING COMMITTEE CONSISTED OF EIGHT

DIRECTORS IN 2020. SUBJECT TO ANY LIMITATIONS ESTABLISHED BY RESOLUTIONS OF 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020

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Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization THE REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS	Employer identification number 52-0972043
	52 0972049
THE STEERING COMMITTEE, THE EXECUTIVE COMMITTEE SHALL HAV	YE AND MAY EXERCISE
ALL OF THE POWERS AND AUTHORITY OF THE STEERING COMMITTEE	DURING THE
INTERVALS BETWEEN MEETINGS OF THE STEERING COMMITTEE EXCE	PT TO AMEND OR
REPEAL THE GOVERNING PRINCIPLES, FILL VACANCIES ON THE ST	EERING COMMITTEE
OR ANY OF ITS COMMITTEES (INCLUDING THE EXECUTIVE COMMITT	EE) OR DISSOLVE OR
TERMINATE THE ORGANIZATION.	

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

A COPY OF THE FORM 990 IS REVIEWED BY BOTH THE AUDIT COMMITTEE AND THE

EXECUTIVE DIRECTOR. A COPY IS PROVIDED TO ALL MEMBERS OF THE STEERING

COMMITTEE PRIOR TO FILING WITH THE IRS.

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 15:

THE EXECUTIVE COMMITTEE, FOLLOWED BY THE ENTIRE STEERING COMMITTEE,

APPROVES ALL SALARY INCREASES. A COMPENSATION SURVEY WAS CONDUCTED IN

DECEMBER 2018 OF EXECUTIVE DIRECTOR SALARIES OF SIMILAR ORGANIZATIONS. THE

LAST SALARY REVIEW FOR THE EXECUTIVE DIRECTOR IN 2019.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MS, NV, NH, NJ, NM, NY, NC, ND, OH

OK, OR, PA, RI, SC, TN, UT, VA, WA, WV

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

 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

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 Schedule O (Form 990 or 990-EZ) 2020

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AVAILABLE TO THE PUBLIC UPON REQUEST.

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) 2020

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