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CLIENT'S COPY

 $12430506 \ 147227 \ 2861836000$



CohnReznick LLP Pond View Corporate Center 76 Batterson Park Road Farmington, CT 06032-2571

Main: 860-678-6000 Fax: 860-678-6110 **cohnreznick.com**

PULITZER CENTER ON CRISIS REPORTING 1779 MASSACHUSETTS AVE. NW NO. 615 WASHINGTON, DC 20036-2109

ENCLOSED IS THE 2013 EXEMPT ORGANIZATION RETURN, AS FOLLOWS ...

2013 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

WE HAVE ENCLOSED MAILING ENVELOPES FOR YOUR CONVENIENCE IN FILING THE RETURN.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POST MARKED RECEIPT FOR PROOF OF TIMELY FILING.

WE HAVE PROVIDED YOU TAX ADVICE IN CONNECTION WITH THE PREPARATION OF YOUR U.S. FEDERAL TAX RETURN AND ASSOCIATED TAX PLANNING SERVICES WE HAVE FURNISHED. THIS ADVICE IS NOT INTENDED OR WRITTEN TO BE USED BY ANY TAXPAYER FOR THE PURPOSE OF AVOIDING PENALTIES THAT MAY BE IMPOSED ON THE TAXPAYER BY THE INTERNAL REVENUE SERVICE, AND IT CANNOT BE USED BY ANY TAXPAYER FOR SUCH PURPOSE.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

VERY TRULY YOURS,

PATRICIA MCGOWAN



TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2013

PREPARED FOR:

PULITZER CENTER ON CRISIS REPORTING 1779 MASSACHUSETTS AVE. NW NO. 615 WASHINGTON, DC 20036-2109

PREPARED BY:

COHNREZNICK LLP 76 BATTERSON PARK ROAD FARMINGTON, CT 06032

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY MAY 15, 2014

PLEASE REVIEW THE TAX RETURN FOR THE CORRECT INCLUSION OF ANY FOREIGN TRANSACTIONS OR INFORMATION. FOR EXAMPLE, FBAR FORM 114 IS REQUIRED TO BE FILED FOR ANY FOREIGN FINANCIAL ACCOUNTS IN WHICH A TAXPAYER HAS A FINANCIAL INTEREST OR SIGNATURE OR OTHER AUTHORITY. FAILURE TO FILE THIS FORM, ALONG WITH OTHER FORMS RELATED TO OVERSEAS ACTIVITIES SUCH AS OWNERSHIP IN FOREIGN ENTITY, GIFTS FROM OVERSEAS OR A RELATIONSHIP WITH A FOREIGN TRUST, WILL POTENTIALLY SUBJECT YOU TO SUBSTANTIAL PENALTIES. PLEASE ADVISE US IMMEDIATELY IF YOU BELIEVE YOU MAY HAVE ANY FOREIGN ACTIVITY OR INVESTMENT AND/OR FOREIGN BANK OR SECURITIES ACCOUNT WHICH CARRIES A FILING REQUIREMENT AND IT IS NOT INCLUDED IN THE TAX RETURNS.

Form	887	'9-	EO
Form		•	_

IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury Internal Revenue Service

Name and title of officer

llendar year 2013, or fiscal year beginning	, 2013, and ending	,20
, , , , ,		, ,

Information about Form 8879-EO and its instructions is at www.jrs.gov/form8879eo

Do not send to the IRS. Keep for your records.

Name of exempt organization

Employer identification number

PULITZER CENTER ON CRISIS REPORTING

For ca

27 - 0458242

JON SAWYER EXECUTIVE DIRECTOR

Type of Return and Return Information (Whole Dollars Only) Part I

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the turn. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line beilt Do not complete more than 1 line in Part I.

1a	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	5904882
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, P VI, line :	4b	
5a	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c,	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I 'e exami d a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowled hne lief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to see the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its design عد ncial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software. syment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revok. Dayment, must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) a. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential infr ary to answer inquiries and resolve issues related to the re for the organization's electronic return and, if applicable, the payment. I have selected a personal identification number (PIN) as my sig. organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X I authorize COHNREZNICK LLP	to enter my PIN 61836
ERO tu. rme	Enter five numbers, but do not enter all zeros
, , , , , , , , , , , , , , , , , , , ,	ed return. If I have indicated within this return that a copy of the return ne IRS Fed/State program, I also authorize the aforementioned ERO to
	on the organization's tax year 2013 electronically filed return. If I have h a state agency(ies) regulating charities as part of the IRS Fed/State en.
Officer's signature	Date
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	06444699919 do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2 confirm that I am submitting this return in accordance with the requirements of <i>e-file</i> Providers for Business Returns.	
ERO's signature 🕨	Date ►
ERO Must Retain This Fo	rm - See Instructions
Do Not Submit This Form To the IR	S Unless Requested To Do So
LHA For Paperwork Reduction Act Notice, see instructions. ³²³⁰⁵¹ 10-01-13	Form 8879-EO (2013)
3	

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at <u>www.irs.gov/form990</u>, tax year beginning



AF	or th	e 2013 calendar year, or tax year beginning an	d ending	-	
B C a	heck if pplicab	e: C Name of organization		D Employer identi	fication number
	Addre	PULITZER CENTER ON CRISIS REPORTING			
	Name			27-	0458242
	Initial		Room/suite	E Telephone numb	er
	 ated		615		2)797-5285
	Amen return	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts	5,904,882.
	Applie dition	WASHINGION, DC 20050-2109		H(a) Is this a gr	return
	pendi	F Name and address of principal officer: JON SAWYER		for s'	s? Yes X No
		SAME AS C ABOVE		H(b) Are - ubordinates	
		empt status: 🔀 501(c)(3) 📃 501(c) ()◀ (insert no.) 🧾 4947(a)(1) or 📃 527	No ittach	a list. (see instructions)
		te: WWW.PULITZERCENTER.ORG		H(`rou sxempt	
		f organization: 🔀 Corporation 🦳 Trust 🦳 Association 🦳 Other 🕨	L Year	of forma. 2 <u>009</u>	M State of legal domicile: DC
Pa	rt I	Summary			
Ð	1	Briefly describe the organization's mission or most significant activities:			
anc.		IN-DEPTH ENGAGEMENT WITH GLOBAL AFFAIRS			
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo		ງທີ່ ເຊິ່ງ ທີ່ its net a	
No.	3	Number of voting members of the governing body (Part VI, line 1a)			
ت ھ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	
es		Total number of individuals employed in calendar year 2013 (Part V, line 2a) \ldots			
ZİŢ		Total number of volunteers (estimate if necessary)			
Act					
	b	Net unrelated business taxable income from Form 990-T, line 34			-
	_			Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		1,790,205	
Revenue	9	Program service revenue (Part VIII, line 2g)		49,577	
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d ¹		1,946	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1 , and 11e,		0 1,841,728	
	12	Total revenue - add lines 8 through 11 (must equal Par 11, c umn 1), line 12)		<u> 1,041,720</u> 0	
	13	Grants and similar amounts paid (Part IX, column (A) line.		0	
	14	Benefits paid to or for members (Part IX, column (A), 4)		866,235	•
Expenses	15	Salaries, other compensation, employee benefits (Part IX, vmn (A), lines 5-10)		000,233	
enș		Professional fundraising fees (Part IX, colum '\), line 11e	0.	0	• •
Ä		Total fundraising expenses (Part IX, column (D), 25) Other expenses (Part IX, column (A), lir .a-11d,		1,278,421	. 1,700,888.
				2,144,656	
	19	Total expenses. Add lines 13-17 (mus equal Pa. X, column (A), line 25)		-302,928	
or		Revenue less expenses. Subtract line from lir <u>12</u>		ginning of Current Year	
ets c	20	Total assets (Part X, line 16)		985,673	
Assets - Balanc	20	Total liabilities (Part X, line 16) Total liabilities (Part X, line 26)		17,980	
Vet , und	21	Net assets or fund balances. Subtract line 21 from line 20		967,693	
Pa	irt II			5677555	1,100,000.

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

Sign	Signature of officer			Date					
Here	JON SAWYER, EXECUTIVE	DIRECTOR							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	PATRICIA MCGOWAN			self-employed P00184514					
Preparer	Firm's name 🕒 COHNREZNICK LLP			Firm's EIN 22-1478099					
Use Only	Firm's address 🖕 76 BATTERSON PAR	K ROAD							
	FARMINGTON, CT 0		Phone no. 860 - 678 - 6000						
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No					
332001 10-2	2001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2013)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2013) PULITZER CENTER ON CRISIS REPORTING 27-0458242 Page 2 t III Statement of Program Service Accomplishments
Га	
1	Check if Schedule O contains a response or note to any line in this Part III
	THE PULITZER CENTER PROMOTES IN-DEPTH ENGAGEMENT WITH GLOBAL AFFAIRS
	THROUGH ITS SPONSORSHIP OF QUALITY INTERNATIONAL JOURNALISM ACROSS ALL
	MEDIA PLATFORMS AND AN INNOVATIVE PROGRAM OF OUTREACH AND EDUCATION.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services red by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to -+hers, the i expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,640,764. including grants of \$` (R nue \$)
	THE PULITZER CENTER'S PROGRAM SERVICES IN 2013 WERE IN PRINT JOURNALISM, BROADCAST JOURNALISM, AND THE DISSEMINATION OF BOTH THROUGH
	A BROAD PROGRAM OF OUTREACH AND EDUCATION. IN PRINT JOURNALISM THE
	CENTER COMMISSIONED NEARLY 60 PROJECTS, WITH PLACEMENT IN DOZENS OF
	NEWS-MEDIA OUTLETS. IN BROADCAST JOURNALISM WE COMMISSIONED 10
	PROJECTS, WITH PLACEMENT IN OVER A DOZEN OUTLETS. THE CENTER'S
	EDUCATION AND OUTREACH PROGRAMS INCLUDED IN-PERSON PRESENTATIONS AT
	OVER 50 SCHOOLS AND UNIVERSITIES AND THE DEVELOPMENT OF ONGOING
	RELATIONSHIPS WITH SCHOOLS IN THE FOLLOWING CITIES: ST. LOUIS, CHICAGO,
	NEW YORK, WASHINGTON, PHILADELPHIA AND BALTIMORE.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 2,640,764.
33300	Form 990 (2013)
332002 10-29-	13
	5

Form 990 (2				ON	CRISIS	REPORTING
Part IV	Checklist of Re	equired Scheo	dules			

			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?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the ht to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete 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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? 'es complete			
	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability and a cucudian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or ot negotion services?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily ricte. wments, permanent			77
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete bedule D 'arts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Pr X, line 10? If "Yes," complete Schedule D,	11a	x	
h	Part VI Did the organization report an amount for investments - other securities in an	па		
b		11b		х
c	Did the organization report an amount for investments - program related in * X, line 13 that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D	11c		х
Ь	Did the organization report an amount for other assets in Part Y line that is 5% or more of its total assets reported in	110		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
е	Did the organization report an amount for other liabilities irrt /ine ? ?? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financie' state. It's fine tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions unc. 'N 48 C 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited fine is statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, inc. den' udited financial statements for the tax year?			
	If "Yes," and if the organization answered " J line 12, nen completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in ction 17 (1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, en oyees, agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenue. penses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2013)

332003 10-29-13

Form 990 (2013) PULITZER CENTER ON CRISIS REPORTING Part IV Checklist of Required Schedules (continued) (continued) (continued) (continued)

	- (ontrada)		V.	NI -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
21	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and compl			
	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			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transac. with a			v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified p ion in a p ir year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 '2 If "Y ," complete	25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from payable o any current or	250		- 23
20	former officers, directors, trustees, key employees, highest compensated employees, disqualif persons? If so,			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, .stee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to 5% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the "owing part (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee or ke_ mployee? If "Yes," complete Schedule L, Part IV	28b	X	
с	An entity of which a current or former officer, director, truster or key eme se (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," com_ 'e S_ ledu' '_, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash c. "but" is? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historic, asur, or other similar assets, or qualified conservation			77
•	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissing and cease operations?			х
20	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose ., or trans. nore than 25% of its net assets? If "Yes," complete	32		х
33	Schedule N, Part II Did the organization own 100% of an entit 'isregar' J as separate from the organization under Regulations	52		- 11
00	sections 301.7701-2 and 301.7701-3? If "Yes,	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•••	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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 in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2013)

332004 10-29-13

Pa	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					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	147			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable	gaming			
	(gambling) winnings to prize winners?	·····		1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority	over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	icr unt).		4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	ACCU.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax yr			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter ansact			5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,00 d du	-				
	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 ch contruction	ons or git	its			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 17().					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution 1 partly for goods and ser			7a		X
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible pronal proper for which it was					37
	to file Form 8282?	1 1		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		v
e	Did the organization receive any funds, directly or indirectly, to ay p. iums on a personal benefit co			7e		X X
f	Did the organization, during the year, pay premiums, directly indirectly, a personal benefit contra			7f		
g	If the organization received a contribution of qualified intel" 'ual oper' did the organization file Fo			7g		
h o				7h		
8	Sponsoring organizations maintaining donor advised funds an 100 (3) supporting organizations. D		-	•		
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at a Sponsoring organizations maintaining donor vised fund	any unie u	uring the year?	8		
9	Did the organization make any taxable distributions 'er s ion 4966?			9a		
a b	Did the organization make a distribution toor, doidvisor, or related person?			9a 9b		
10	Section 501(c)(7) organizations. Enter:			90		
а	Initiation fees and capital contributions in red on r t VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part v. 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	100				
a	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
-	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	· · · · · ·		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>				
a				13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b						
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule			14b		
				F	990	(0040

PULITZER CENTER ON CRISIS REPORTING

Form **990** (2013)

27-0458242

Page 5

332005 10-29-13

Form 990 (2013)

Form 990	(2013)
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PULITZER CENTER ON CRISIS REPORTING

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship 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 direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asset	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) mem'rs, stock, ders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken 💦 , the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who c.	1		
	organization's mailing address? If "Yes." provide the names and addresses in Dedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not red by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures govern. "he activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the or mpt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 99° to a ombers of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the orge _ation to rev this Form 990.			
12a	Did the organization have a written conflict of interest police If " o, " g to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to use are ally interests that could give rise to conflicts?	12b		X
с	Did the organization regularly and consistently monitor a process provide the policy? If "Yes," describe			
	in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblow olicy?	13		X
14	Did the organization have a written document reter. and struction policy?	14		X
15	Did the process for determining compense' the foll ing persons include a review and approval by independent			
	persons, comparability data, and contem raneous bstantiation of the deliberation and decision?			
а	The organization's CEO, Executive Direct or top r agement official	15a	Х	
b	Other officers or key employees of the organ.	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
0	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 NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailable	e	
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d financ	cial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizat	ion: ►		
	ACCOUNTING RESOURCES INC (860)659-3955 100 WESTERN BLVD, GLASTONBURY, CT 06033			
0005-		Form	900	(2013)
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Form 990 (2013) PULITZER									27-0458	242 Page 7
Part VII Compensation of Officers, D	•		tee	s, ł	(ey	En	nplo	oyees, Highest Co	mpensated	
Employees, and Independer	nt Contracto	ors								
Check if Schedule O contains a respo	onse or note to	o any	/ line	e in t	his I	Part	VII			
Section A. Officers, Directors, Trustees, Key	Employees, a	nd H	ligh	est (Con	nper	isate	ed Employees		
1a Complete this table for all persons required to	be listed. Rep	ort	com	pens	satio	on fo	r the	e calendar year ending	with or within the orgar	ization's tax year.
 List all of the organization's current officers Enter -0- in columns (D), (E), and (F) if no compens List all of the organization's current key em List the organization's five current highest c able compensation (Box 5 of Form W-2 and/or Box 	sation was paid nployees, if any compensated e	d. /. Se mple	e in oyee	struc s (o [.]	ctior ther	ns fo thar	r det 1 an	finition of "key employe officer, director, trustee	e." e, or key employee) who	o received report-
• List all of the organization's former officers									-	-
reportable compensation from the organization a	nd any related	orga	aniza	ation	s.					
 List all of the organization's former directo more than \$10,000 of reportable compensation fr 									tor or tru, e of the org	anization,
List persons in the following order: individual trus and former such persons.	-				-			-	s; h	I employees;
Check this box if neither the organization n	or any related (orga	niza	tion	con	nper	Isate	ed any current officer	rec or trustee.	
(A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	itior	ו than o	nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is both	n an	compens	npensation	amount of
	week				recit	i/irus	lee)	frc	from related	other
	(list any hours for	Individual trustee or director						th organiz⊾	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			Isated		(V	(00-2/1099-00130)	organization
	organizations	truste	Institutional trustee		yee	Highest compensated employee				and related
	below	vidual	tution	er	Key employee	est co	ler			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) EMILY PULITZER	1.00									
PRESIDENT		Х						0.	0.	0.
(2) KATHERINE MOORE	1.00									
DIRECTOR		Х				۱ <u></u>		0.	0.	0.
(3) WILLIAM BUSH	1.00									
TREASURER		Х		Х				0.	0.	0.
(4) JOEL MOTLEY	1.00									
DIRECTOR		X	_	ļ				0.	0.	0.
(5) BETSY DIETEL	1.00		1							
DIRECTOR		X	+ '	C	' _			0.	0.	0.
(6) LINDA WINSLOW	1.00	n			1					-
DIRECTOR		Х	t					0.	0.	0.
(7) DAVID ROHDE	1.00									•
DIRECTOR		TX	<u> </u>					0.	0.	0.
(8) JON SAWYER	40.00							104 050		~~ ~~~
EXECUTIVE DIRECTOR	L			X		<u> </u>		184,950.	0.	28,490.
						<u> </u>				
			-			\vdash				
			<u> </u>			-	<u> </u>			
			-	-	-	\vdash				
				\vdash		-				
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						1				
		1								
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	990 (2013) PULITZER	CENTER	ON	I C	RI	SI	S	RE	EPORTING	27-04	<u>1582</u>	242	Page 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week	box	not cl , unles cer an	ss per	ition more son is	than c s both	an	(D) Reportable compensation from	(E) Reportable compensation from related	n	am	(F) timated ount of other
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	s	comp fro orga and	pensation om the anization I related nizations
			-								\square		
			-								,		
										U	-+		
											-+		
			-										
			-										
			-						104.050		_		400
с	Sub-total Total from continuation sheets to Part VI	, Section A					•		184,950. 0. 184,950.		0.0.0.		8,490. 0. 8,490.
2	Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization ►						 ה	o re		000 of reportable			1
3	Did the organization list any former officer,	director, or ι ,		ə, ke	 ,	nplo	yee,	or	highest compensated e	nployee on			Yes No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	m of rortabl	e cr	mpe	ensat	tion	and	oth	ner compensation from t	he organization		3	X X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes." cc	e compl	⊿ti	on fr	om a	any	unre	elate	ed organization or indivi	dual for services		4 5	x X
Sect	tion B. Independent Contractors			51 30		2013	011 .						I
1	Complete this table for your five highest control the organization. Report compensation for the organization for t		-						nat received more than S the organization's tax y		ensati		
	(A) Name and business			0.01	<u> </u>				(B) Description of s	services	C	(C ompen) Isation
	NETH WEISS, 6935 SHEPA PINTERIA, CA 93013	RD MESA	. K	0A.	, u				JOURNALIST			135	5,716.
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	-	ot lin	nitec	l to t	thos 1		ted	above) who received m	ore than		Form C	990 (2013)

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Forn	n 990 (2013) PULITZER CENT	ER ON CR	ISIS REPORT	ING	27-0458	242 Page 9
	rt VII						
		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<u>s</u> s	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
<u> </u>	с						
ifts ar A	d	Related organizations 1d					
n, Sili	е	Government grants (contributions) 1e					
ŝ	f	All other contributions, gifts, grants, and					
but		similar amounts not included above 1f 5 ,	834,843.				
o III	g	Noncash contributions included in lines 1a-1f: \$				•	
a Co	h	Total. Add lines 1a-1f		5,834,843.		l	
			Business Code				
e	2 a	PROJECT FEES	511190	10,717.	<u> 10,717</u> .		
Program Service Revenue	b	LECTURES	511190	1,079.	1,079.	(
Se	с						
am	d						
- Be	е						
4	f	All other program service revenue					
	g	Total. Add lines 2a-2f		<u> 11,79</u> 6.			
	3	Investment income (including dividends, intere					
		other similar amounts)		1,449.			1,449.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
		Gross rents					
	b						
	С	Rental income or (loss) 55,794.		EE 704			
		Net rental income or (loss)		55,794.			55,794.
	7 a	Gross amount from sales of (i) Securities	<u>(ii) C_ər</u>				
		assets other than inventory					
	D	Less: cost or other basis					
		and sales expenses		[
		Gain or (loss)					
		Net gain or (loss) Gross income from fundraising events (not	······				
Other Revenue		including \$					
eve		contributions reported on line 1c).					
Ř		Part IV, line 18					
the	b	Less: direct expenses					
0	с	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 a					
	b	Less: direct expenses b					
	с	Net income or (loss) from gaming activities	►				
	10 a	Gross sales of inventory, less returns					
		and allowances a					
	b	Less: cost of goods sold b					
	с	Net income or (loss) from sales of inventory					
			Business Code				1 000
	11 a		511190	1,000.			1,000.
	b						
	С						
	d	All other revenue		1 000			
	е			1,000.	11 700		E0 040
33200	12	Total revenue. See instructions.	►	5,904,882.	11,796.	0.	58,243.
10-29	-13						Form 990 (2013)

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¹²

PULITZER CENTER ON CRISIS REPORTING 27-0458242 Page 10 Part IX Statement of Functional Expenses

Dr. Dr. Include amounts reported or lines 60, 76, 80, 90, and 100 or fars VUI. Total exponses Program Program Management and expenses Full Production expenses I Grants and Other assistance to individual requirations in the United States. See Part IV, line 22 Intervention Interv		on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	•	nplete column (A).	
Image: Section of a sectance to individuals in the United States. See Part IV, line 21 Constant of the direst asstance to individuals in the United States. See Part IV, line 22 Comparations, and individuals outside the United States. See Part IV, line 13 and 16. Beenfts paid to of ormer offices, directors, trustees, and key emptyoes Comparation of current offices, directors, trustees, and key emptyoes Press of the control of sector of State IV, line 17 Other extendes and wages Other extendes and wages Other extendes and wages Other extendes and wages Other extendes (non-emptyoes) Beards paid to not induid aborg envices. See Part IV, line 17 Parson plane constant and control buildings (module weating the 11 granut access the Vicinity) and 4000 emptyoes control weating the 11 granut access the Vicinity of the 11 granut access the Vicinity of the 11 granut access the Vicinity of the 25 yrs1. Information technology Information technology <t< th=""><th></th><th>not include amounts reported on lines 6b,</th><th>(A)</th><th>(B) Program service</th><th>Management and</th><th>Fundraising</th></t<>		not include amounts reported on lines 6b,	(A)	(B) Program service	Management and	Fundraising
arginizations in the lundel States. See Part IV, line 22 image: state in the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individual custode the United States. See Part IV, line 15 and 10 image: state individual individual custometers 4 Brendits part IV, line 21 image: state individual custometers image: state individual custometers 5 Compensation of current officers, directors, trutates, and low genetyces 213,440. 213,440. 6 Compensation of individual above, to disqualified persons (active dise of the mother description of individual custometers) 213,440. 213,440. 7 Other satisface dise of the description of individual custometers 213,440. 213,440. 213,440. 8 Pension plan accurate and wages (11) and persons (active description of individual custometers) 32,267. 32,267. 32,267. 9 Other employee benefits 657,325. 618,175. 39,150. 9,001. 9 Other, (filter 11g annount, list line 11g spences on Scit) 30,845. 11,746. 19,099. 1 Adversama and parametion 37,530. 37,732. 27,798. 1 Robustion and spectra state, or local public offici 1 9,000. 2,715. 24,043. 1,672. 2 Adversama and parametion (respectra state, or local public offici 1) 9,000. <td></td> <td></td> <td></td> <td>expenses</td> <td>general expenses</td> <td>expenses</td>				expenses	general expenses	expenses
2 Grants and other assistance to individuals on individuals outside the unstructives. See Part V, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part V, line 12 4 Benefits paid to of romenthers. Compensation of current offices, directors, trustees, and key employees 213,440. 6 Compensation of current offices, directors, trustees, and key employees 213,440. 7 Other salaries and wages 6557,325. 8 Person plane acrusts and contributions (include section 401(ki adv30) employees): a other employee benefits 32,267. 9 Other estaintes and wages 6557,325. 618,175. 9 Other estaintes and wages 622,591. 62,591. 9 Other employee benefits 62,591. 62,591. 9 Other employee benefits 62,591. 62,591. 9 Other employees 30,845. 11,746. 19,099. 1 Lobbying 30,845. 11,746. 19,099. 1 Advertising and promotion 23,7,530. 9,732. 27,798. 16 Occupance, 75,30. 9,732.	•	ç				
the United States. See Part V, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part V, line 15 and 10 4 Benefits paid to or for membras 5 Compensation of current officers, directors, truatese, and key employees 8 213,440. 9 Description 9	2					
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16. Image: Compensation of Commendations, directors, di	2					
argenizations, and molvious outside the United States. See Part IV, lines 15 and 16	3					
United States. See Part IV, lines 15 and 16 Image: Compensation of current officers, directors, trustees, and key employees 213,440. 213,440. Image: Compensation of current officers, directors, trustees, and key employees 213,440. 213,440. Image: Compensation of current officers, directors, trustees, and key employees 213,440. 213,440. Image: Compensation of current officers, directors, trustees, and description of the state data down, to disqualified persons (as relicing and data) employee contributions (notable section 4011,40 and 403), employee contributions 32,267. 32,267. 39,150. 9 Other employee contributions (notable section 4011,40 and 403), employee contributions 32,267. 32,267. 32,267. 9 Other employee contributions (notable section 4014, and 403), employee contributions 32,267. 32,267. 32,267. 9 Other employee contributions (notable section 4014, and 403), employee contributions 32,267. 32,267. 32,267. 10 Fayoil taxes 62,591. 62,591. 1. 1. 1. 9 Other (If the 11g and trusts esciens 6101, graphenes, and promotion 2,412. 2,412. 1.,259,271. 1,248,242. 11,029. 10 Adverting and promotion 2,715. 2,412. 1,259.7732. 27,7798. 1.85,781. 1.85,7	U	3				
4 Bendits paid to of members 213,440. 213,440. 5 Compensation of current officers, directors, trustees, and key employes 213,440. 213,440. 6 Compensation not include above, to disqualified persons (ascilled und section 4980((1)) and persons described in section 4980((1)) and persons described in section 4980((1)) and 493(b) employee contributions 6 657,325. 618,175. 39,150. 7 Other satisfies and vages 657,325. 618,175. 39,150. 8 Persons described in section 4980((1)) and persons described in section 4980((1)) and total to		•				
5 Comparison of current officers, directors, trustees, and key employees 213,440. 213,440. 6 Comparison on Included above, to disqualified persons (as defined under section 49560(110) and persons discribed in section 49560(110) and persons discribed in section 49560(110) and persons discribed in section 49560(110) and section 403(b) employer contributions 9 657,325. 618,175. 39,150. 7 Other salaries and wages 657,325. 618,175. 39,150. 8 Pension plane acruits and contributions (include section 403(b) employee contributions) 73,001. 73,001. 9 Other employee benefits 73,001. 73,001. 73,001. 10 Payoil taxes 62,591. 62,591. 62,591. 8 Caccounting 30,845. 11,746. 19,099. 4 Lobbying 1,259,271. 1,248,242. 11,029. 1 Adventing and promotion 37,530. 9,732. 27,798. 15 Royatles 16,298. 8,298. 10 16 Occupancy 185,781. 16 16 17 Travel 90,410. 90,410. <t< td=""><td>4</td><td></td><td></td><td></td><td></td><td></td></t<>	4					
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6 Compensation on included above, to disputified persons (as defined under section 4868(r)(1)) and persons described in section 4868(r)(1) and persons described in section 4868(r)(1)) and persons described in section 4868(r)(1) and persons and meetings for any federal, state, or local public offic 1900, 410. 17 Travel 185, 781. 185, 781. 18 9, 000. 9, 000. 1, 672. 21 Payments to antimet expenses in covered above, (list miscellaneous spenses	•	•	213,440.	213,440.		
assessed sective during 657,325. 618,175. 39,150. 7 Other satisfies and wages 657,325. 618,175. 39,150. 8 Pension plan accruate and contributions (ncluid section 401k) and 403(b) employer contributions. 32,267. 32,267. 9 Other employee benefits 62,591. 62,591. 10 Payrol taxes 62,591. 62,591. 11 Fees for services (non-employees): 30,845. 11,746. 19,099. 4 Lobbying 30,845. 11,746. 19,099. 9 Other. (If the 1'1g anout excests 10% of line 25, column (A) amount, list line 11g expenses on School 2,412. 2,412. 2,412. 9 Other. (If the 1'1g anout excests 10% of line 25, column (A) amount, list line 11g expenses on School 37,530. 9,732. 27,798. 11 Travel 90,410. 90,410. 90,410. 90,410. 12 Payments of travel or entertainment expent for any tederal, state, or local public offici 1 9,000. 9,000. 25,715. 24,043. 1,672. 12 Payments to affiliates 9,000. 9,000. 25,715. 24,043. 1,672. 12 Payments to affiliates 9,000. 9,682. 9,682. 9,682. 9,682. 9,682.<	6					
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2 3 4 5 8 9 10a 10 11 12 13 14 15	Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and fo trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section employers and sponsoring organizations of sect employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	rmer officers ted employe ied persons 4958(c)(3)(B ion 501(c)(9) Complete P	, directors, es. Complete (as defined under), and contributing voluntary art II of Sch L		2 3 4	1,482,975.
3 4 5 8 9 10a 10a 11 12 13 14 15	Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and fo trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section employers and sponsoring organizations of sect employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	rmer officers ted employe ied persons 4958(c)(3)(B ion 501(c)(9) Complete P	, directors, es. Complete (as defined under), and contributing voluntary art II of Sch L	225,000.	3 4	1,482,975.
4 5 8 9 10a 10 11 12 13 14 15	Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and fo trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section employees and sponsoring organizations of sect employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	rmer officers ted employe ied persons 4958(c)(3)(B ion 501(c)(9) Complete P	, directors, es. Complete (as defined under), and contributing voluntary art II of Sch L	225,000.	4	2,576,546.
5 5 5 7 8 9 10a 10a 11 12 13 14 15	Accounts receivable, net Loans and other receivables from current and fo trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section employers and sponsoring organizations of sect employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	rmer officers ted employe ied persons 4958(c)(3)(B ion 501(c)(9) Complete P	, directors, es. Complete (as defined under), and contributing voluntary art II of Sch L	225,000.		2,576,546.
6 stasse 7 8 9 10a b 11 12 13 14 15	Loans and other receivables from current and fo trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section employers and sponsoring organizations of sect employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	rmer officers ted employe ied persons 4958(c)(3)(B ion 501(c)(9) Complete P	, directors, es. Complete (as defined under), and contributing voluntary art II of Sch L		5	
States 9 10a 11 12 13 14 15	Part II of Schedule L Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section employers and sponsoring organizations of sect employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	ied persons 4958(c)(3)(B ion 501(c)(9) Complete P	(as defined under), and contributing voluntary art II of Sch L		5_	
States 9 10a 11 12 13 14 15	Part II of Schedule L Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section employers and sponsoring organizations of sect employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	ied persons 4958(c)(3)(B ion 501(c)(9) Complete P	(as defined under), and contributing voluntary art II of Sch L		5	
States 9 10a 11 12 13 14 15	Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section employers and sponsoring organizations of sect employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	ied persons 4958(c)(3)(B ion 501(c)(9) Complete P	(as defined under), and contributing voluntary art II of Sch L			
9 10a b 11 12 13 14 15	section 4958(f)(1)), persons described in section employers and sponsoring organizations of sect employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4958(c)(3)(B on 501(c)(9) Complete P	, and contributing voluntary art II of Sch L			
9 10a b 11 12 13 14 15	employers and sponsoring organizations of sect employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	ion 501(c)(9) Complete P	voluntary art II of Sch L			
9 10a b 11 12 13 14 15	employees' beneficiary organizations (see instr). Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	Complete P	art II of Sch L			
9 10a b 11 12 13 14 15	Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D				6	
9 10a b 11 12 13 14 15	Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D				7	
9 10a b 11 12 13 14 15	Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D				8	
10a b 11 12 13 14 15	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			23,061.	9	21,449.
b 11 12 13 14 15	basis. Complete Part VI of Schedule D		F			,
11 12 13 14 15		10a	46,842.			
11 12 13 14 15	Less: accumulated depreciation	10b	46,842. 20,760.	24,984.	10c	26,082.
12 13 14 15	Investments - publicly traded securities		11			
13 14 15	Investments - other securities. See Part IV, line 1			12		
14 15	Investments - program-related. See Part IV, line			13		
15	Intangible assets		14			
	Other assets. See Part IV, line 11		8,780.	15	8,779.	
	Total assets. Add lines 1 through 15 (must equa			985,673.	16	4,163,420.
17	Accounts payable and accrued expenses			17,980.	17	30,357.
18	Grants payable		18			
19	Deferred revenue		19			
20	Tax-exempt bond liabilities		20			
21	Escrow or custodial account liability. Complete F		21			
<u>ي</u> 22	Loans and other payables to current and former					
Liabilities	key employees, highest compensated employee	s and C	alif , persons.			
abi	Complete Part II of Schedule L				22	
[□] 23	Secured mortgages and notes payable to unrela				23	
24	Unsecured notes and loans payable to un tec	third porties	s		24	
25	Other liabilities (including federal income tax,					
	parties, and other liabilities not incluring lines	، +). Com	plete Part X of			
	Schedule D			1 - 0 0 0	25	
26	Total liabilities. Add lines 17 throu 25			17,980.	26	30,357.
			e ▶ 🚺 and			
es	complete lines 27 through 29, and lines 33 an			000 001		204 042
27 ug 27	Unrestricted net assets			288,331.	27	384,843.
			·····	679,362.	28	3,748,220.
밑 29			·····		29	
Net Assets or Fund Balances 8 25 15 00 8 27 15 10 8 27 10 8 27 10 8 27 10 8 20 8 20 8 20 8 20 8 20 8 20 8 20 8 2	Organizations that do not follow SFAS 117 (As	50 958), che	еск nere 🕨 🛄			
	and complete lines 30 through 34.					
s 30	Capital stock or trust principal, or current funds				30	
S 31	Paid-in or capital surplus, or land, building, or eq				31 32	
32 N 33	Retained earnings, endowment, accumulated inc			967,693.	32 33	4,133,063.
- 33	Total net assets or fund balances	L			1,155,005.	
1 34	Total liabilities and net assets/fund balances			985,673.	34	4,163,420.

Form 990 (2013)
Part X Balance Sheet

Form	1 990 (2013) PULITZER CENTER ON CRISIS REPORTING	27-0	458242	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,904	.88	32.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,739	,51	12.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,165	5,37	70.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,69	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,133	8,06	53.
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," ex in in Sch. ule C).			
2a	Were the organization's financial statements compiled or reviewed by an independent account.		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year wer oplicate whether the year were oplicate whether the year wer oplicate whether the year wer opli	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and parate b is				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the ear were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both cons Jai, nd separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that a times resp. Jbility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an indep. 'ant accountant?		2c	X	
	If the organization changed either its oversight process or selectic ut the tax year, explain in Scher	Jule O.			
3a	As a result of a federal award, was the organization required to onder on audit or audits as set forth in the Sing				
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or dite of the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps todergo such audits	<u></u> .			
			Form	990 (2	2013)

(For	m 99 ment of	DULE A 00 or 990-EZ) f the Treasury nue Service	Comple	Dic Charity Status and Public Support te 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. but Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/for	rm990.	OMB No. 15- 20- Open to I Inspec	13 Publi	}
Nam	e of t	the organizati				dentification		nber
Par	tΙ	Reason		R CENTER ON CRISIS REPORTING ity Status (All organizations must complete this part.) See instructions.		-04582	42	
The c	organ			because it is: (For lines 1 through 11, check only one box.)				
1 [•	s, or association of churches described in section 170(b)(1)(A)(i).				
2		A school des	cribed in section 17	(0(b)(1)(A)(ii). (Attach Schedule E.)				
З [A hospital or	a cooperative hospit	tal service organization described in section 170(b)(1)(A)(iii).				
4 [A medical res	search organization of	operated in conjunction with a hospital described in section 170(b)(1)(A)	(iii) ⁻ nter th	he hospital's	nam	e,
		city, and stat	e:					
5 [An organizati	on operated for the	benefit of a college or university owned or operated by a governmental un	it desc. a	l in		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)				
6				ent or governmental unit described in section 170(b)(1)(A)(v).	/			
7 [Х	An organizati	on that normally rec	eives a substantial part of its support from a governmental unit or n the	e general pu	ublic describ	ed in	
r			b)(1)(A)(vi). (Comple					
8 [section 170(b)(1)(A)(vi). (Complete Part II.)				
9		0		eives: (1) more than 33 1/3% of its support from contribu s, mer ersh	•	•		
				nctions - subject to certain exceptions, and (2) no r than 5% of its		•		
				axable income (less section 511 tax) from busing ses acquired by the orga	anization aft	ter June 30, 1	1975.	•
40 [509(a)(2). (Complete					
10 [0	•	berated exclusively to test for public safety. See s .9(a)(4).	m out the n	umpagag of a		
11 [•	•	perated exclusively for the benefit of, to r form the functions of, or to car ations described in section 509(a)(1) or ction 509(a)(2). See section 50 9		-		
				organization and complete lines 11 arc. 11h.	3(a)(3). One		lat	
		a Type I	· · · · · · · · · · · · · · · · · · ·		vne III - Non	-functionally	intea	irated
e				t the organization is not controlled untry or indirectly by one or more dis			•	·
				han one or more publicly strain ations described in section 50				
f			•	ten determination from the IRecord it is a Type I, Type II, or Type III			. ,	
		supporting or	rganization, check th	nis box				
g		Since August	t 17, 2006, has the o	rganization accepte ny c. or contribution from any of the following per	rsons?	_		
		(i) A perso	n who directly or ind	irectly controls, e [:] her ه. or وther with persons described in (ii) and	(iii) below,		Yes	No
		the gove	erning body of the su	upported organiza.		11g(i)		
				n described in (i) above.				<u> </u>
		(iii) A 35% d	controlled entity of a	person de ribed in (i) er (ii) above?		11g(iii)		L
h		Provide the f	ollowing information	about the su, ted ganization(s).				
					<u> </u>			
(i) [Name	of supported	(ii) EIN		Is the ation in col.	(vii) Amount o	of mon	ietary

(i) Name of supported organization	(ii) EIN	au section	(iv) Is the c in col. (i) lis governing) Is the organization (col. (i) listed in your verning document?		 (v) Did you notify the organization in col. (i) of your support? 		on in col. ed in the .?	(vii) Amount of monetary support
		(see instructions))	Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Schedule A (Form 990 or 990-EZ) 2013 PULITZER CENTER ON CRISIS REPORTING 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.)

See	ction A. Public Support						-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	457,343.	1985780.	2655491.	1790205.	5834843.	12723662.		
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		1005000	0655401	10000	5024042	1000000		
	Total. Add lines 1 through 3	457,343.	1985780.	2655491.	1/90205.	5834843.	12/23662.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)				1		5420370.		
6	Public support. Subtract line 5 from line 4.						7303292.		
	ction B. Total Support						13032321		
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	/ 2011	(d) 2012	(e) 2013	(f) Total		
	Amounts from line 4	457,343.	1985780.	2655491.	1790205.		12723662.		
	Gross income from interest,								
-	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources		725.	1,867.	1,946.	1,449.	5,987.		
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 IV.)		<u>1</u> ,6 <u>58</u> .	53.		1,000.			
11	Total support. Add lines 7 through 10						12732360.		
	Gross receipts from related activities,		רs)			12	90,351.		
13	First five years. If the Form 990 is for	r the o'ation's	s. , second, third	d, fourth, or fifth ta	x year as a section	ı 501(c)(3)			
60	organization, check this box and stor ction C. Computation of Publi	<u>p her</u> ic Su סort P				<u></u>	>		
	•						F7 26		
	Public support percentage for 2013 (I		•			14	57.36 % 45.93 %		
	Public support percentage from 2012					15			
108	33 1/3% support test - 2013. If the c								
F	stop here. The organization qualifies 33 1/3% support test - 2012. If the organization qualifies 43 1/3% support test - 2012.		-		lino 15 is 22 1/30/				
L.	and stop here. The organization qual	-							
17:	10% -facts-and-circumstances test								
		-							
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
h	10% -facts-and-circumstances test	-		• • • •					
~		-							
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
<u>1</u> 8	B Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								
	Schedule A (Form 990 or 990-EZ) 2013								

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	► (a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 per- formed, 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					1	
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 person	s					
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.)			<u> </u>			
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	► (a) 2009	(b) <u>10</u>	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6			<u> </u>			
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4		1			
b Unrelated business taxable income						
(less section 511 taxes) from businesse acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is	for the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3) organiza	ation,
check this box and stop here	U U					·
Section C. Computation of Pub						
15 Public support percentage for 2013	(line 8, column (f) di	vided by line 13,	column (f))		15	%
16 Public support percentage from 20					16	%
Section D. Computation of Inve	estment Income	Percentage				
17 Investment income percentage for	2013 (line 10c, colur	mn (f) divided by li	ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2013. If the					33 1/3%, and line 1	
more than 33 1/3%, check this box						
b 33 1/3% support tests - 2012. If the						
line 18 is not more than 33 1/3%, cl						
20 Private foundation. If the organization						
332023 09-25-13		,	. ,			0 or 990-EZ) 2013
		15	2	50.		,

12430506 147227 2861836000

Schedule A	(Form 990 or 990-E	Z) 2013 PUL	ITZER (CENTER	ON CRISI	S REPORTING	27-0458242	2 Page 4
Part IV	Supplemental	Information	1. Provide th	ne explanatio	ns required by Pa	art II, line 10; Part II,	ine 17a or 17b; and Part III, line	e 12.
	Also complete this	s part for any ad	iuitional infor	mation. (See	INSTRUCTIONS).			
							<	

332024 09-25-13

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

Name of the organization

PULITZER	CENTER	ON	CRISIS	REPORTING	27-0458242

OMB No. 1545-0047

Employer identification number

Organization typ	e (check one):
------------------	----------------

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private found on
	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 eneral Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, out the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 c 990. bat , t the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any on ntribe, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form -EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organize. Ing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

•

Employer identification number

27 - 0458242

2013.03040 PULITZER CENTER ON CRISIS 28618361

PULITZER CENTER ON CRISIS REPORTING

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total cor	(d) Type of contribution
2		\$ <u>15</u> 0,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$350,000.	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
4		\$983,143.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(د, Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>150,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 323452 10-24		\$ <u>185,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013)
020402 10-24	22		(2013)

 $12430506 \ 147227 \ 2861836000$

Name of organization

·

Employer identification number

27 - 0458242

PULITZER CENTER ON CRISIS REPORTING

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

	-		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$132,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total corutic	(d) Type of contribution
8_		\$ <u>50</u> 0, <u>000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>147,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(د, Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 10-2		\$	Person Payroll O Noncash O (Complete Part II for noncash contributions.) 990. 990-EZ, or 990-PF) (2013)

23

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

12430506 147227 2861836000

Employer identification number

27 - 0458242

PULITZER CENTER ON CRISIS REPORTING

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(-)	Noncash Property (see instructions). Use duplicate copies of Part II		
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
-		\$	
(a) No. rom Part I	(b) Description of noncash property given	(r FMV (or e) (see in the city	(d) Date received
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 		\$	
(a) No. rom Part I	(b) Description of noncash proper ⁱ ven	(c) FMV (or estimate) (see instructions)	(d) Date received
 		\$	
(a) No. rom 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
453 10-24-13		\$	90, 990-EZ, or 990-PF) (2

24

12430506 147227 2861836000

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of orga	nization	Employer identification number						
PULITZI	ER CENTER ON CRISIS RE	PORTING	27-0458242					
Part III	Exclusively religious, charitable, etc., indi year. Complete columns (a) through (e) and the total of exclusively religious, charitable, e Use duplicate copies of Part III if addition	vidual contributions to section 501(c the following line entry. For organizat tc., contributions of \$1,000 or less fo	(7), (8), or (10) organizations that total more than \$1,000 for the					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-		(e) Transfer of gi	ift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship tra. feror to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	رمان escription of how gift is held					
Part I		(c) use of girt						
		e) Transf بf gi	ift					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
-								
(a) No. from Part I	(b) Purpose of gift	, Usr í gift	(d) Description of how gift is held					
	C	(e) Transfer of gi	ift					
	Transferee's name, ao `ss, a	<u>nr _IP + 4</u>	Relationship of transferor to transferee					
(a) No. from		(a) Una of sitt	(d) Deceription of how sift is hold					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gi						
	Transferee's name, address, a		Relationship of transferor to transferee					

25

323454 10-24-13

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Department of the Treasury

Internal Revenue Service

 Supplemental Financial Statements

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

 ▶ Attach to Form 990.

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



Name of the organization	
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PULLTTZER CENTER ON CRISIS REPORTING

Employer identification number 27 - 0458242

Pa	rt I Organizations Maintaining Donor Advised Funds of		or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
		Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that t	he assets held in donor advis	ed fur
	are the organization's property, subject to the organization's exclusive leg	jal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in w		
	for charitable purposes and not for the benefit of the donor or donor advis		
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the organization ar	swered "Yes" to Form	чV, ь 7.
1	Purpose(s) of conservation easements held by the organization (check all	that apply).	
	Preservation of land for public use (e.g., recreation or education)	Preservation nhis	stc ally important land area
	Protection of natural habitat	Preser of a	.ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the time	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	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure inc		
d	Number of conservation easements included in (c) acquired after 8/17/06	, 'not on a historic structu	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, releated, end	nuished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation emr. is lo		
5	Does the organization have a written policy regarding the period of		Yes No
6		ng conservation easements du	
6 7	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing Amount of expenses incurred in monitoring, insripting, and enforcing co	•	
8	Does each conservation easement reported on line abc satisfy the	-	
0			
9	and section 170(h)(4)(B)(ii)?		
Ŭ		•	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of Art, Histo	orical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV,	, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not	to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, educ	cation, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these ite	ems.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to re-	port in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or	research in furtherance of pul	olic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in 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 treasures, or ot	her similar assets for financia	l gain, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 9	90.	Schedule D (Form 990) 2013

332051 09-25-13

26	5	
2	02040	DT.

		CENTER ON				27-0458242 Page 2		
Par	t III Organizations Maintaining Co	llections of Ar	t, Historica	I Treasures,	or Othe	er Similar Asse	ts _{(continu}	ed)
3	Using the organization's acquisition, accession	n, and other records	s, check any o	f the following th	at are a s	ignificant use of its	collection it	ems
	(check all that apply):							
а	Public exhibition	d		or exchange prog				
b	Scholarly research	e	• Other					
С	Preservation for future generations							
4	Provide a description of the organization's coll						rt XIII.	
5	During the year, did the organization solicit or					Г	_	<u> </u>
Dor	to be sold to raise funds rather than to be main						Yes	No No
Par	t IV Escrow and Custodial Arrang		ete if the orgar	lization answered	d "Yes" to	Form 990, Part IV	, line 9, or	
	reported an amount on Form 990, Part		· · · · · · · · · · · · · · · · · · ·					
та	Is the organization an agent, trustee, custodian							
	on Form 990, Part X?					L	Yes	└── No
D	If "Yes," explain the arrangement in Part XIII ar	na complete the fol	lowing table:				Amount	
•	Paginning balance						Amount	
c b	Additions during the year					1c 1d		
u	Additions during the year							
f	Ending balance							
	Did the organization include an amount on For						Yes	No
	If "Yes," explain the arrangement in Part XIII. C				 I Huu			
Par						10.		
		(a) Current year	(b) Prior ye			(d) Three years bac	k (e) Four y	ears back
1a	Beginning of year balance							
b	Contributions							
с	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curre	· · ·	e ("ne 15, Dlu	mn (a)) held as:				
а	Board designated or quasi-endowment 🕨 _		10					
b	Permanent endowment	%						
С	Temporarily restricted endowment	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
	The percentages in lines 2a, 2b, and 2c should							
3a	Are there endowment funds not in the possess	sir of the organiza	ition that are h	eld and administ	ered for t	he organization	_	
	by:							<u>es No</u>
	(i) unrelated organizations							
_	(ii) related organizations							
b	If "Yes" to 3a(ii), are the related organizati						3b	
4 Dar	t VI Land, Buildings, and Equipme	Lation's endo	wment funds.					
Fai				1 . C		line 10		
	Complete if the organization answered				1			
	Description of property	(a) Cost or o basis (investn		Cost or other basis (other)		Accumulated epreciation	(d) Book	value
4.	Land		iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii					
-	Land							
b	Buildings Leasehold improvements							
c d					-			
	EquipmentOther			46,842	_	20,760.	2.6	,082.
-	Other		V column /P)		- 1	<u> </u>		,082.

Schedule D (Form 990) 2013

	ENTER ON CRISI	S REPORTING	27-0458242 Page 3
Part VII Investments - Other Securities.	to Form 000 Dout IV line	11b Cas Farm 000 Dart V	line 10
Complete if the organization answered "Yes (a) Description of security or category (including name of security)			ion: Cost or end-of-year market value
		(0)	
 (1) Financial derivatives (2) Closely-held equity interests 			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes (a) Description of investment	<u>to Form 990, Part IV, line</u> (b) Book value		, 13. hn: C or end-of-year market value
			in. C tor end-or-year market value
(1)		<u> </u>	
(3)			
(3)(4)			·
(5)		+	
(6)			
(7)			
(8)		(
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX Other Assets.			
Complete if the organization answered "Yes	" to Form 990	See Form 990, Part X	, line 15.
(a	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X. (B) li	r <u>5.)</u>		····· >
Part X Other Liabilities.	It to Form 000 Dout N/ line	11. or 116 Cas Farm 000	Datt V. line OF
Complete if the organization answered "Yes 1 . (a) Description of liability	to Form 990, Part IV, line	(b) Book value	Part X, line 25.
(1) Federal income taxes			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 25.)		
2. Liability for uncertain tax positions. In Part XIII, provid	-	o the organization's financi	al statements that reports the
organization's liability for uncertain tax positions und	er FIN 48 (ASC 740). Checl	k here if the text of the foot	note has been provided in Part XIII X

Schedule	D	(Form	990)	2013
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Sche	dule D (Form 990) 2013 PULITZER CENTER ON CRIS			0458242 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenue pe	er Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	5,904,882.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	5,904,882.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		. 5	5,904,882.
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	tements With Expr res	r Returr).
	Complete if the organization answered "Yes" to Form 990, Part IV, line	e 12a.		
1	Total expenses and losses per audited financial statements		1	2,739,512.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
с	Other losses	<u>.c</u>		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,739,512.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. F		5	2,739,512.
	t XIII Supplemental Information.		J	2,755,512.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part V ines 1a a, ; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this ort to provide any additional information.

PART X, LINE 2:

EXPLANATION: THE CENTER IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES AS
AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE
CODE. ACCORDINGLY, NO PROVISION HAS BEEN MADE IN THE ACCOMPANYING
FINANCIAL STATEMENTS FOR FEDERAL OR STATE INCOME TAXES. THE CENTER
ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH THE INCOME TAX
TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARDS
CODIFICATION. THE CENTER FILES A FEDERAL INCOME TAX RETURN. THE CENTER
BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND
AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO
THE FINANCIAL STATEMENTS. THE CENTER'S FEDERAL EXEMPT ORGANIZATION
BUSINESS INCOME TAX RETURN (FORM 990) FOR 2010, 2011 AND 2012 ARE SUBJECT
09-25-13 Schedule D (Form 990) 2013 29
12430506 147227 2861836000 2013.03040 PULITZER CENTER ON CRISIS 28618361

Schedule D (Form 990) 2013 PULITZER CENTER ON CRISIS REPORTING Part XIII Supplemental Information (continued)	27-0458242	Page 5
TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR	THE THREE	
YEARS AFTER THEY WERE FILED. THERE ARE NO RETURNS UNDER EXAMI		
332055 09-25-13	Schedule D (Form 99	0) 2013

SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-004	47		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	49	<u> </u>		
-	-	Compensated Employees		20	IJ)		
Dopor	tmont of the Treesury	 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ See separate instructions. 						
	tment of the Treasury al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/for	rm990.	Inspe				
Nam	e of the organizatio	n	Employer ide			nber		
_		PULITZER CENTER ON CRISIS REPORTING	27-04	15824	2			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed in Form S) 90,					
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c	, i i i i i i i i i i i i i i i i i i i	na' se					
	Travel for com		side 🤉					
	_	cation and gross-up payments						
	Discretionary	spending account Personal services (e.g., maid, chaufferer c	hef)					
b	•	on line 1a are checked, did the organization follow a written policy regarding payme	V		37			
•		provision of all of the expenses described above? If "No," complete Part III to explain		. 1 b	Х			
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by un rs,			х			
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked in line a?		2	~			
2	Indianta which if a	ny, of the following the filing organization used to establish the comperation on substances	tion's					
3		ny, of the following the filing organization used to establish the compertion on sugarization ganization. Check all that apply. Do not check any boxes for methods use oy a release of organization.						
			51110					
	establish compensation of the CEO/Executive Director, but explain in Part III.							
	·	compensation consultant Compension survey or study						
	·	ther organizations X Approving the board or compensation c	ommittee					
			ommittee					
4	During the year, did	any person listed in Form 990, Part VII, Section A, ان عد الله عنه عنه المعالية المعالم المعالية الم						
-	organization or a re							
а	•	e payment or change-of-control payment?		4a		X		
b		ceive payment from, a supplemental nonqualified rement plan?				X		
с		ceive payment from, an equity based comressation and ement?				X		
		nes 4a-c, list the persons and provide the policiple arounts for each item in Part III.						
		e)(3) and 501(c)(4) organizations mus、 ple، nes 5-9.						
5	For persons listed i	n Form 990, Part VII, Section A, line 1a, dic organization pay or accrue any compensatior	ı					
	contingent on the r							
а	The organization?			5a		X		
b	Any related organiz	ation?		5b		X		
		r 5b, describe in Part II						
6		n Form 990, Part VII, Senn A, lin 1a, did the organization pay or accrue any compensation	۱					
	contingent on the r							
						X		
b		ation?		6b		X		
_		r 6b, describe in Part III.						
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments		_		v		
~		es 5 and 6? If "Yes," describe in Part III		. 7		X		
8	-	reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v		
~				8		X		
9		d the organization also follow the rebuttable presumption procedure described in						
		1 53.4958-6(c)?		<u>9</u>	- 000	0010		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	le J (Forn	n 990)	2013		

332111 09-13-13

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

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

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	(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable benefits	(E) Total of columns	(F) Compensation reported as deferred
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in prior Form 990
(1) JON SAWYER	(i)	184,950.	0.	0.	0.	0.	184,950.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	28,490.	28,490.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)			·				
	(ii)							
	(i)		· ·					
	(ii)			<u> </u>				
	(i)							
	(ii) (i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

m990. Open To Public Inspection Employer identification number

/1

OMB No. 1545-0047

3

Name of the organization

PULITZER CENTER ON CRISIS REPORTING

27-0458242

▶ \$

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
--

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of diagualified person	(b) Relationship between disqualified	(a) Description of transaction	(d) Cori	rected?
(a) Name of disqualified person	person and organization	(c) Description of transaction	Yes	No
2 Enter the amount of tax incurred by	the organization managers or disqualifie	d persons during the year und		
section 4958				

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a Form 9° Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?				from the		(e) Original principa' amount	.ance due	(g) defa) In ault?	(h) Ap by bo comm	proved ard or hittee?	(i) Wi agreer	ritten nent?
			То	From			Yes	No	Yes	No	Yes	No				
			$\overline{\mathbf{D}}$	\Box												
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				$ \frown $			1									
tal					> \$	1		1								

Part III

III Grants or Assistance Benefiting. rest a Persons.

			1
(Relation, o between prested rson and rization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
	(Relation, o between prested rson and	(Relation, o between (c) Amount of assistance	(Relation. p between or son and of assistance (c) Amount of assistance (d) Type of assistance

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

Schedule L (Form 990 or 990-EZ) 2013

Part IV	Business Transac	tions Involvina I	nterested	Pers	ons.	
Schedule L	(Form 990 or 990-EZ) 201	3 PULITZER	CENTER	ON	CRISIS	REPORTING

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
DAN MCCAREY	SON-IN-LAW OF THE E	80,886.	WEBSITE DES		X	
KEM KNAPP SAWYER	SPOUSE OF THE EXECU	46,958.	MENTORS THE		X	

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: DAN MCCAREY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SON-IN-LAW OF THE EXECUTIVE DIRECTOR

(D) DESCRIPTION OF TRANSACTION: WEBSITE DESIGN AND MAINTENANCE

CONSULTANT. THE SON-IN-LAW OF THE EXECUTIVE DIRECTOR PROVIDED WEBSITE

DESIGN, MAINTENANCE, AND CONSULTING SERVICES TO THE ORGANIZATION

(A) NAME OF PERSON: KEM KNAPP SAWYER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SPOUSE OF THE EXECUTIVE DIRECTOR

(D) DESCRIPTION OF TRANSACTION: MENTORS THE STUDENT FELLOWS IN THE

CAMPUS CONSORTIUM AND ALSO EDITS "UNTOLD STORIES" AND E-BOOKS FOR THE

PULITZER CENTER.

Schedule L (Form 990 or 990-EZ) 2013

332132 09-25-13

301			
SUD	IEDUI	EO	

(Form 990 or 990-EZ) epartment of the Treasury

Name of the organization

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 990-EZ.

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

PULITZER CENTER ON CRISIS REPORTING



Employer identification number 27-0458242

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

QUALITY INTERNATIONAL JOURNALISM ACROSS ALL MEDIA PLATFORMS AND AN

INNOVATIVE PROGRAM OF OUTREACH AND EDUCATION.

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

EXPLANATION: A COPY OF THE DRAFT 990 WAS PROVIDED TO THE TREASURER AND

SECRETARY FOR REVIEW BEFORE BEING FILED.

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

EXPLANATION: THE BOARD OF DIRECTORS REVIEWS AND APPROVES ALL CHANGES IN

COMPENSATION ON AN ANNUAL BASIS.

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

EXPLANATION: OUR ANNUAL REPORTS ARE POSTED ON OUR WEBSITE. THE REPORTS

INCLUDE PRELIMINARY DATA FROM THE YEAR RECORDED AND NOTICE THAT AUDITED

FINANCIAL REPORTS ARE AVAILABLE ON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES: JOURNALIST EXPENSES: 1,181,296. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES Ο. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,181,296. CONSULTING: PROGRAM SERVICE EXPENSES 66,946.

Schedule O (Form 990 or 990-EZ) (2013) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

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^{2013.03040} PULITZER CENTER ON CRISIS 28618361

PULITZER CENTER ON CRISIS REPORTING MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES	0.
FUNDRAISING EXPENSES	
TOTAL EXPENSES	0.
	66,946.
WEBSITE DESIGN & MAINTENANCE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	9,793.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	9,793.
MANAGEMENT FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,236.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,236.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,259,271.
FORM 990, PART XII, LINE 2C:	
EXPLANATION: CHANGE IN OVERSIGHT OR SELECTION PROCESS	
THERE HAS BEEN NO CHANGE IN THE OVERSIGHT PROCESS OR SELE	CTION PROCESS
FOR THE YEAR ENDING DECEMBER 31, 2013.	

2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 99	00 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C L o l v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	PROGRAM SERVICES														
	APPLE COMPUTERS &					-									
1	PERIPHERALS	01/27/10	SL	5.00	1	16	6,677.		_		6,677.	4,005.		1,335.	5,340.
2	APPLE COMPUTERS	09/30/10	SL	5.00	1	16	6,245.				6,245.	2,914.		1,249.	4,163.
3	WALL DEMO	10/04/10	SL	15.00	1	16	4,660.				4,660.	700.		311.	1,011.
4	WSI COMPUTERS AND PRINTERS	07/01/09	SL	5.00	1	16	2,113.				2,113.	2,113.		0.	2,113.
5	APPLE COMPUTERS	01/08/11	SL	5.00	1	16	1,739.			1	1,739.	696.		348.	1,044.
6	COMPUTER EQUIPMENT (2 IPADS)	05/02/12	SL	5.00	1	16	1,076.				1,076.	143.		215.	358.
7	OFFICE FURNITURE AND EQUIPMENT	08/28/12	GT.	3.00	1	16	1,500.				1,500.	208.		500.	708.
,	OFFICE FURNITURE AND	00720712		5.00			1,500.				1,500.	200.			,
8	EQUIPMENT	04/04/12	SL	7.00	1	16	1,050.				1,050.	113.		150.	263.
	OFFICE FURNITURE AND														
9	EQUIPMENT	10/12/12	SL	3.00	1	16	1,976.		1	1	1,976.	165.	1	659.	824.
10	OFFICE FURNITURE AND EQUIPMENT	10/16/12	SL	3.00		16	2,030.				2,030.	169.		677.	846.
	OFFICE FURNITURE AND										,				
11	EQUIPMENT	10/23/12	SL	3.00	1	16	7,794.				7,794.	650.		2,598.	3,248.
	VERIZON- TELEPHONES &														
12	EQUIPMENT	04/01/13	SL	5.00	1	16	3,823.				3,823.			573.	573.
13	APPLE COMPUTERS	08/01/13	SL	5.00	1	16	1,271.				1,271.			106.	106.
14	NI GROOM A TR	11/01/12	at	5 00											
14	MACBOOK AIR	11/01/13	SL	5.00	L L	16	1,981.				1,981.			66.	66.
15	IMAC VIDEO EDITING SYSTEM	11/01/13	SL	5.00	1	16	2,907.				2,907.			97.	97.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						46,842.				46,842.	11,876.		8,884.	20 760
	* GRAND TOTAL 990 PAGE 10					1	40,042.		l	l	40,042.	11,070.		0,004.	20,760.
	DEPR						46,842.				46,842.	11,876.		8,884.	20,760.
200111											, ,				

328111 05-01-13

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

	Donro	intion and	Amortizatio	n 000		OMB No. 1545-0172
Form 4562 Department of the Treasury Internal Revenue Service (99)		g Information or	Amortizatio n Listed Property Attach to your tax re	r)		2013 Attachment Sequence No. 179
Name(s) shown on return			Business or activity to whice	ch this form relate	S	Identifying number
PULITZER CENTER O			FORM 990 P7			27-0458242
	tain Property Under Section 1	79 Note: If you have	any listed property, co	omplete Part		<u>u complete Part I.</u> 500,000.
1 Maximum amount (see instruct	,	inctructions)			1 2	500,000.
 Total cost of section 179 prop Threshold cost of section 179 		,			2	2,000,000.
4 Reduction in limitation. Subtra	,					2,000,000.
5 Dollar limitation for tax year. Subtract lin			elv. see instructions			
	cription of property		ost (business use only)	(c) Electr		
7 Listed property. Enter the ame	ount from line 29					
8 Total elected cost of section 1					8	
9 Tentative deduction. Enter the					9	
10 Carryover of disallowed deduc	,				10	
11 Business income limitation. El			, , , , , , , , , , , , , , , , , , , ,	••••••	11	
12 Section 179 expense deduction			nan line 11	· · · · · · · · · · · · · · · · · · ·	12	
13 Carryover of disallowed deduce Note: Do not use Part II or Part III						
	on Allowance and Other D		t ude listed proper	tv)		
14 Special depreciation allowand						
				aanng	14	
15 Property subject to section 16					15	
16 Other depreciation (including	.,.,				16	8,884.
Part III MACRS Depreciation	on (Do not include listed p	roperty.) ′Se∈ `ru	ctions.)			
		Section.				
17 MACRS deductions for assets	s placed in service in tax ye	ears inn y bef	e 2013	<u></u>	17	
18 If you are electing to group any assets p			set accounts, check here)		
Section B	b - Assets Placed in Servio (b) Month and	ce ing 2 lax	Year Using the Gene	ral Deprecia	tion Syster	n
(a) Classification of property	year placed	(busi. investment	(a) Recovery	(a) Convention		
	in servi	only - Jee instructio	ins) period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property	in servi	only - Jee instructio	ins) period	(e) Convention	(f) Method	(g) Depreciation deduction
19a3-year propertyb5-year property	in servi	only - see instructio	ns) perioa		(f) Method	(g) Depreciation deduction
		only - see instructio	ns) perioa		(f) Method	(g) Depreciation deduction
b 5-year property	ín servi	only - see instructio	ns) perioa		(f) Method	(g) Depreciation deduction
b5-year propertyc7-year property	in servi	only - Lee instructio	ns) perioa		(f) Method	(g) Depreciation deduction
b5-year propertyc7-year propertyd10-year property		only - see instructio	ins) period			(g) Depreciation deduction
b5-year propertyc7-year propertyd10-year propertye15-year property		only - see instructio	25 yrs.		S/L	(g) Depreciation deduction
b5-year propertyc7-year propertyd10-year propertye15-year propertyf20-year propertyg25-year property	V	only - see instructio	25 yrs. 27.5 yrs.	MM	S/L S/L	(g) Depreciation deduction
b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property	y /	only - cee instructio	25 yrs. 27.5 yrs. 27.5 yrs.	MM MM	S/L S/L S/L	(g) Depreciation deduction
b5-year propertyc7-year propertyd10-year propertye15-year propertyf20-year propertyg25-year property	y /		25 yrs. 27.5 yrs.	MM MM MM	S/L S/L S/L S/L S/L	(g) Depreciation deduction
b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property	y / / / / /	only - Jee instructio	25 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM	S/L S/L S/L S/L S/L S/L	
b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C -	y /	only - Jee instructio	25 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM	S/L S/L S/L S/L S/L S/L iation Syst	
b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - 20a Class life	y / / / / /	only - Jee instructio	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L iation Syst S/L	
b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real proper Section C - 20a Class life b 12-year	y / rty / Assets Placed in Service	only - Jee instructio	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 6ear Using the Alterna 12 yrs.	MM MM MM MM MM ative Deprec	S/L S/L S/L S/L S/L S/L iation Syst S/L S/L	
b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - 20a Class life Class life	y / rty / Assets Placed in Service	only - Jee instructio	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L iation Syst S/L	
b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real proper Section C - 20a Class life b 12-year c 40-year	y / y / / / / / / / / / / / / / / / / /	During 2013 Tax Y	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ear Using the Alterna 12 yrs. 40 yrs.	MM MM MM MM MM ative Deprec	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	
b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - 20a Class life b 12-year c 40-year Part IV Summary (See instru-	y / y rty / / Assets Placed in Service / uctions.) t from line 28	During 2013 Tax Y	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. ear Using the Alterna 12 yrs. 40 yrs.	MM MM MM MM MM ative Deprec	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	
b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - 20a Class life b 12-year c 40-year Part IV Summary (See instri 21 Listed property. Enter amount	y / y / / y / / / / / / / / / / / / / /	During 2013 Tax Y	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 6ear Using the Alterna 12 yrs. 40 yrs.	MM MM MM MM MM ative Deprec	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	
b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - 20a Class life b 12-year c 40-year Part IV Summary (See instru- 21 Listed property. Enter amount 22 Total. Add amounts from line	y / y / rty / Assets Placed in Service / uctions.) t from line 28 12, lines 14 through 17, lin riate lines of your return. P	During 2013 Tax Y	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs. 40 yrs. umn (g), and line 21. prporations - see instr.	MM MM MM MM MM ative Deprec	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	em
b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - 20a Class life b 12-year c 40-year Part IV Summary (See instru- 21 Listed property. Enter amount 22 Total. Add amounts from line Enter here and on the approp	y / y / rty / Assets Placed in Service / uctions.) t from line 28 12, lines 14 through 17, lin riate lines of your return. P placed in service during th	During 2013 Tax Y	25 yrs. 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. fear Using the Alterna 12 yrs. 40 yrs. umn (g), and line 21. prporations - see instr. the	MM MM MM MM MM ative Deprec	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	em

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For	m 4562 (2013)	PUL	ITZER C	ENTE	R ON	CR	ISIS	REP	ORTING	3		27-	0458	242	Page 2
Pa	Listed Propert amusement.)					·		•		•		tertainm	ent, recr	eation, o	r
	Note: For any w through (c) of S	<u>Section A, all</u>	hich you are u of Section B, on and Other	and Sect	<u>ion C if a</u>	applic	able.			-	-	-			nns (a)
040	Do you have evidence to s														
24a		(b)	(c)			\square	Yes (e)		24b If "Y					_ Yes	<u> No</u> (i)
	(a) Type of property (list vehicles first)	Date placed in service	Business, investmen use percenta	t ot	(d) Cost or her basis		Basis for dep business/inv use or	reciation estment	(f) Recovery period	Met	g) hod/ ention	Depre	(h) eciation uction	Ele sectio	cted on 179 ost
	Special depreciation allo	•		,	•			•			05				
	used more than 50% in a Property used more that										25	I			
20	Froperty used more that										1				
		: :		%								— 4			
				% %											
07	Property used 50% or la														
21	Property used 50% or le									s/.	— -				
				% %						S/L -	~ <u> </u>			1	
		: :		%						-				4	
	Add amounta in column	(b) lines 05		/-	and an		1	1	L	<u> </u>	28			1	
	Add amounts in column												00		
29	Add amounts in column	(I), IINE 26. E		Section E							<u></u>		29		
0		hialaaaad l								lata d		16			
	nplete this section for ve our employees, first ans		, , ,	· •	,										
to y	our employees, first ansi	wer the ques	stions in Secti	on C to s	ee if you	meet	an exce	ption t	ompletir	this se	Ction to	r those \	/enicies.		
				(;			(b)		(c)	(0	1)		e)	(1	5)
20	Total business/investment	milae drivan d	uring the		icle	、	/ehicl/	4	/ehicle	Veh	-	-	-) nicle	Veh	-
	year (do not include comr		•	Ven			<u>venic</u> ,	+	/ EIIICIE			VCI			
	Total commuting miles of														
	Total other personal (no	-	-												
	driven			<u> </u>		-									
	Total miles driven during Add lines 30 through 32														
34	Was the vehicle available	e for person	al use	Yes	ຼ່ງ່	fes	s <u>No</u>	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?						4								
35	Was the vehicle used pr	rimarily by a	more												
	than 5% owner or relate	d person?				<u> </u>									
	Is another vehicle availa														
	use?														
		Section C	- Quest	or Emp.	rs W؛	ho Pr	ovide Ve	hicles	for Use by	Their E	mploye	es			
Ans	wer these questions to c	determine if y	you me an e	xce _⊾ ∖n	to comp	leting	Section	B for ve	ehicles use	d by em	ployees	who a	re not m	nore than	5%
owr	ners or related persons.	-				-				-	-				
	Do you maintain a writte employees?								-	-				Yes	No
38	Do you maintain a writte	en policy stat	tement that n	ohibits n	ersonalı	use of	vehicles	. excen	t commuti	na. by vo	 ur				1
	employees? See the ins	, ,						· ·		0, , ,					
	Do you treat all use of ve							-							1
	Do you provide more that														
	the use of the vehicles,														
	Do you meet the require														1
	Note: If vour answer to 3														
_	art VI Amortization	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>											
	(a)			(b)		(c	;)		(d)		(e)			(f)	
	Description of	costs	Dat	e amortization begins		Amorti: amo			Code section		Amortiza period or per		Ai fo	mortization or this year	
42	Amortization of costs th	at begins du	ring your 201	-	r:									-	
				: :						T					
				: :											
43	Amortization of costs th	at began he	fore your 201'					I		I		43			
	Total. Add amounts in c											44			
	52 12-19-13												F	orm 456 :	2 (2013)
0,02						4	0						'		_ (_010)

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