EXTENDED TO NOVEMBER 17,2025 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

АГ	OI LITE	2024 calendar year, or tax year beginning and e	enaing	_	
B c	heck if	I THE REPORTERS COMMITTEE FOR FREEDOM		D Employer identifi	cation number
	Addres	OF THE PRESS			4.0
Ļ	Name change			52-09720	
	Initial return Final return/		Room/suite L 0 2 0	E Telephone numbe 202-795-	9300
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	10,900,575.
	Ameno	WASHINGTON, DC 20005		H(a) Is this a group re	
	Applic tion pendir	F Name and address of principal officer: BROCE BROWN		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	1 ′	list. See instructions
	Vebsit		<u> </u>	H(c) Group exemptio	
		organization: Corporation Trust X Association Other	L Year	of formation: 19/0 N	1 State of legal domicile: DC
Pa		Summary		MILE DICIM	MO CAMILED
ce	1	Briefly describe the organization's mission or most significant activities: TO PF AND DISTRIBUTE NEWS; TO KEEP GOVERNMENT A	CCOIN	MYDIE DA EM	CUDING
nan					
veri		Check this box if the organization discontinued its operations or dispos		1	31
Go		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			31
S		Fotal number of individuals employed in calendar year 2024 (Part V, line 2a)			50
itie		Fotal number of volunteers (estimate if necessary)			35
Activities & Governance		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		, ,		Prior Year	Current Year
Ф	8	Contributions and grants (Part VIII, line 1h)		4,066,380.	7,635,162.
nué		Program service revenue (Part VIII, line 2g)		269,309.	158,080.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		-359,341.	830,147.
ш		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-292,706.	-271,266.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		3,683,642.	8,352,123.
	13	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)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .		4,927,506.	5,707,810.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 712,44		0.	0.
≅xp				1 201 112	1 100 127
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,391,113. 6,318,619.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-2,634,977.	6,899,947.
ır SS	19	Revenue less expenses. Subtract line 18 from line 12	Re	ginning of Current Year	End of Year
ets o ance	20	Total accepta (Part V. lina 16)	100	20,400,053.	22,087,216.
Net Assets or und Balances	20 21	Fotal assets (Part X, line 16) Fotal liabilities (Part X, line 26)		2,907,119.	2,457,743.
Net Fund	22	Net assets or fund balances. Subtract line 21 from line 20		17,492,934.	19,629,473.
	rt II	Signature Block		, - ,	
Unde	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
Sigr	า	Signature of officer		Date	
Her	е	BRUCE BROWN, EXECUTIVE DIRECTOR			
		Type or print name and title			- I - BTIN
_		Preparer's name Preparer's sign \mathcal{L}		Date Check Check	PTIN
Paid			wher	self-employ	
	arer	Firm's name JM&M			2-1853933
use	Only	Firm's address 10500 LITTLE PATUXENT PARKWAY, SU) T.T.R. \	70	0 004 0000
		COLUMBIA, MD 21044		Phone no. 4 1	0-884-0220
May	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

Pai	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	Х
1	Briefly describe the organization's mission: TO PROTECT THE RIGHT TO GATHER AND DISTRIBUTE NEWS; TO KEEP GOVERNM	ENT
	ACCOUNTABLE BY ENSURING ACCESS TO PUBLIC RECORDS, MEETINGS AND	
	COURTROOMS; AND TO PRESERVE THE PRINCIPLES OF FREE SPEECH AND	
	UNFETTERED PRESS, AS GUARANTEED BY THE FIRST AMENDMENT OF THE U.S.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a	
	revenue, if any, for each program service reported.	
4a	LEGAL DEFENSE AND RESEARCH	
	THE COMMITTEE PROVIDES AROUND-THE-CLOCK, PRO BONO SERVICES TO ALL N	
	MEDIA. IT OFFERS FREE LEGAL ASSISTANCE AND RESEARCH TO JOURNALISTS	AND
	ATTORNEYS, FILES AMICUS BRIEFS, PUBLISHES NUMEROUS GUIDES AND	
	MATERIALS, AND SPEAKS OUT AGAINST THREATS TO THE FREEDOM OF THE PRE	SS.
	THE COMMITTEE UNDERTAKES LEGAL DEFENSE AND RESEARCH PROJECTS IN ALL	
	AREAS OF MEDIA LAW, AND ASSISTS JOURNALISTS AND NEWS ORGANIZATIONS	HTIW
	FREEDOM OF INFORMATION AND ACCESS-TO-COURT CASES. THE LEGAL DEFENSE	AND
	RESEARCH PROGRAM INCLUDES THE FOLLOWING:	
	PRE-PUBLICATION LEGAL SERVICES - THE COMMITTEE PROVIDES THESE SERVI	CES
	TO FREELANCE AND INDEPENDENT JOURNALISTS INCLUDING DOCUMENTARY	
4b	(Code:) (Expenses \$	
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 5,346,800.	
		90 (2024)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	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, 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,	١	Х	
	Part VI	11a	Λ	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		21
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
·	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
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		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		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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u>.</u> _
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	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,		37	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	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,"	4.0		Х
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
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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Part IV | Checklist of Required Schedules (continued)

	Circumstant Contained Contained			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	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			37
	Schedule K. If "No," go to line 25a	24a	-	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? 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	2.0		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a 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			
	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,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		21
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	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		
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	32		
00	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
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		 ^
50	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pai	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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
b		1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	

THE REPORTERS COMMITTEE FOR FREEDOM

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 50			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	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			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
b				
192	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	.za		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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

	Check if Schedule O contains a response or note to any line in this Part VI					X	
Sec	tion A. Governing Body and Management						
					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	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		X	
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?		4	X		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х	
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 a	ppoint one or					
	more members of the governing body?			7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or					
	persons other than the governing body?		L	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:					
а	The governing body?			8a	X		
b	Each committee with authority to act on behalf of the governing body?			8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	evenue Code.)					
			г		Yes	No	
	Did the organization have local chapters, branches, or affiliates?		·····	10a		Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such or						
	and branches to ensure their operations are consistent with the organization's exempt purposes?		⊢	10b	v		
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the for	m?	11a	X		
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		····· -	12b	Λ		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			40-	Х		
40	on Schedule O how this was done		·····	12c	X		
13	Did the organization have a written whistleblower policy?			13	X		
14	Did the organization have a written document retention and destruction policy?			14			
15	Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
_	The organization's CEO, Executive Director, or top management official			15a		Х	
	Other officers or key employees of the organization			15b		X	
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		·····	100			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a					
154	taxable entity during the year?			16a		Х	
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		·····	. Ju			
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the organizati						
	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, AZ, AR, CA, I	E, ID, FL, GA	,HI,	, IL	,KS	, KY	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a						
	for public inspection. Indicate how you made these available. Check all that apply.	•		• •			
		on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of interest poli	cy, and	l finar	ncial		
	statements available to the public during the tax year.	·	-				
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records					
	DANIEL YU - 202-795-9300						
	1156 15TH STREET NW, WASHINGTON, DC 20005						
432006	SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990	(2024	

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

hours per week (list any hours for related organizations organizations) hours for related organizations organizat	timated nount of other pensation om the anization drelated anizations
hours per week (list any list any list and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) (do not check more than one box, unless person is both an officer and a director/trustee) from from related organizations com	nount of other pensation om the anization d related
hours per week (list any list	other pensation om the anization d related
week from related the organizations com	pensation om the anization d related
(list any hours for hours for related organizations helow helow hours for hours for hours for related organizations helow hours for hour	om the anization d related
related organizations helow helow	anization d related
organizations la	d related
helow B G G G G G G G G G G G G G G G G G G	
liue) Ining Ining	
(1) BRUCE BROWN 40.00	
	3,581.
(2) KATIELYNN TOWNSEND 40.00	
	<u>4,880.</u>
(3) DANIEL YU 40.00	2 226
	3,936.
(4) GABRIEL ROTTMAN, POLICY & 40.00 X 178,577. 0. 2	1 107
PRESS FREEDOM PROJECT DIRECTOR X 178,577. 0. 2 (5) MICHAEL ZWIRN 40.00	1,187.
	1,426.
(6) LISA ZYCHERMAN, DEPUTY 40.00	
'	2,186.
(7) JENNIFER TOPPER 40.00	
COMMUNICATIONS DIRECTOR X 169,828. 0. 1	1,841.
(8) JENNIFER ANNE NELSON 40.00	
	1,517.
(9) STEPHEN ADLER 5.00	_
CHAIRMAN X X 0. 0.	0.
(10) MARGARET LOW 1.00	
VICE CHAIR X X X 0. 0.	0.
(11) MASSIMO CALABRESI 2.00	•
SECRETARY/TREASURER X X X 0.	0.
(12) NIK DEOGUN 0.50	0
STEERING COMMITTEE X 0. 0. (13) WOLF BLITZER 0.50	0.
	0.
	<u> </u>
	0.
EXECUTIVE COMMITTEE X 0. 0. (15) THEODORE BOUTROUS 0.50	<u> </u>
STEERING COMMITTEE X 0.	0.
(16) LYNETTE CLEMETSON 1.00	
FINANCE & INVESTMENT COMMITTEE X 0.	0.
(17) MANUEL GARCIA 1.00	
STEERING COMMITTEE X 0. 0.	0.

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st (Compensated Employe	es (continued)			
(A) (B) (C) (D) (E)												(F)
Name and title	Average	١,,		Pos	ition			Reportable	Reportable		Es	timated
	hours per					than			compensation	n		nount of
	week	_	cer ar	nd a d	irecto	or/trus	tee)	from	from related			other
	(list any	director						the	organizations	3	com	pensation
	hours for	or dire				ted		organization	(W-2/1099-MIS	C/	fr	om the
	related	stee (rustee			seu sa		(W-2/1099-MISC/	1099-NEC)			anization
	organizations below	al tru	onal t		loyee	comi		1099-NEC)				d related
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizations
(18) EMILIO GARCIA-RUIZ	0.50	드	드	0	포	工品	Œ					
STEERING COMMITTEE		Х						0.		0.		0.
(19) JOSH GERSTEIN	0.50						Г					
STEERING COMMITTEE		Х						0.		0.		0.
(20) ALEXANDER GIBNEY	0.50											
STEERING COMMITTEE		Х						0.		0.		0.
(21) GAIL GOVE	0.50											
STEERING COMMITTEE		Х						0.		0.		0.
(22) JAMES GRIMALDI	0.75						Г					
AUDIT COMMITTEE		Х						0.		0.		0.
(23) LAURA HANDMAN	1.00						Г					
EXECUTIVE COMMITTEE		Х						0.		0.		0.
(24) DIEGO IBARGUEN	1.00						Г					
EXECUTIVE COMMITTEE		Х						0.		0.		0.
(25) KAREN KAISER	0.50						Г					
STEERING COMMITTEE		Х						0.		0.		0.
(26) DAVID LAUTER	0.75											
AUDIT COMMITTEE		Х						0.		0.		0.
1b Subtotal								1,558,271.		0.	15	0,554.
c Total from continuation sheets to Part VI	I, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								1,558,271.		0.	15	0,554.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wl	no i	received more than \$100	0,000 of reportable	е		
compensation from the organization												21
												Yes No
3 Did the organization list any former officer,												
line 1a? If "Yes," complete Schedule J for s											3	X
4 For any individual listed on line 1a, is the su	-		-					•	-			7,7
and related organizations greater than \$150											4	Х
5 Did any person listed on line 1a receive or a	-				-			-			_	v
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son .					5	X
Section B. Independent Contractors 1 Complete this table for your five highest co	mnoncotod in	done	ando	nt o	onti	roote	250	that received more than	\$100,000 of oom	nono	otion f	rom
the organization. Report compensation for										pens	alion	10111
(A)	trie caleridar y	cai	criui	ng v	VILII	OI W	11111	(B)	year.		(0	2)
Name and business	address							Description of s	services	С		nsation
INEZ WEINSTIEN, 215 PARK	AVENUE	SC	ישכ	гн ,	,			FUNDRAISING				
SUITE 2014, NEW YORK, NY								CONSULTING			11	5,000.
												,
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	the	ا می	ste	I d ahove) who received n	nore than			

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SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2024)

\$100,000 of compensation from the organization

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(B)	mplo	oyee			ligh	est	Compensated Employ (D)	ees (continued) (E)	(F)	
(B)										
	(A) (B) (C)									
Name and title Average Position							Reportable	Reportable	Estimated	
hours	(c	heck				ly)	compensation	compensation	amount of	
per							from	from related	other	
	 -				loyee				compensation	
	lirecto				d em b			(W-2/1099-MISC)	from the organization	
	e 0 r c	stee			satec		(88-2/1099-181130)		and related	
	truste	al fru		yee	ышы				organizations	
below	idual	tution	ь	oldme	estoc	Jer.				
line)	Indi	Insti	Offic	Key	High	ъ				
0.50										
	X						0.	0.	0.	
0.50							_	_	_	
	X						0.	0.	0.	
0.50							_	_	_	
	Х						0.	0.	0.	
1.50							_	_	_	
	Х						0.	0.	0.	
1.00	1							_		
	X						0.	0.	0.	
0.50										
1	X						0.	0.	0.	
1.25										
	Х						0.	0.	0.	
1.00	١							•	•	
	X						0.	0.	0.	
0.50								0	0	
0.50	X						0.	0.	0.	
0.50	₹,						0	0	0	
0 50	Δ			_			0.	0.	0.	
0.50							0	0	0.	
0 50	^						0.	0.	0.	
0.50							_	0	0.	
0.50	Δ		\vdash	_			0.	0.	0.	
0.50	~						٥	0	0.	
0.50	^						0.	0.	0.	
0.30	v						0	0	0.	
0.50			\vdash				0.	0.	•	
0.50	x						0.	0 -	0.	
0.50	25		\vdash				0.	0.	0.	
0.50	x						0.	0.	0.	
0.50										
	x						0.	0.	0.	
			\vdash				•		•	
	1									
	1									
				İ		İ				
	1	L		L						
	below	(list any hours for related organizations below line) 0.50 X 0.50 X 1.50 X 1.00 X 1.00 X 0.50 X	((list any hours for related organizations below line) 0.50 X 0.50 X 1.50 X 1.00 X 1.00 X 1.00 X 0.50 ((list any hours for related organizations below line) 0.50 0.50 X 0.50 X 1.00 X 1.00 X 1.00 X 1.00 X 0.50 ((list any hours for related organizations below line) 0.50 X 0.50 X 1.50 X 1.00 X X 1.00 X X X X X X X X X X X X	((list any hours for related organizations below line) 0.50 X 0.50 X 1.00 X 1.00 X 1.00 X 1.00 X 0.50 ((list any hours for related organizations below line) 0.50 X 0.50 X 1.000 X 1.	Clist any hours for related organizations below line)	Clist any hours for related organizations below line)				

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè éxcluded Unrelated Total revenue Related or exempt from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1,623,817. 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 6,011,345. 1f g Noncash contributions included in lines 1a-1f 1g |\$ h Total. Add lines 1a-1f 7,635,162 **Business Code** 2 a PROGRAM SERVICES Program Service Revenue 900099 158,080. 158,080. b f All other program service revenue g Total. Add lines 2a-2f 158,080, Investment income (including dividends, interest, and 539,809 539,809 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b **c** Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 2,415,294 assets other than inventory **b** Less: cost or other basis Other Revenue 2,124,956. 7b and sales expenses c Gain or (loss) 290,338. 290,338. 290,338. d Net gain or (loss) 8 a Gross income from fundraising events (not 1,623,817. of including \$ contributions reported on line 1c). See Part IV, line 18 151,525. **b** Less: direct expenses 423,496, -271,971, c Net income or (loss) from fundraising events -271,971 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a MISCELLANEOUS 900099 705 705. b d All other revenue 705 e Total. Add lines 11a-11d . 8,352,123 158,080 558,881.

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Total revenue. See instructions

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

3601	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	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	784,108.	630,890.	69,194.	84,024
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	4,026,218.	3,251,807.	343,628.	430,783
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	179,963.	139,379.	21,011.	19,573
9	Other employee benefits	322,758.	249,973.	37,681.	35,104
10	Payroll taxes	394,763.	317,447.	34,486.	42,830
11	Fees for services (nonemployees):	-	-		· · · · · · · · · · · · · · · · · · ·
а	Management				
b	Legal	90,655.	90,655.		
c	Accounting	23,873.	, , , , , , , , , , , , , , , , , , , ,	23,873.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	59,821.		59,821.	
g	Other. (If line 11g amount exceeds 10% of line 25,	33,0220		33,0220	
9	column (A), amount, list line 11g expenses on Sch 0.)	178,219.	40,861.	128,205.	9,153
10	Advertising and promotion	19,511.	17,337.	74.	2,100
12		81,031.	46,814.	17,920.	16,297
13	Office expenses	74,394.	47,394.	27,000.	10,257
14	Information technology	74,354.	47,354.	27,000	
15	Royalties	326,541.	261,479.	29,160.	35,902
16	Occupancy	108,783.	86,581.	8,761.	13,441
17	Travel	100,703.	00,301.	0,701.	13,441
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	66 706	E2 040	E 700	7 110
22	Depreciation, depletion, and amortization	66,786.	53,940.	5,700.	7,146 718
23	Insurance	16,867.	15,563.	586.	/18
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	COMPUTER RESEARCH	97,729.	86,184.	6,358.	5,187
b	DUES AND SUBSCRIPTIONS	40,711.	10,496.	27,186.	3,029
С	TAXES AND LICENSES	7,216.		54.	7,162
d		-			·
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,899,947.	5,346,800.	840,698.	712,449
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)				
	0. 12-10-24				Form 990 (2024

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Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			315,271.	1	370,469.
	2	Savings and temporary cash investments			4,750,311.	2	6,885,644.
	3	Pledges and grants receivable, net		1,365,396.	3	1,568,263.	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
		controlled entity or family member of any of th	ese per	sons		5	
	6	Loans and other receivables from other disqua	alified pe	ersons (as defined			
		under section 4958(f)(1)), and persons describ	ed in se	ction 4958(c)(3)(B)		6	
şts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			91,649.	9	66,818
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					0 - 4 4 6
	b	Less: accumulated depreciation			321,249.	_	254,463
	11	Investments - publicly traded securities			11,576,414.	11	11,233,418
	12	Investments - other securities. See Part IV, line	F		12		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets	1 000 000	14	1 500 111		
	15	Other assets. See Part IV, line 11	1,979,763.	15	1,708,141		
	16	Total assets. Add lines 1 through 15 (must ed	20,400,053.	16	22,087,216		
	17	Accounts payable and accrued expenses	425,842.	17	300,522		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or fo					
biiit		trustee, key employee, creator or founder, sub					
Lia		controlled entity or family member of any of th		F		22	
	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate		F		24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on line					
		parties, and other liabilities not included on lin of Schedule D		· · · · · · · · · · · · · · · · · · ·	2,481,277.	25	2,157,221.
	26	Total liabilities. Add lines 17 through 25			2,907,119.		2,457,743.
	20	Organizations that follow FASB ASC 958, cl			2/30//2230	20	2713777131
es		and complete lines 27, 28, 32, and 33.	icok iic				
anc	27	Net assets without donor restrictions			8,302,747.	27	10,115,671.
Bal	28	Net assets with donor restrictions			9,190,187.		9,513,802.
pu		Organizations that do not follow FASB ASC			· · ·		
Ē		and complete lines 29 through 33.	,				
o or	29	Capital stock or trust principal, or current fund	s			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			17,492,934.	32	19,629,473.
_	33	Total liabilities and net assets/fund balances		1	20,400,053.	33	22,087,216.

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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	8,35		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,89	9,9	47.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,45		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		L7,49		
5	Net unrealized gains (losses) on investments	5	68	4,3	63.
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	L9,62	9,4	73.
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 on Schedule	e O.			
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	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			Form	990	(2024)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

THE REPORTERS COMMITTEE FOR FREEDOM

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

OF THE PRESS 52-0972043 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and	,	()	()	()	()	()
	membership fees received. (Do not						
	include any "unusual grants.")	4509489.	5236129.	6995662.	4066380.	7635162.	28442822.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4509489.	5236129.	6995662.	4066380.	7635162.	28442822.
	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)						5234060.
6	Public support. Subtract line 5 from line 4.						23208762.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 4	4509489.	5236129.	6995662.	4066380.	7635162.	(f) Total 28442822.
	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	222,885.	386,406.	379,938.	421,217.	539,809.	1950255.
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.)	6,931.	639.	3,945.	622.	705.	12,842.
11	Total support. Add lines 7 through 10	,		,			30405919.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	907,759.
	First 5 years. If the Form 990 is for th						<u> </u>
	organization, check this box and stop	hava					
Sec	ction C. Computation of Publ						
14	Public support percentage for 2024 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	76.33 %
	Public support percentage from 2023					15	77.16 %
	33 1/3% support test - 2024. If the c					nore, check this b	ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2023. If the c						
	and stop here. The organization qual	•		•		•	
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	•					•
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances tes	•					
_	more, and if the organization meets the	•				•	
	organization meets the facts-and-circu						
18	Private foundation. If the organization						
				,,, 116	,		(Form 990) 2024

Schedule A (Form 990) 2024

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.)

qualify under the tests listed	below, please com	plete Part II.)				
Section A. Public Support	T	1	1	1	1	l .n=
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or 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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			_	1	1	
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income						
(less section 511 taxes) from businesses	e					
acquired after June 20, 1075						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	3					
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>				<u> </u>
14 First 5 years. If the Form 990 is for	the organization's f	first, second, third,	tourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
check this box and stop here	alia Comment D					L
Section C. Computation of Pub					11	
15 Public support percentage for 2024			column (f))			9
16 Public support percentage from 202					16	9
Section D. Computation of Inv					1 1	
17 Investment income percentage for 2						9
18 Investment income percentage from						9
19a 33 1/3% support tests - 2024. If the	-					17 is not
more than 33 1/3%, check this box b 33 1/3 % support tests - 2023. If the						and
line 18 is not more than 33 1/3%, cl	neck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20 Private foundation If the organizat						

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
30		
4a		
4b		
4-		
4c		
5a		
5b		
5c	+	
30		
6		
7		
8		
9a		
9b		
9с		
30		
10a		
10b		
lule A (For	rm 990)	2024

Pa	rt IV Supporting Organizations (continued)		- 10	.gc c
	continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	140
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
u	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	1.15		
Ū	provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	71 11 0 0		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	140
•	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			
	71 11 3 3		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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions			
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 instructions).			
2	Activities Test. Answer lines 2a and 2b below.	I	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting org	anization (see

Schedule A (Form 990) 2024

instructions).

	edule A (Form 990) 2024 OF THE PRESS			5	2-09/2043 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ied)	
Sect	ion D - Distributions		•	-	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers 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	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 to	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
С	From 2021			
d	From 2022			
e	From 2023			
f	Total of lines 3a through 3e			
g	Applied to under distributions of prior years			
h	Applied to 2024 distributable amount			
i_	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			
	Excess from 2023			
e	Excess from 2024			

Schedule A (Form 990) 2024

Part V	Suppleme	ental I	Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;	
	Part IV Sect	tion A lir	nes 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 I	V, Section	on 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,	
	(See instruct	nes 5, 6, tions)	, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.	
SCHE			II, LINE 10, EXPLANATION FOR OTHER INCOME:	
			OUS INCOME	
	AMOUNT:	\$	4,168.	
	AMOUNT:	\$	639.	
	AMOUNT:	\$	3,945.	
	AMOUNT:	\$	622.	
	AMOUNT:	\$	705.	
2021	111001111	Υ		_
RETM	BURSEMENT	rs		_
	AMOUNT:	\$	2,763.	
2020	11100111.	Υ	2,703	
				_
				_
				_
				_
				_
				_
				_
				_
-				

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

THE REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS

Employer identification number

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	\overline{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					
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					
sections 509(a) contributor, du	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one ring 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; -EZ, line 1. Complete Parts I and II.				
contributor, du literary, or educ	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ring the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, cational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering in (b) instead of the contributor name and address), II, and III.				
year, contributi is checked, ent purpose. Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ons exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box er here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively able, etc., contributions totaling \$5,000 or more during the year\$				
answer "No" on Part IV,	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 filing requirements of Schedule B (Form 990).				

Employer identification number

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) (d) Total contributions Type of contribution
1	rume, address, and 2n + 4	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
2		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
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4	Name, address, and ZIP + 4	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
5		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
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

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
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$ 354,127.	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
9		\$ 300,000.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 900,000.	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
11		\$ 240,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(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
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
	-25	\$	ule B (Form 990) (Rev. 12

Employer identification number

Part III				01(c)(7), (8), or (10) that total more than \$1,000 for the year			
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c	through (e) and the following	g line entry. For or	ganizations			
	Use duplicate copies of Part III if additional s	naritable, etc., contributions of 5 °	1,000 or less for th	e year. (Enter this into. once.) •			
(a) No	Ose duplicate copies of Fart III II additional	space is fielded.					
(a) No. from	(b) Purpose of gift	(c) Use of g	iift	(d) Description of how gift is held			
Part I	(, 5 5	(-,	,	(a) = 3			
		•					
		-					
		(e) Transf	er of gift				
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee			
T	, ,	İ		'			
(a) No. from							
from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held			
raiti							
F		(a) Tuonof					
		(e) Transf	er of gift				
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee			
Γ							
(a) No. from	(b) Dumana of sift	(a) I la a a f a	.:41	(al) Decembring of how wife in hold			
Part I	(b) Purpose of gift	(c) Use of g	JITT	(d) Description of how gift is held			
Γ	(e) Transfer of gift						
	(c) Italisies of gift						
	Torrestone de como en aldrese en	- 1.7ID 4		alationality of the software to the sound on a			
-	Transferee's name, address, ar	10 ZIP + 4	K	elationship of transferor to transferee			
(a) No			Т				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	iift	(d) Description of how gift is held			
Part I	(b) Ful pose of gift	(c) Ose of g	,,,,	(a) Description of now gift is field			
		-					
L							
Γ		(e) Transf	er of gift				
		, ,	ū				
	Tueneferente marca a datas	ad 71D . 4	_	alationahin of transferred to transferre			
-	Transferee's name, address, ar	10 ZIP + 4	Re	elationship of transferor to transferee			

SCHEDULE C (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Political Campaign and Lobbying Activities

Open to Public 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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4). (5), or (6) organizations: Complete Part III.

	71(0)(1); (0); 01 (0) 01 garnza				
Name of organ		ORTERS COMMITTE	E FOR FREEDO	M E	mployer identification number (EIN)
	OF THE				52-0972043
Part I-A	Complete if the org	janization is exempt un	der section 501(c)	or is a section 52	:7 organization.
2 Political o	ampaign activity expendit	cation's direct and indirect politures gn activities			
Part I-B	Complete if the ord	janization is exempt un	der section 501(c)	(3).	
		incurred by the organization ur			\$
		incurred by organization mana			
		n 4955 tax, did it file Form 472			
		······································			
b If "Yes," o	describe in Part IV.				
Part I-C	Complete if the org	janization is exempt un	der section 501(c)	, except section 5	01(c)(3).
1 Enter the	amount directly expended	d by the filing organization for s	ection 527 exempt func	tion activities	. \$
2 Enter the	amount of the filing organ	ization's funds contributed to d	other organizations for se	ection 527	
exempt fu	unction activities				\$
3 Total exe	mpt function expenditures	s. Add lines 1 and 2. Enter here	and on Form 1120-POL	,	
		1120-POL for this year?			
		INs of all section 527 political o			
					contributions received that were
	•	separate political organization	, such as a separate seg	gregated fund or a politi	ical action committee (PAC).
If addition	nal space is needed, provi				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization' funds. If none, enter	's contributions received and

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

Schedule C (Form 990) 2024

LHA 432041 11-17-24

Part II-A Complete if the org	anization is ever	nnt under sectio	n 501(c)(3) and fil	ad Form 5769 /al	ection under
section 501(h)).	jainzation is exer	npt under section	ii soriojoj and iii	eu Form 3700 (ei	ection under
	tion belongs to an affi	liated group (and list ir	n Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and sha	re of excess lobbying	expenditures).			
B Check if the filing organiza	tion checked box A ar	nd "limited control" pro	visions apply.		
	ts on Lobbying Exper)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (grassroots lobbying)			
b Total lobbying expenditures to infl	uence a legislative boo	dy (direct lobbying)		7,413.	
c Total lobbying expenditures (add I	ines 1a and 1b)			7,413.	
d Other exempt purpose expenditure				6,120,264.	
e Total exempt purpose expenditure	es (add lines 1c and 1c	l)		6,127,677.	
f Lobbying nontaxable amount. Enter	er the amount from the	e following table in bot	h columns.	456,384.	
IF the amount on line 1e, column (a)	or (b), is: THEN t	ne lobbying nontaxab	le amount is:		
not over \$500,000	20% of	the amount on line 1e.			
over \$500,000 but not over \$1,000	0,000 \$100,00	0 plus 15% of the exc	ess over \$500,000.		
over \$1,000,000 but not over \$1,5	00,000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
over \$1,500,000 but not over \$17,	000,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
over \$17,000,000	\$1,000,0	000.			
g Grassroots nontaxable amount (er	nter 25% of line 1f)			114,096.	
h Subtract line 1g from line 1a. If zer	0.				
i Subtract line 1f from line 1c. If zero	0.				
j If there is an amount other than ze	ation file Form 4720	_			
reporting section 4911 tax for this	year?			L	Yes No
(Como annonizatione t		eraging Period Under		af 4h a firra a alrumana h	ala
(Some organizations t		o i(n) election do not ate instructions for lii	•	of the five columns b	eiow.
	Lobbying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	362,019.	403,527.	430,508.	456,384.	1,652,438.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,478,657.
c Total lobbying expenditures	1,332.	1,970.	1,674.	7,413.	12,389.
d Grassroots nontaxable amount	90,505.	100,882.	107,627.	114,096.	413,110.
e Grassroots ceiling amount (150% of line 2d, column (e))					619,665.
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

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)).

1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912	No	Amo	ount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912			
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d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912			
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912			
e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912			
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912			
g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912			
j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912			
j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912			
 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), or 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 prior year	ar? 3		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" O answered "Yes." 1 Dues, assessments, and similar amounts from members		t III-A, lii	ne 3, is
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):			
. , , , ,	20		
a Current year			
b Carryover from last year			
c Total			
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 excess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political			
expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions	4		
5 Taxable amount of lobbying and political expenditures. See instructions	5		

SCHEDULE D (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS

Employer identification number 52-0972043

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Pai			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year	,	
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial staten	nents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.		
	(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 treations		
_	the following amounts required to be reported under FASB A		5 /1
а	Revenue included on Form 990, Part VIII, line 1		\$
h	Assets included in Form 990. Part X		\$

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

Schedule D (Form 990) (Rev. 12-2024)

Pai	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or Otl	her Similar	Assets	(continu	ied)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that make	e significant us	se of its			
	collection items (check all that apply).								
а	Public exhibition	d	Loan or excl	hange program					
b	b Scholarly research e Other								
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's ex	kempt purpose	e in Part)	KIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other simi	lar assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?		🔲	Yes	☐ No	
Pai	t IV Escrow and Custodial Arran		e if the organization	answered "Yes" o	n Form 990, P	art IV, line	e 9, or		
	reported an amount on Form 990, Par		diam, fan aandrik, dia						
ıa	Is the organization an agent, trustee, custodi						V	□ Na	
	on Form 990, Part X?		llaiaa kalala.				Yes	└── No	
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				Amount		
	De viscolo e la decesa				4-		Amount		
	Beginning balance								
	Additions during the year								
	Distributions during the year								
f O-	Ending balance						V	T No.	
	Did the organization include an amount on Fo		•		,		Yes	∐ No	
Pai	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete if								
rai	Lindowinient i dinas complete il	(a) Current year	(b) Prior year	(c) Two years back		re hack ((a) Four v	ears back	
4.	Danisais a of consultation of	9,907,309.	10,038,505.	* *	1	3,488.	, ,		
	Beginning of year balance	2,032,315.					0,:	948,864.	
b	Contributions	979,139.	1,535,108.			7,739.		502 007	
	Net investment earnings, gains, and losses	3/3,133.	1,286,504.	-876,612	. 3,367	7,731.		582,807.	
	Grants or scholarships								
е	Other expenditures for facilities	2 200 000	0 040 151	0 120 650	1 046			204 554	
	and programs	3,300,902.	2,948,171.			3,349.	•	304,551.	
	Administrative expenses	6,615.	4,637.			1,843.		3,632.	
_	End of year balance	9,611,246.	9,907,309.		. 10,051	.,766.	7,	323,488.	
2	Provide the estimated percentage of the curr			a)) held as:					
	Board designated or quasi-endowment	14.1000	_%						
b	Permanent endowment	%							
С	Term endowment 85.9000								
	The percentages on lines 2a, 2b, and 2c sho	•							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	r the		<u></u>	<u>, N</u>	
	organization by:							es No	
	(i) Unrelated organizations?						3a(i)	X	
	(ii) Related organizations?						3a(ii)	X	
	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm			. F 000 B 1	V " 40				
	Complete if the organization answere	1			•				
	Description of property	(a) Cost or of basis (investment)			Accumulated lepreciation	(d) Book	value	
1a	Land								
	Buildings								
	Leasehold improvements			0,162.	288,133		242	,031.	
	Equipment			9,187.	78,933			254.	
	Other		10	6,701.	94,523	3.		,178.	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, line 10c, column	(B))			254	,463.	

Schedule D (Form 990) (Rev. 12-2024)

	ERS COMMITTEE	FOR FREEDOM	52-0972043 Page 3
Schedule D (Form 990) (Rev. 12-2024) OF THE PRE Part VIII Investments - Other Securities	<u> </u>		52-09/2045 Page 3
	F 000 D+ IV II	44b 0 F 000 D-+V B 40	
Complete if the organization answered "Yes"			
(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, line 12, col. (B))			
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 end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15	
	Description		(b) Book value
(1) SECURITY DEPOSITS	i		36,235.
(2) OPERATING LEASE RIGHT OF	USE ASSET		1,671,906.
(3)			, ,
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol (B))		1,708,141.
Part X Other Liabilities	(2)/		= 7 : 0 0 7 = = = 0
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X I	line 25
(a) Description of lightlife.		110 01 1111 000 1 0111 000, 1 0.127, 1	(b) Book value
			(b) Book value
(1) Federal income taxes (2) OPERATING LEASE LIABILITY			2,157,221.
(-7			2,131,221.
(3)			
(4)			
(5)			
(6)			l .

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

Schedule D (Form 990) (Rev. 12-2024)

2,157,221.

(7) (8)

Pai	rt XI Reconciliation of Revenue per Audited Financial State		Revenue per P	Return	1
	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	9,284,057.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	684,363.		
b	Donated services and use of facilities	2b			
С	1 7 0				
d	Other (Describe in Part XIII.)	2d	307,392.		
е	• • • • • • • • • • • • • • • • • • • •			2e	991,755.
3	Subtract line 2e from line 1			3	8,292,302.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		F0 004		
а	, , , ,		59,821.		
b	Other (Describe in Part XIII.)	4b			E0 001
С	Add lines 4a and 4b			4c	59,821.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	8,352,123.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat		h Expenses per	Retu	rn
	Complete if the organization answered "Yes" on Form 990, Part IV, line				E 44E E40
1	Total expenses and losses per audited financial statements			1	7,147,518.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а					
b	, , , , , , , , , , , , , , , , , , , ,				
С			207 202		
d	/		307,392.		207 202
е	• • • • • • • • • • • • • • • • • • • •			2e	307,392.
3	Subtract line 2e from line 1			3	6,840,126.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1	E0 001		
а	, , , ,		59,821.	-	
b	/	4b			E0 001
	Add lines 4a and 4b			4c	59,821.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,899,947.
	rt XIII Supplemental Information	5 . 10 / 11	101 5	4.5.	V II . O. D
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;			4; Part	X, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional infor	mation.		
	RT V, LINE 4: E TEMPORARILY RESTRICTED ENDOWMENT FUNDS	WITT DE	י וופפט שט כ	י ס ס גי	Z OTTM MUD
	GANIZATION'S MISSION TO PROMOTE THE FIRS				A FREE
	ESS THROUGH RESEARCH, DISSEMINATION OF I				
	SISTANCE TO MEMBERS OF THE PRESS.	NI ORMAI I	ON AND THE	1 110	OVIDION OF
AD	DIDIANCE TO MEMDERO OF THE TREOD:				
тит	E BOARD DESIGNATED ENDOWMENT FUNDS WILL	משטוו שא	TO CIIDDORT	1 <u>2</u> 1	.FCAT.
	LLOWSHIP.	DE OBED	TO DOLLONI		10710
PΔI	RT X, LINE 2:				
	E COMMITTEE BELIEVES THAT IT HAS APPROPR	TATE SUE	PORT FOR A	NY r	ΓΑΧ
	SITIONS TAKEN, AND AS SUCH, DOES NOT HAV				
<u>тн</u>	AT ARE MATERIAL TO THE FINANCIAL STATEME	NTS.	,021,11111, 11.		351110115
		11101			
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
	ECIAL EVENT EXPENSES				307,392.
					,
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
	ECIAL EVENT EXPENSES				307,392.
					. ,

THE REPORTERS COMMITTEE FOR FREEDOM

Schedule D (Form 990) (Rev. 12-2024) OF THE PRESS	52-0972043 Page 5
Schedule D (Form 990) (Rev. 12-2024)OF THE PRESS Part XIII Supplemental Information (continued)	<u> </u>

SCHEDULE G (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE REP OF THE	ORTERS COMMITTEE F	OR	FRE	EDOM	Employer ide 52-0972	entification number
Part I Fundraising Activities	Complete if the organization answe	red "Y	'es" oı	n Form 990, Part IV,		
required to complete this par 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the	ed funds through any of the following solicitating Solicitating Solicitating Special or oral agreement with any individual cart VII) or entity in connection with providuals or entities (fundraisers) pursuant	tion of tion of fundra (includerofess	nongo gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
INEZ WEINSTEIN SPECIAL EVENTS, INC - 215 PARK AVENUE	FUNDRAISING CONSULTING	Yes	No X	4 555 340	115,000	. 1,660,342.
				1,775,342.		
Total				1,775,342.	115,000	1,660,342.
3 List all states in which the organization or licensing. AL, AK, AZ, AR, CA, CO, CT, MT, NE, NV, NH, NJ, NM, NY, DC	DE, FL, GA, HI, ID, IL,	in ,	utions	s or has been notified	d it is exempt from i	registration , MN , MS , MO

LHA 432081 01-14-25

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) (Rev. 12-2024) OF THE PRESS

	, , ,						
Part II	Fundraising	Events. Complete if th	ne organization answered	d "Yes" on Form 990, Par	rt IV, line 18, o	r reported i	more than \$15,000
	of fundraising ev	ent contributions and gre	oss income on Form 990)-EZ, lines 1 and 6b. List	events with gr	oss receipt	ts greater than \$5,000.
			4 3 5 4 4 4	0.15	() ()		

		of fundraising event contributions and gro				ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			FREEDOM OF		NONE	(add col. (a) through
			THE PRESS AW			col. (c))
Ф			(event type)	(event type)	(total number)	001. (0))
Revenue						
leve	1	Gross receipts	1,775,342.			1,775,342.
щ						
	2	Less: Contributions	1,623,817.			1,623,817.
	3	Gross income (line 1 minus line 2)	151,525.			151,525.
	4	Cash prizes				
	5	Noncash prizes				
ses						
ens	6	Rent/facility costs				
Direct Expenses						
ect	7	Food and beverages	210,483.			210,483.
Dir						
	8	Entertainment				
	9	Other direct expenses	213,013.			213,013.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			423,496.
		Net income summary. Subtract line 10 from li				-271,971.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			., ,	bingo/progressive bingo		col. (a) through col. (c))
Rev						
_	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses						
≅xp	3	Noncash prizes				
ct F						
Dire	4	Rent/facility costs				
	_	011				
	5	Other direct expenses				
		V	Yes %	Yes %	Yes %	
	6	Volunteer labor	∟ No	└── No	└── No	
	_	Direct constant Add lines Office	5 in a diament (all)			
	′	Direct expense summary. Add lines 2 through	i 5 in column (a)			
	۰	Not gaming income aummany Subtract line 7	from line 1 column (d)			
	0	Net gaming income summary. Subtract line 7	irom line 1, column (a)			
0	En	ter the state(s) in which the organization condu	icte gaming activities:			
		the organization licensed to conduct gaming a	_	etatos?		Yes No
						iesiio
IJ	"	No," explain:				
102	We	ere any of the organization's gaming licenses re	evoked suspended orte	erminated during the tax	vear?	Yes No
		Yes," explain:	•	-	•	
) de				
						_

432082 01-14-25

Schedule G (Form 990) (Rev. 12-2024)

THE REPORTERS COMMITTEE FOR FREEDOM

Sche	edule G (Form 990) (Rev. 12-2024) OF THE PRESS 52	2-0972043	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
1-7	Enter the maine and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	t	
	of gaming revenue retained by the third party \$		
С	If "Yes," enter the name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Bricolar, officer		
17	Mandatory distributions:		
	•		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	□ Na
	retain the state gaming license?		└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	те	
Da	organization's own exempt activities during the tax year \$		
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III, lines 9,	9b, 10b,
~~	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SCI	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS	SERS:	
(I	•		
(I	,		
21	5 PARK AVENUE SOUTH, SUITE 2014, NEW YORK, NY 10003		
PA	RT I, LINE 2B, COLUMN (V):		
CAI	MPAIGN ORGANIZATION SERVICES AND FUNDRAISING STRATEGY		

THE REPORTERS COMMITTEE FOR FREEDOM

Schedule G	(Form 990) OF THE PRESS	52-0972043 Page 4
Part IV	(Form 990) OF THE PRESS Supplemental Information (continued)	<u> </u>

SCHEDULE J (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Part I

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Questions Regarding Compensation

THE REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS

Employer identification number 52-0972043

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

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

Schedule J (Form 990) (Rev. 12-2024)

THE REPORTERS COMMITTEE FOR FREEDOM

Schedule J (Form 990) (Rev. 12-2024) OF THE PRESS

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

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

Page 2

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

		(B) Breakdown of W-2		and/or 1099-MISC and/or 1099-NEC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) BRUCE BROWN	Ξ	279,855.	0	0	18,221.	15,360.	313,436.	0
EXECUTIVE DIRECTOR	(ii)		0 •	0.				• 0
(2) KATIELYNN TOWNSEND	(i)	241,671.	0 •	0.	14,891.	686'6	266,551.	• 0
DEPUTY EXECUTIVE AND LEGAL DIRECTOR	(ii)		• 0	0.				
(3) DANIEL YU	(i)	190,186.	0 •	0.	11,880.	2,056.	204,12	
DIRECTOR OF FINANCE & OPERATIONS	(ii)		• 0	0		0		• 0
(4) GABRIEL ROTTMAN, POLICY &	<u>(i)</u>	178,577.	0	0.	11,057.	10,130.	199,764.	
PRESS FREEDOM PROJECT DIRECTOR	Œ		• 0	0	0	0		
(5) MICHAEL ZWIRN	Ξ	171,364.	0	0	10,798.	10,628.	192,790.	• 0
DIRECTOR OF DEVELOPMENT	(ii)		• 0	0	0	0		• 0
(6) LISA ZYCHERMAN, DEPUTY	(i)	176,010.	• 0	0	10,594.	1,592.	188,19	• 0
LEGAL DIRECTOR & POLICY COUNSEL	€	0	0	0	0	0		0
(7) JENNIFER TOPPER	<u>(i)</u>	169,828.	0	0.	10,216.	1,625.	181,669.	0
COMMUNICATIONS DIRECTOR	€		0	0		0		
(8) JENNIFER ANNE NELSON	(i)	150,780.	• 0	0.	9,211.	2,306.	162,297.	
SENIOR STAFF ATTORNEY	(ii)	0 •	• 0	0.	0 •	0 •	• 0	• 0
	Ξ							
	(ii)							
	Ξ							
	⊞							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	<u>(ii)</u>							
	Ξ							
	(ii)							

Schedule J (Form 990) (Rev. 12-2024)

Schedule J (Form 990) (Rev. 12-2024) OF THE PRESS Part III Supplemental Information

or any additional information.																	
Part II. Also complete this part fo																	
a, 5b, 6a, 6b, 7, and 8, and for F																	
t I, lines 1a, 1b, 3, 4a, 4b, 4c, 5																	
or descriptions required for Par																	
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.																	
Provi																	

Schedule J (Form 990) (Rev. 12-2024)

SCHEDULE O (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS

Employer identification number 52-0972043

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ACCESS TO PUBLIC RECORDS, MEETINGS AND COURTROOMS; AND TO PRESERVE THE
PRINCIPLES OF FREE SPEECH AND UNFETTERED PRESS, AS GUARANTEED BY THE
FIRST AMENDMENT OF THE U.S. CONSTITUTION.

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

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: 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. 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 1A:

THE EXECUTIVE COMMITTEE OF THE STEERING COMMITTEE CONSISTED OF 9 DIRECTORS IN 2024. SUBJECT TO ANY LIMITATIONS ESTABLISHED BY RESOLUTIONS OF THE STEERING COMMITTEE, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL OF THE POWERS AND AUTHORITY OF THE STEERING COMMITTEE DURING THE INTERVALS BETWEEN MEETINGS OF THE STEERING COMMITTEE EXCEPT TO AMEND OR REPEAL THE GOVERNING PRINCIPLES, FILL VACANCIES ON THE STEERING COMMITTEE OR ANY OF ITS COMMITTEES (INCLUDING THE EXECUTIVE COMMITTEE) OR DISSOLVE OR TERMINATE THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 4:

ON OCTOBER 16, 2024, THE BYLAWS WERE AMENDED TO INCLUDE THE FOLLOWING CHANGE TO THE ORGANIZATION'S REQUIRED COMPOSITION OF MEMBERS: MEMBERS WHO

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

THE REPORTERS COMMITTEE FOR FREEDOM Name of the organization **Employer identification number** OF THE PRESS 52-0972043 ARE JOURNALISTS, WHO ARE EMPLOYED IN AN EDITORIAL CAPACITY BY A NEWS ORGANIZATION (INCLUDING IN-HOUSE LAWYERS WHO DIRECTLY ADVISE JOURNALISTS), OR WHO ARE EMPLOYED FULL-TIME IN JOURNALISM EDUCATION, MUST COMPRISE AT LEAST A MAJORITY OF THE TOTAL NUMBER OF MEMBERS AT ANY GIVEN TIME, IN EACH CASE AS DETERMINED BY THE EXECUTIVE COMMITTEE IN ITS SOLE AND ABSOLUTE DISCRETION. IF AT ANY TIME THE COMPOSITION OF THE MEMBERS SHALL FAIL TO COMPLY WITH THE FOREGOING REQUIREMENT, THE STEERING COMMITTEE SHALL TAKE SUCH ACTIONS AS MAY BE NECESSARY TO REGAIN COMPLIANCE AS SOON AS PRACTICABLE UNDER THE CIRCUMSTANCES, BUT SUCH NON-COMPLIANCE SHALL NOT PREVENT THE STEERING COMMITTEE FROM EFFECTING ITS POWER AND AUTHORITY UNDER THESE PRINCIPLES AND THE ACT. 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, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AZ,AR,CA,DE,ID,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MS,NE,NH,NJ,NM,NY,NC,LA,MN MT,OR,PA,RI,SC,TN,UT,VA,WI,WV,TX,VT,WY,DC,SD,IN,IA,MO FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS 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.