# **PUBLIC INSPECTION COPY**

	000	
Form	220	

I

## EXTENDED TO NOVEMBER 15, 2017 Return of Organization Exempt From Income Tax



Description         Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>	Form <b>YYU</b> Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) <b>2011</b>						
Internation about Form 990 and its instructions is at www.cs.gov/tom920.       Inspection         B       Colspan="2">Colspan="2"Co	Dep	artment	of the Treasury	Do not enter social security numbers on this form as it r	nay be made public.		Open to Public
B       Construction       D       Employer identification number         Products       PULITZER CENTER ON CRISIS REPORTING       27-0458242         Doing business as       27-0458242         Window       Diam dusiness as       27-0458242         Window       Construction       615       (202)332-0982         Construction       Construction       9,600,976.         Window       MaSHLINGTON, DC 20036-2109       Height Status       (202)332-0982         Construction       Status       Status       (202)332-0982         Construction       MASHLINGTON, DC 20036-2109       Height Status       (202)332-0982         Window       Point Transaction       Status       (202)332-0982       (202)332-0982         Construction       MaSHLINGTON, DC 20036-2109       Height Status       (202)332-0982       (202)332-0982         Visit       Family and address of principal officer JON SAWYER       Height Status       (202)332-0982       (202)332-0982       (202)332-0982         I briefly describe terganization       Status of lengt Address       (200)32-0982       (202)332-0982       (202)332-0982       (202)332-0982       (202)332-0982       (202)332-0982       (202)332-0982       (202)332-0982       (202)332-0982       (202)332-0982       (202)332-0982       (202)33				Information about Form 990 and its instructions is at $_W$	ww.irs.gov/form990.		
Instrument       PULITZER CENTER ON CRISIS REPORTING       27-0458242         Doing business as       Doing business as       27-0458242         Introduction       Number and street (of P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number         Introduction       1719       MASSACHUSETTS AVE. NW       615       C(22)332-0982         City or town, state or province, country, and ZP or foreign postal code       G Geometric 3       9,600,976.         WASHINGTON, DC       20036-2109       Hg is this a group return       for subordinates ?       Yes       No         Itaxexement stature:       XI (010(3)       501(1)       if into, and address of principal officer JON SAWYER       Hg is this a group return       for subordinates ?       Yes       No         J accessment stature:       XI (010(3)       501(1)       if into, and address of principal officer JON SAWYER       Hg is this a group return       for subordinates ?       Yes       No         J accessment stature:       XI (010(3)       501(1)       if into, and address of principal officer JON SAWYER       Hg is this a group return       for subordinates ?       Yes       No         J accessment stature:       XI (Corporation in trission or most significant activities:       THE PULITZER CENTER PROMOTES       If into, and address of principal officer JON SAWYER       Hg is thi	Α	For th	e 2016 calenda	ar year, or tax year beginning and endin	Ig		
Image: PULITZER CENTER ON CRISIS REPORTING       27-0458242         Image: PulitZER CENTER ON CRISIS REPORTING       E Telephone number         Image: PulitZER CENTER ON CRISIS AVE. NW       615         Image: PulitZER CENTER ON CRISIS AVER PulitY of the set of o	В	Check if applicat	De: C Name of	organization	D Employer iden	tificatio	n number
Doing Dusiness as       Doing Dusiness as       21 - 04 3 0 4 4 2         Prevent Wear       Number and steep (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number         Prevent Wear       1779 MASSACHUSETTS AVE. NW       615       (202) 332-0982         City or town, state or province, country, and ZIP or foreign postal code       G dreas receive is       9, 600, 976.         WASHINGTON, DC 20036-2109       H(a) Is this a group return       for subordinates?       Ves IX         Modelste:       NWW.PULTIZERCENTER.ONG       H(b) resistance advectore induces?       No         I access title description number       For organization:       Tax exempt status:       S010(c)(3)       501(c)(-       (insert no.)       4947(a)(1) or       H(b) resistance:       2009 M State of legal domicale: DC         Perturn       For organization:       Tax exempt status:       S010(c)(3)       501(c)(-       (insert no.)       4947(a)(1) or       H(b) resistance:       No         I briefly describe the organization in a discontinued its operations or disposed of more than 25% of its net assets.       No       No       Its net assets.       No         I briefly describe the organization is discontinued its operations or disposed of more than 25% of its net assets.       No       Its net assets.       No         I briefly describe the organization is disc			ge PULI	TZER CENTER ON CRISIS REPORTING			
Number and street (or P.0. box if mail is not delivered to street address)       Formward       Formward       (202) 332-0982         Prevent       T779 MASSACHUSETTS AVE. NW       (515       (202) 332-0982         Arrended       City or town, state or province, country, and ZIP or foreign postal code       Gense scepts § 9, 600, 976.         Massimum       Number of town, state or province, country, and ZIP or foreign postal code       High is this a group return for subordinates?       Yes X No         I Tax exempt status:       X 501(c)(3)       501(c)(-)       (insert no.)       4947(a)(1) or       527         J Website:       WWW. PULITZERCENTER.ORG       High is this a group return for subordinates?       Yes X No         M How and address of principal officer:       J Gense scepts 6       9, 600, 976.       High is this a group return for subordinates?       Yes X No         J Website:       WWW. PULITZERCENTER.ORG       High strika a list (see instructions)       High strika a list (see instructions)         J Website:       WWW.PULITZERCENTER.ORG       High strika a list (see instructions)       High strika a list (see instructions)         J Website:       WWW.PULITZERCENTER ORG       High strika a list (see instructions)       High strika a list (see instructions)         J Website:       WWW.PULITZERCENTER TO THE CLOBAL AFFAIRS THROUGH ITS SPONSORSHIP OF       IN-DEPTH ENCAGEMENT WITH GLOBAL AFFAIRS THROUGH ITS SP		chan	ge Doing bu	usiness as	27-	-0458	242
Big       City or town, state or province, country, and ZIP or foreign postal code       G cross meaples       9,600,976.         Prender       WASHINGTON, DC       20036-2109       High is this a group return for subcordinates?       Yes       No         Prender       FName and address of principal officer: JON SAWYER       If the address of principal officer: JON SAWYER       Yes       No         I max exampt status:       X 501(c)(3)       501(c)       (insert no.)       4947(a)(1) or       Sizt       Yes       No         I max exampt status:       X 501(c)(3)       501(c)       (insert no.)       4947(a)(1) or       Sizt       Yes       No         I Briefly describe the organization:       X corporation       Trus       Association       Other       L year of formation:       2009       M state of legal domiclie: DC         Part I       Summary       I Briefly describe the organization 's mission or most significant activities:       THE PULITZER CENTER PROMOTES       IN-DEPTH ENCAGEMENT WITH GLOBAL AFFAIRS THROUGH ITS SPONSORSHIP OF       2         2 Check this box        if the organization discontinued its operations or disposed of more than 25% of its net assets.       3       3       1         3 Number of voting members of the governing body (Part VI, line 1a)       3,665,605.       8,357,108.       2         9 Program serice revenue (Part VIII		returi	n Number	,			
add Termination       City or town, state or province, country, and 2/P or foreign postal code       If G area recepts 3       J, 000, 1976.         Presenter       F Name and address of principal officer: JON SAWYER       H(a) Is this a group return for subordinates include?       If was state of principal officer: JON SAWYER         I maxexempt status:       I 501(c)(1)       (insert no.)       4947(a)(1) or 527       H(a) Is this a group return for subordinates include?       Yes       No         J website:       WW PULITZERCENTER. ORG       H(c) Group exemption number       H(c) Group exemption number       K         Form of organization:       Corporation       Trust       Association       Other       L Year of formation: 2009 M State of legal domicile: DC         Part I       Summary       I       I filter organization discontinued its operations or disposed of more than 25% of its net assets.       1         Number of volting members of the governing body (Part VI, line 1a)       4       10       1         4       Number of volting members of the governing body (Part VI, line 1a)       3       11         4       Number of volting members of the governing body (Part VI, line 1a)       5       2       6       0         5       Total number of volting members of the governing body (Part VI, line 1a)       3       11       10         4       Number of volting		returi		MASSACHUSETTS AVE. NW 615	(20	)2)33	
Image: Control Contrecont Contrecont Contenecont Control Control Control Control Contr	_	ated	City or to				9,600,976.
Image of Provide and address of principal officer? UN SAFIEX       Tor subordinates?       Image of the subscription of the subscription of the subscription of the subscription (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Ļ	returi	WASH		., .	•	
I Tax-exempt status: X 501(c)(3) 501(c) ( )  ( (insert no.) 4947(a)(1) or 527       If "No," attach a list. (see instructions)         I Website: ▶ WWW. PULITZERCENTER.ORG       If "No," attach a list. (see instructions)         H(c) Group exemption number ▶       K         Form of organization: X Corporation       Trust       Association       Other ▶         I Briefly describe the organization's mission or most significant activities: THE PULITZER CENTER PROMOTES       In-DEPTH ENGAGEMENT WITH GLOBAL AFFAIRS THROUGH ITS SPONSORSHIP OF         2 Check this box ▶       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3 Number of independent voting members of the governing body (Part V, line 1a)       4       10         4 Number of individuals employed in calendar year 2016 (Part V, line 2a)       5       244         6 Total number of undividuals employed in calendar year 2016 (Part V, line 2a)       5       24, 0         6 Total number of volunteers (estimate if necessary)       6       00       7a         7a Total number of undividuals employed in calendar year 2016 (Part V, line 2a)       5, 6, 6, 5, 8, 3, 57, 10.8, 2, 50.0, 0.       0.         9 Program service revenue (Part VIII, column Form 990-T, line 34       Prior Year       Current Year         10 Investment income (Part VIII, lone 1m)       3, 6, 6, 5, 6, 05, 8, 3, 57, 10.8, 2, 50.0, 0.       0.       0.       0.		tion	F Name ar				"
J Website: ▶ WWW.PULITZERCENTER.ORG       H(c) Group exemption number ▶         K Form of organization: X Corporation       Trust       Association       Other ▶       L year of formation: 2009 M State of legal domicile: DC         Part I       Summary       Interview       State of legal domicile: DC         I       Briefly describe the organization's mission or most significant activities: THE PULITZER CENTER PROMOTES         IN-DEPTH       ENGAGEMENT       WITH GLOBAL AFFAIRS       THROUGH ITS       SPONSORSHIP OF         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3       Number of voting members of the governing body (Part VI, line 1a)       4       100         4       Number of individuals employed in calendar year 2016 (Part VI, line 2a)       5       24         6       00       7a       7ctal number of volunteers (estimate if necessary)       6       0         7a       Total number of volunteers (estimate if necessary)       7b       0.       7b       0.         9       Porgram service revenue (Part VIII, locumn (C), line 12       7b       0.       7b       0.       0.         10       Investment income (Part VIII, locum (A), lines 3, 4, and 7d)       16, 4, 37.       42, 640.       0.       0.       0.		<b>.</b>					
K       Form of organization:       X       Corporation       Trust       Association       Other       L year of formation:       2009       M state of legal domicile:       DC         Part I       Summary       Investment in the organization's mission or most significant activities:       THE       PULLITZER       CENTER       PROMOTES         IN - DEPTH       ENGAGEMENT       WITH       GLOBAL       AFFAIRS       THROUGH       ITS       SPONSORSHIP       OF         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3       11         4       Number of voting members of the governing body (Part VI, line 1a)       3       11         4       Number of individuals employed in calendar year 2016 (Part VI, line 2a)       5       24       6       0         5       Total number of volunteers (estimate if necessary)       7a       0.       7a       0.							
Part I       Summary         1       Briefly describe the organization's mission or most significant activities: THE PULITZER CENTER PROMOTES IN-DEPTH ENGAGEMENT WITH GLOBAL AFFAIRS THROUGH ITS SPONSORSHIP OF         2       Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3         4       Number of voting members of the governing body (Part VI, line 1a)       4         5       Total number of individuals employed in calendar year 2016 (Part V, line 2a)       5         6       00       7a         7 a Total number of volunteers (estimate if necessary)       7b       0.         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a       0.         9       Program service revenue (Part VIII, line 2g)       2,500.       0.         10       Investment income (Part VIII, line 2g)       2,500.       0.         11       Other revenue (Part VIII, line 3d, 4, and 7d)       16,437.       42,640.         12       Total revenue (Part VIII, line 1b, lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.       0.         12       Total revenue (Part VIII, column (A), lines 4)       0.       0.       0.         13       Grants and similar amounts paid (Part IX, column (							
I Briefly describe the organization's mission or most significant activities: THE PULITZER CENTER PROMOTES IN-DEPTH ENGAGEMENT WITH GLOBAL AFFAIRS THROUGH ITS SPONSORSHIP OF         2 Check this box > if the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3 Number of voting members of the governing body (Part VI, line 1a)       3       11         4 Number of independent voting members of the governing body (Part VI, line 1a)       4       10         5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)       5       244         6 Total number of volunteers (estimate if necessary)       6       0         7a Total unrelated business revenue from Part VIII, column (C), line 12       7a       0.         7b Net unrelated business revenue from Part VIII, column (C), line 34       9       2, 500.       0.         9 Program service revenue (Part VIII, line 1b)       3, 665, 605.       8, 357, 108.       2, 500.       0.         10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)       16, 437.       42, 640.       16, 437.       42, 640.         11 Other revenue (Part VIII, column (A), lines 1.3)       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
IN-DEPTH ENGAGEMENT WITH GLOBAL AFFAIRS THROUGH ITS SPONSORSHIP OF         2       Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       a 11         4       Number of independent voting members of the governing body (Part VI, line 1a)       a 0.1         5       Total number of individuals employed in calendar year 2016 (Part V, line 2a)       5       244         6       00       7a       0.       7a       0.         7       Total number of individuals employed in calendar year 2016 (Part V, line 2a)       5       244         6       00.1       7a       0.       0.         7       Total number of individuals employed in calendar year 2016 (Part V, line 2a)       7a       0.         6       0.1       7a       0.       0.       0.         7       Total number of individuals employed in calendar year 2016 (Part V, line 2a)       7b       0.         7       A Total number of numbers of the governing body (Part VI, line 2a)       7b       0.       0.         8       Contributions and grants (Part VIII, column (C), line 12       7b       0.       0.       0.         10       Investment income (Part VIII, column (A), lines 1.3)       0.<		T		e the organization's mission or most significant activities: THE PUL	ITZER CENTER	PROM	OTES
5       Total number of individuals employed in calendar year 2016 (Part V, line 2a)       5       24         6       Total number of volunteers (estimate if necessary)       7a       0         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a       0.         b Net unrelated business taxable income from Form 990-T, line 34       7b       0.         9       Prior Year       3, 6655, 605.       8, 357, 108.         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       16, 437.       42, 640.         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       65, 949.       34, 901.         12       Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       3, 750, 491.       8, 434, 649.         13       Grants and similar amounts paid (Part IX, column (A), lines 13)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 25)       159, 323.       1, 146, 645.       1, 477, 087.         15       Total expenses (Part IX, column (A), line 25)       159, 323.       2, 185, 626.       2, 479, 774.         17       Other expenses (Part IX, column (A), line 25)       159, 323.       17       14, 8220.       4, 402, 788.         19       Revenue less expenses. Subtract line	eor						
5       Total number of individuals employed in calendar year 2016 (Part V, line 2a)       5       24         6       Total number of volunteers (estimate if necessary)       7a       0         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a       0.         b Net unrelated business taxable income from Form 990-T, line 34       7b       0.         9       Prior Year       3, 6655, 605.       8, 357, 108.         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       16, 437.       42, 640.         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       65, 949.       34, 901.         12       Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       3, 750, 491.       8, 434, 649.         13       Grants and similar amounts paid (Part IX, column (A), lines 13)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 25)       159, 323.       1, 146, 645.       1, 477, 087.         15       Total expenses (Part IX, column (A), line 25)       159, 323.       2, 185, 626.       2, 479, 774.         17       Other expenses (Part IX, column (A), line 25)       159, 323.       17       14, 8220.       4, 402, 788.         19       Revenue less expenses. Subtract line	nar	2	Check this box	x      if the organization discontinued its operations or disposed of	more than 25% of its net	assets.	
5       Total number of individuals employed in calendar year 2016 (Part V, line 2a)       5       24         6       Total number of volunteers (estimate if necessary)       7a       0         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a       0.         b Net unrelated business taxable income from Form 990-T, line 34       7b       0.         9       Prior Year       3, 6655, 605.       8, 357, 108.         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       16, 437.       42, 640.         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       65, 949.       34, 901.         12       Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       3, 750, 491.       8, 434, 649.         13       Grants and similar amounts paid (Part IX, column (A), lines 13)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 25)       159, 323.       1, 146, 645.       1, 477, 087.         15       Total expenses (Part IX, column (A), line 25)       159, 323.       2, 185, 626.       2, 479, 774.         17       Other expenses (Part IX, column (A), line 25)       159, 323.       17       14, 8220.       4, 402, 788.         19       Revenue less expenses. Subtract line	ver	3				1	11
5       Total number of individuals employed in calendar year 2016 (Part V, line 2a)       5       24         6       Total number of volunteers (estimate if necessary)       7a       0.         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a       0.         b Net unrelated business taxable income from Form 990-T, line 34       0.       7a       0.         9       Program service revenue (Part VIII, line 2g)       2,500.       0.       0.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7c)       16,437.       42,640.       16,437.       42,640.         11       Other evenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e)       3,750,491.       8,434,649.         12       Total revenue (Part VIII, column (A), lines 1-3)       0.       0.       0.         13       Grants and similar amounts paid (Part IX, column (A), lines 5-10)       1,146,645.       1,477,087.         14       Benefits paid to or for members (Part IX, column (A), line 11e)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1,146,645.       1,477,087.         16a       Professional fundraising fees (Part IX, column (A), line 25)       159,323.       2,185,626.       2,479,774.         17	Ğ	4				4	10
b Net unrelated business taxable income from Form 990-T, line 34         17b         0.           B         Contributions and grants (Part VIII, line 1h)         Prior Year         Current Year           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         16, 437.         42, 640.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         65, 949.         34, 901.           12         Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)         0.         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1.3)         0.         0.           14         Benefits paid to or for members (Part IX, column (A), lines 5.10)         1,146,645.         1,477,087.           16a         Professional fundraising eses (Part IX, column (A), line 11e)         0.         0.         75,000.           17         Other expenses (Part IX, column (A), line 11e)         0.         75,000.         1           17         Other expenses (Part IX, column (A), line 12)         3,332,271.         4,031,861.           19         Revenue less expenses. Subtract line 18 from line 12         418,220.         4,113,982.         8,553,583.           20         Total assets (Part X, line 26)         43,017.         49,864.         43,017. <td< td=""><td>ŝ</td><td>5</td><td></td><td></td><td></td><td>5</td><td>24</td></td<>	ŝ	5				5	24
b Net unrelated business taxable income from Form 990-T, line 34         17b         0.           B         Contributions and grants (Part VIII, line 1h)         Prior Year         Current Year           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         16, 437.         42, 640.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         65, 949.         34, 901.           12         Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)         0.         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1.3)         0.         0.           14         Benefits paid to or for members (Part IX, column (A), lines 5.10)         1,146,645.         1,477,087.           16a         Professional fundraising eses (Part IX, column (A), line 11e)         0.         0.         75,000.           17         Other expenses (Part IX, column (A), line 11e)         0.         75,000.         1           17         Other expenses (Part IX, column (A), line 12)         3,332,271.         4,031,861.           19         Revenue less expenses. Subtract line 18 from line 12         418,220.         4,113,982.         8,553,583.           20         Total assets (Part X, line 26)         43,017.         49,864.         43,017. <td< td=""><td>/itie</td><td>6</td><td></td><td></td><td></td><td>6</td><td>0</td></td<>	/itie	6				6	0
b Net unrelated business taxable income from Form 990-T, line 34         17b         0.           B         Contributions and grants (Part VIII, line 1h)         Prior Year         Current Year           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         16, 437.         42, 640.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         65, 949.         34, 901.           12         Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)         0.         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1.3)         0.         0.           14         Benefits paid to or for members (Part IX, column (A), lines 5.10)         1,146,645.         1,477,087.           16a         Professional fundraising eses (Part IX, column (A), line 11e)         0.         0.         75,000.           17         Other expenses (Part IX, column (A), line 11e)         0.         75,000.         1           17         Other expenses (Part IX, column (A), line 12)         3,332,271.         4,031,861.           19         Revenue less expenses. Subtract line 18 from line 12         418,220.         4,113,982.         8,553,583.           20         Total assets (Part X, line 26)         43,017.         49,864.         43,017. <td< td=""><td>cti</td><td>  7 a</td><td></td><td></td><td></td><td>7a</td><td>0.</td></td<>	cti	7 a				7a	0.
8       Contributions and grants (Part VIII, line 1h)       3,665,605.       8,357,108.         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       16,437.       42,640.         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       65,949.       34,901.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)       0.       0.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), lines 5.10)       11,146,6455.       1,477,087.         16a       Professional fundraising expenses (Part IX, column (A), line 25)       159,323.       17       0.ter expenses (Part IX, column (A), line 25)       2,185,6266.       2,479,7774.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       159,323.       2,185,6266.       2,479,7774.         19       Revenue less expenses. Subtract line 18 from line 12       418,220.       4,402,788.         20       Total assets (Part X, line 16)       41,113,982.       8,553,583.         21       Total liabilities (Part X, line 26)       43,017.       49,864.         22       Net assets or fund balances. Subtract line 21 from line 20       4,070,965. <td>_</td> <td>b</td> <td></td> <td></td> <td></td> <td>7b</td> <td>0.</td>	_	b				7b	0.
9       Program service revenue (Part VIII, line 2g)       2,500.       0.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       16,437.       42,640.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       65,949.       34,901.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       3,750,491.       8,434,649.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       1,146,645.       1,477,087.         16a       Professional fundraising expenses (Part IX, column (D), line 25)       159,323.       159,323.         17       Other expenses (Part IX, column (D), line 25)       159,323.       2,185,626.       2,479,774.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       3,332,271.       4,031,861.         19       Revenue less expenses. Subtract line 18 from line 12       418,220.       4,402,788.         20       Total assets (Part X, line 16)       4,113,982.       8,553,583.         21       Total liab							
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       03, 949.       34, 901.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       3, 750, 491.       8, 434, 649.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 11e)       0.       75, 000.         16a       Professional fundraising fees (Part IX, column (D), line 25)       159, 323.       1,146, 645.       1,477,087.         18       Total expenses (Part IX, column (A), line 11a-11d, 11f-24e)       2,185,626.       2,479,774.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       3,332,271.       4,031,861.         19       Revenue less expenses. Subtract line 18 from line 12       418,220.       4,402,788.         20       Total assets (Part X, line 16)       413,017.       49,864.         21       Total liabilities (Part X, line 26)       43,017.       49,864.         22       Net assets or fund balances. Subtract line 21 from line 20       4,070,965.       8,503,719.         Part II <t< td=""><td>đ</td><td>8</td><td>Contributions</td><td>and grants (Part VIII, line 1h)</td><td></td><td></td><td>8,357,108.</td></t<>	đ	8	Contributions	and grants (Part VIII, line 1h)			8,357,108.
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       03, 949.       34, 901.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       3, 750, 491.       8, 434, 649.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 11e)       0.       75, 000.         16a       Professional fundraising fees (Part IX, column (D), line 25)       159, 323.       1,146, 645.       1,477,087.         18       Total expenses (Part IX, column (A), line 11a-11d, 11f-24e)       2,185,626.       2,479,774.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       3,332,271.       4,031,861.         19       Revenue less expenses. Subtract line 18 from line 12       418,220.       4,402,788.         20       Total assets (Part X, line 16)       413,017.       49,864.         21       Total liabilities (Part X, line 26)       43,017.       49,864.         22       Net assets or fund balances. Subtract line 21 from line 20       4,070,965.       8,503,719.         Part II <t< td=""><td>nué</td><td>9</td><td>Program servio</td><td>ce revenue (Part VIII, line 2g)</td><td></td><td></td><td></td></t<>	nué	9	Program servio	ce revenue (Part VIII, line 2g)			
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       03, 949.       34, 901.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       3, 750, 491.       8, 434, 649.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 11e)       0.       75, 000.         16a       Professional fundraising fees (Part IX, column (D), line 25)       159, 323.       1,146, 645.       1,477,087.         18       Total expenses (Part IX, column (A), line 11a-11d, 11f-24e)       2,185,626.       2,479,774.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       3,332,271.       4,031,861.         19       Revenue less expenses. Subtract line 18 from line 12       418,220.       4,402,788.         20       Total assets (Part X, line 16)       413,017.       49,864.         21       Total liabilities (Part X, line 26)       43,017.       49,864.         22       Net assets or fund balances. Subtract line 21 from line 20       4,070,965.       8,503,719.         Part II <t< td=""><td>eve</td><td>10</td><td>Investment inc</td><td>come (Part VIII, column (A), lines 3, 4, and 7d)</td><td></td><td></td><td></td></t<>	eve	10	Investment inc	come (Part VIII, column (A), lines 3, 4, and 7d)			
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)0.0.14 Benefits paid to or for members (Part IX, column (A), line 4)0.0.0.15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)1,146,645.1,477,087.16a Professional fundraising fees (Part IX, column (A), line 11e)0.75,000.b Total fundraising expenses (Part IX, column (D), line 25)159,323.17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)2,185,626.2,479,774.18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)3,332,271.4,031,861.19 Revenue less expenses. Subtract line 18 from line 12418,220.4,402,788.20 Total assets (Part X, line 16)4,113,982.8,553,583.21 Total liabilities (Part X, line 26)43,017.49,864.22 Net assets or fund balances. Subtract line 21 from line 204,070,965.8,503,719.Part IISignature Block	α	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1,146,645.       1,477,087.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       75,000.         b       Total fundraising expenses (Part IX, column (D), line 25)       ▶       159,323.         17       Other expenses (Part IX, column (A), line 11a.11d, 11f-24e)       2,185,626.       2,479,774.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       3,332,271.       4,031,861.         19       Revenue less expenses. Subtract line 18 from line 12       418,220.       4,402,788.         20       Total assets (Part X, line 16)       4,013,982.       8,553,583.         21       Total liabilities (Part X, line 26)       43,017.       49,864.         22       Net assets or fund balances. Subtract line 21 from line 20       4,070,965.       8,503,719.         Part II       Signature Block       Signature Block       4,070,965.       8,503,719.		12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)			
15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1,146,645.       1,477,087.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       75,000.         b       Total fundraising expenses (Part IX, column (D), line 25)       159,323.         17       Other expenses. (Part IX, column (A), lines 11a-11d, 11f-24e)       2,185,626.       2,479,774.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       3,332,271.       4,031,861.         19       Revenue less expenses. Subtract line 18 from line 12       418,220.       4,402,788.         20       Total assets (Part X, line 16)       43,017.       49,864.         21       Total liabilities (Part X, line 26)       4,070,965.       8,503,719.         Part II       Signature Block       Signature Block       4,070,965.       8,503,719.		13	Grants and sin	nilar amounts paid (Part IX, column (A), lines 1-3)	-		
16a Professional fundraising fees (Part IX, column (A), line 11e)       0. 75,000.         b Total fundraising expenses (Part IX, column (D), line 25)       159,323.         17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       2,185,626.       2,479,774.         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       3,332,271.       4,031,861.         19 Revenue less expenses. Subtract line 18 from line 12       418,220.       4,402,788.         20 Total assets (Part X, line 16)       4,113,982.       8,553,583.         21 Total liabilities (Part X, line 26)       43,017.       49,864.         22 Net assets or fund balances. Subtract line 21 from line 20       4,070,965.       8,503,719.         Part II       Signature Block       Signature Block		14					-
b       lotal fundrasing expenses (Part IX, column (D), line 25)       159,323.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       2,185,626.       2,479,774.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       3,332,271.       4,031,861.         19       Revenue less expenses. Subtract line 18 from line 12       418,220.       4,402,788.         20       Total assets (Part X, line 16)       4,113,982.       8,553,583.         21       Total liabilities (Part X, line 26)       43,017.       49,864.         22       Net assets or fund balances. Subtract line 21 from line 20       4,070,965.       8,503,719.         Part II       Signature Block       Signature Block       4,070,965.       8,503,719.	ŝ	15					
b       lotal fundrasing expenses (Part IX, column (D), line 25)       159,323.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       2,185,626.       2,479,774.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       3,332,271.       4,031,861.         19       Revenue less expenses. Subtract line 18 from line 12       418,220.       4,402,788.         20       Total assets (Part X, line 16)       4,113,982.       8,553,583.         21       Total liabilities (Part X, line 26)       43,017.       49,864.         22       Net assets or fund balances. Subtract line 21 from line 20       4,070,965.       8,503,719.         Part II       Signature Block       Signature Block       4,070,965.       8,503,719.	SUS	16a		undraising fees (Part IX, column (A), line 11e)		).	75,000.
18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       3,332,271.       4,031,861.         19       Revenue less expenses. Subtract line 18 from line 12       418,220.       4,402,788.         20       Total assets (Part X, line 16)       8,553,583.         21       Total liabilities (Part X, line 26)       43,017.       49,864.         22       Net assets or fund balances. Subtract line 21 from line 20       4,070,965.       8,503,719.         Part II       Signature Block       Signature Block       4,070,965.       8,503,719.	ğ	b					0 470 774
19       Revenue less expenses. Subtract line 18 from line 12       418,220.       4,402,788.         56       Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       4,113,982.       8,553,583.         21       Total liabilities (Part X, line 26)       43,017.       49,864.         22       Net assets or fund balances. Subtract line 21 from line 20       4,070,965.       8,503,719.         Part II       Signature Block       503,719.	ш						
Beginning of Current YearEnd of Year20Total assets (Part X, line 16)4,113,982.8,553,583.21Total liabilities (Part X, line 26)43,017.49,864.22Net assets or fund balances. Subtract line 21 from line 204,070,965.8,503,719.Part IISignature Block503,719.					3,332,271	<u>.</u> .	
Part II Signature Block			Revenue less e	expenses. Subtract line 18 from line 12			
Part II Signature Block	ts or		<b></b>				
Part II Signature Block	Sset		-				
Part II Signature Block	etA	21					
		<u>art II</u>			4,0/0,903	•	0,000,719.
			-		tatements, and to the best of	f my know	ledge 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		D	ate			
Here	JON SAWYER, EXECUTIVE I	DIRECTOR					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN			
Paid	PATRICIA MCGOWAN	PATRICIA MCGOWAN		"self-employed P00184514			
Preparer	Firm's name 🕨 COHNREZNICK LLP		Fi	rm's EIN <b>22-1478099</b>			
Use Only	Firm's address 🔊 350 CHURCH STREE'	<b>F, 12TH FLOOR</b>					
	HARTFORD, CT 061	03	Р	none no. 959 - 200 - 7000			
May the IRS discuss this return with the preparer shown above? (see instructions)							
632001 11-1	332001 11-11-16       LHA       For Paperwork Reduction Act Notice, see the separate instructions.       Form 990 (2016)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	PULITZER CENTER ON CRISIS REPORTING 27-0458242 Page 2 rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission: <u>THE PULITZER CENTER PROMOTES IN-DEPTH ENGAGEMENT WITH GLOBAL AFFAIRS</u> <u>THROUGH ITS SPONSORSHIP OF QUALITY INTERNATIONAL JOURNALISM ACROSS ALL</u>
	MEDIA PLATFORMS AND AN INNOVATIVE PROGRAM OF OUTREACH AND EDUCATION.
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
3	(Code:         ) (Expenses \$ 3,736,682.         including grants of \$ ) (Revenue \$ 300. )           THE PULITZER CENTER'S PROGRAM SERVICES IN 2016 WERE IN PRINT         300. )
	JOURNALISM, BROADCAST JOURNALISM, AND THE DISSEMINATION OF BOTH THROUGH A BROAD PROGRAM OF OUTREACH AND EDUCATION. IN PRINT AND BROADCAST
	JOURNALISM THE CENTER COMMISSIONED 150 PROJECTS, WITH PLACEMENT IN OVER
	150 NEWS-MEDIA OUTLETS. THE CENTER'S EDUCATION AND OUTREACH PROGRAMS
	INCLUDED IN-PERSON PRESENTATIONS AT OVER 500 IN-PERSON PRESENTATIONS AT
	SCHOOLS AND UNIVERSITIES AND THE DEVELOPMENT OF ONGOING RELATIONSHIPS
	WITH SCHOOLS IN THE FOLLOWING CITIES: ST. LOUIS, CHICAGO, NEW YORK,
	WASHINGTON, PHILADELPHIA AND BOSTON.
	(Code:         ) (Expenses \$) (Revenue \$)
_	
	(Code:         ) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services (Describe in Schedule O.)
_	
-	(Expenses \$ including grants of \$ ) (Revenue \$ )         Total program service expenses ▶ 3,736,682.
	(Expenses \$ including grants of \$ ) (Revenue \$ )

11470815 147227 0165930-0165930.0990

Form 990 (2016)	_		ON	CRISIS	REPORTING
Part IV Che	ecklist of Required Scheo	dules			

-			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		162	NO
•	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'		7		х
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>			- 21
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
~	Schedule D, Part III	8		Λ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	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 Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	_		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	x	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G. Part III	19		Х

Form **990** (2016)

632003 11-11-16

Form 990 (2016)				REPORTING
Part IV Checklist	of Required Scheo	lules <sub>(contin</sub>	nued)	

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
-	instructions for applicable filing thresholds, conditions, and exceptions):	00-		v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		x
29	director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	200		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
50	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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	Х	

Form 990 (2016)

632004 11-11-16

	990 (2016) PULITZER CENTER ON CRISIS REPORTING		27-0458	242	P	age S
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	195			
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	portab	le 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	24			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)				
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	о		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	count	s (FBAR).			
5a				5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices pi	ovided to the payor?	7a		X
b				7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa					
	to file Form 8282?	-		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	9 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the second state of the second			9a		
b	Did the encourse constitution makes a distribution to a dense dense advisory or velated as way of			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
	Did the experimentian version and any meanter for indeer termine services during the terrors.			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		
				<b>F</b>	990	10010

Form **990** (2016)

27-0458242

Page 5

632005 11-11-16

11470815 147227 0165930-0165930.0990 2016.04013 PULITZER CENTER ON CRISIS 01659301

Form 990	(2016)
----------	--------

#### PULITZER CENTER ON CRISIS REPORTING

27-0458242 Page 6

 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

						Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		11			
	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	1b		10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?				2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the						
	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 99	90 was	s filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?			5		X
6	Did the organization have members or stockholders?				6		Σ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app						
	more members of the governing body?				7a		2
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto						
	persons other than the governing body?				7b		2
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?	2	0		8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac						
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O				9		2
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue	Code )				
		onuo	0000./			Yes	N
0a	Did the organization have local chapters, branches, or affiliates?				10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha						
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	•			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body				11a		Z
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	50101	e ming the		110		
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>				12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to				12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " $\gamma_e$				12.0		
C					12c	х	
2	in Schedule O how this was done				13	X	
3 ⊿	Did the organization have a written whistleblower policy?				14	X	$\vdash$
4 5	Did the organization have a written document retention and destruction policy?				14	- 23	
5	Did the process for determining compensation of the following persons include a review and approval	by inc	lependent				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				45-	Х	
	The organization's CEO, Executive Director, or top management official				15a	X	
a	Other officers or key employees of the organization				15b	^	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
ба	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem				40		
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		-	1			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation	'S				
	exempt status with respect to such arrangements?				16b		
	tion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>						
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section	on 501(c)(3	8)s only) av	ailable	9	
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain						
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cont	flict of	interest p	olicy, and	financ	ial	
	statements available to the public during the tax year.						
0	State the name, address, and telephone number of the person who possesses the organization's bool	ks and	d records:	▶			
	ACCOUNTING RESOURCES INC (860)659-3955						
	100 WESTERN BLVD, GLASTONBURY, CT 06033						
	5 11-11-16				Form	990	(20

( )

Т

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

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

(**D**)

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

 $(\mathbf{n})$ 

**(D)** 

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

Name and Title         Average hours per mode and a stretch nation below if a stretch nation of the stretch nation below if a stretch nation below if a stretch nation below if a stretch nation below if a stretch nation for if an elated organization below if if a stretch nation for if a stretch nat stretch natif a stretch nation fore	(A)	(B)	(C)						(D)	(E)	(F)		
hours per vex.         box.         week (ist any related organizations)         compensation from the organizations (W-2/1099-MISC)         compensation from the organizations (W-2/1099-MISC)         amount of compensation from the organizations and related organizations (W-2/1099-MISC)         amount of compensation from the organization and related organizations (W-2/1099-MISC)         amount of compensation from the organization and related organizations (W-2/1099-MISC)         amount of compensation from the organization and related organizations (W-2/1099-MISC)         amount of compensation from the organization and related organization and related organizations (W-2/1099-MISC)         amount of compensation from the organization and related organization and	Name and Title	Average	(do					ne	Reportable	Reportable	Estimated		
Weik         Weik <th< td=""><td></td><td>hours per</td><td>box</td><td>, unles</td><td>ss pei</td><td>rson i</td><td>s botł</td><td>n an</td><td>compensation</td><td>compensation</td><td>amount of</td></th<>		hours per	box	, unles	ss pei	rson i	s botł	n an	compensation	compensation	amount of		
(1) BETSY DIETEL       1.00       x       0.       0.       0.         DIRECTOR       1.00       x       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         OINDERCTOR       x       0.       0.       0.       0.       0.       0.         (4) EMILY RAUH PULITZER       1.00       x       x       0.       0.       0.       0.         PRESTOR       x       0.       0		week	offi	cer an	d a d	irecto	r/trus	tee)	from	from related	other		
(1) BETSY DIETEL       1.00       x       0.       0.       0.         DIRECTOR       1.00       x       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         OINDERCTOR       x       0.       0.       0.       0.       0.       0.         (4) EMILY RAUH PULITZER       1.00       x       x       0.       0.       0.       0.         PRESTOR       x       0.       0		(list any	ctor						the	organizations	compensation		
(1) BETSY DIETEL       1.00       x       0.       0.       0.         DIRECTOR       1.00       x       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         OINDERCTOR       x       0.       0.       0.       0.       0.       0.         (4) EMILY RAUH PULITZER       1.00       x       x       0.       0.       0.       0.         PRESTOR       x       0.       0		hours for	r dire				eq		organization	(W-2/1099-MISC)	from the		
(1) BETSY DIETEL       1.00       x       0.       0.       0.         DIRECTOR       1.00       x       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         OINDERCTOR       x       0.       0.       0.       0.       0.       0.         (4) EMILY RAUH PULITZER       1.00       x       x       0.       0.       0.       0.         PRESTOR       x       0.       0		related	tee o	ustee			ensat		(W-2/1099-MISC)		organization		
(1) BETSY DIETEL       1.00       x       0.       0.       0.         DIRECTOR       1.00       x       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         OINDERCTOR       x       0.       0.       0.       0.       0.       0.         (4) EMILY RAUH PULITZER       1.00       x       x       0.       0.       0.       0.         PRESTOR       x       0.       0		organizations	trus	nal tri		oyee	0 m D				and related		
(1) BETSY DIETEL       1.00       x       0.       0.       0.         DIRECTOR       1.00       x       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         OINDERCTOR       x       0.       0.       0.       0.       0.       0.         (4) EMILY RAUH PULITZER       1.00       x       x       0.       0.       0.       0.         PRESTOR       x       0.       0		below	idual	tutio	er	em pl	est c loyee	ıer			organizations		
DIRECTOR         X         0.         0.         0.         0.           (2) BETSY KARL         1.00         X         0.         0.         0.           (3) DAVID ROHDE         1.00         X         0.         0.         0.           (3) DAVID ROHDE         1.00         X         0.         0.         0.           (4) ENLY RAUH PULITZER         1.00         X         0.         0.         0.           PRESIDENT         X         X         0.         0.         0.         0.           (5) JOEL NOTLEY         1.00         X         X         0.         0.         0.           DIRECTOR         X         X         206,300.         0.         38,698.           (7) JOSEH PULITZER         1.00         X         X         0.         0.           DIRECTOR         X         0.         0.         0.         0.           OIRECTOR         X		line)	Indiv	Insti	Offic	Key	High emp	Form					
(2) BETSY KAREL       1.00       x       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         DIRECTOR       1.00       x       0.       0.       0.       0.       0.         DIRECTOR       1.00       x       0.       0.       0.       0.       0.         VINTUR RAUH PULITZER       1.00       x       x       0.       0.       0.       0.         (5) JOEL MOTLEY       1.00       x       x       0.       0.       0.       0.         (6) JON SAWER       40.00       x       x       206,300.       0.       38,698.         (7) JOSEPH PULITZER       1.00       x       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         (9) LINDA WINSLOW       1.00       x       0.       0.       0.       0.       0.         URECTOR       x       0.       0.       0.       0.       0.       0.       0.         (10) RICRAD W. MOORE       1.00       x       0.       0.       0.       0	(1) BETSY DIETEL	1.00											
DIRECTOR         X         0.         0.         0.         0.           (3) DAVID ROHDE         1.00         X         0.         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.           PRESIDENT         X         X         0.         0.         0.         0.           (5) JOEL MOTLEY         1.00         X         X         0.         0.         0.           (5) JOEL MOTLEY         1.00         X         0.         0.         0.         0.           (6) JON SAWYER         40.00         X         X         206,300.         0.         38,698.           (7) JOSEPH PULITZER         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         <	DIRECTOR		Х						0.	Ο.	0.		
(3) DAVID ROHDE       1.00       x       0.       0.       0.         DIRECTOR       1.00       x       x       0.       0.       0.         PRESIDENT       1.00       x       x       0.       0.       0.         ORDECTOR       x       x       0.       0.       0.       0.         DIRECTOR       x       x       0.       0.       0.       0.         DIRECTOR       x       x       0.       0.       0.       0.         OS SAWER       40.00       x       x       206,300.       0.       38,698.         (7) JOSEPH PULITZER       1.00       x       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         (9) LINDA WINSLOW       1.00       x       0.       0.       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.       0.         (10) RICHARD W. MOORE       1.000       x       x       0.       0.       0.       0.       0.       0.         (11) WILLIAM BUSH       1.000	(2) BETSY KAREL	1.00											
DIRECTOR         X         0.         0.         0.         0.           (4) ENLY RAUH PULITZER         1.00         X         X         0.         0.         0.           PRESIDENT         X         X         0.         0.         0.         0.           PRESIDENT         X         X         0.         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.           (6) JON SAWYER         40.00         X         X         206,300.         0.         38,698.           (7) JOSEPH PULITZER         1.00         X         X         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.           (8) KATHERINE MOORE         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (10) RICHARD W. MOORE         1.00         X         X         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0. </td <td>DIRECTOR</td> <td></td> <td>х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>Ο.</td> <td>0.</td>	DIRECTOR		х						0.	Ο.	0.		
(4) EMILY RAUH PULITZER       1.00       x       x       x       0.       0.       0.         (5) JOEL MOTLEY       1.00       x       x       0.       0.       0.       0.         (6) JON SAWYER       40.00       x       x       0.       0.       0.       0.         (7) JOSEPH FULITZER       1.00       x       x       206,300.       0.       38,698.         (7) JOSEPH PULITZER       1.00       x       x       0.       0.       0.         DIRECTOR       x       x       0.       0.       0.       0.         (8) KATHERINE MOORE       1.00       x       x       0.       0.       0.         DIRECTOR       x       0.       0.       0.       0.       0.       0.         (9) LINDA WINSLOW       1.00       x       0.       0.       0.       0.       0.         (10) RICHARD W. MOORE       1.00       x       0.       0.       0.       0.       0.         (11) WILLIAM BUSH       1.00       x       x       0.       0.       0.       0.         (12) NATHALIE APPLEWHITE       40.00       x       110,548.       0.       32,623	(3) DAVID ROHDE	1.00											
PRESIDENT         X         X         X         X         0.         0.         0.           (5) JOEL MOTLEY         1.00         X         0.         0.         0.         0.           DIRECTOR         X         X         206,300.         0.         38,698.           (7) JOSEPH PULTZER         1.00         X         X         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.           OIRECTOR         X         0.         0.         0.         0.         0.         0.           OIRECTOR         X         0.         0.         0.         0.         0.         0.           OIRECTOR         X         0.         0.         0.         0.         0.         0.           ILINDA WINSLOW         1.00         X         X         0.         0.         0.         0.           ILINEATION         MOORE	DIRECTOR		х						0.	Ο.	0.		
(5) JOEL MOTLEY       1.00       X       0.       0.       0.         DIRECTOR       X       X       206,300.       0.       38,698.         (7) JOSEPH PULITZER       1.00       X       206,300.       0.       38,698.         (7) JOSEPH PULITZER       1.00       X       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.         (8) KATHERINE MOORE       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (9) LINDA WINSLOW       1.00       X       0. <td< td=""><td>(4) EMILY RAUH PULITZER</td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(4) EMILY RAUH PULITZER	1.00											
DIRECTOR         X         0.         0.         0.         0.           (6) JON SAWVER         40.00         X         X         206,300.         0.         38,698.           (7) JOSEPH PULITZER         1.00         X         X         0.         0.         0.           DIRECTOR         1.00         X         X         0.         0.         0.           (8) KATHERINE MOORE         1.00         X         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (9) LINDA WINSLOW         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (10) RICHARD W. MOORE         1.00         X         X         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.           (11) WILLIAM BUSH         1.00         X         X         0.         0.         0.         0.         0.           (12) NATHALIE APPLEWHITE         40.00         X         <	PRESIDENT		х		х				0.	Ο.	0.		
(6) JON SAWYER       40.00       X       X       206,300.       0.       38,698.         (7) JOSEPH PULITZER       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (9) LINDA WINSLOW       1.00       X       0.	(5) JOEL MOTLEY	1.00											
EXECUTIVE DIRECTOR         X         X         X         206,300.         0.         38,698.           (7) JOSEPH PULITZER         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (8) KATHERINE MOORE         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           OINDECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (10) RICHARD W. MOORE         1.00         X         X         0.         0.         0.           (11) WILLIAM BUSH         1.00         X         125,800.         0.         20,687.         0.           (13) THOMAS HUNDLEY	DIRECTOR		Х						0.	Ο.	0.		
(7) JOSEPH PULITZER       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (8) KATHERINE MOORE       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (10) RICHARD W. MOORE       1.00       X       0.       0.       0.         (11) WILLIAM BUSH       1.00       X       X       0.       0.       0.         (12) NATHALLE APPLEWHITE       40.000       X       125,800.       0.       32,623.         SENIOR EDITOR       X       110,548.       0.       32,623.	(6) JON SAWYER	40.00											
DIRECTOR       X       0.       0.       0.       0.         (8) KATHERINE MOORE       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (9) LINDA WINSLOW       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.         (11) WILLIAM BUSH       1.000       X       X       125,800.       0.       20,687.         (13) THOMAS HUNDLEY       40.00       X       110,548.       0.       32,623.	EXECUTIVE DIRECTOR		Х		Х				206,300.	0.	38,698.		
(8) KATHERINE MOORE       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (9) LINDA WINSLOW       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (10) RICHARD W. MOORE       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (11) WILLIAM BUSH       1.00       X       X       0.       0.         TREASURER       X       X       0.       0.       0.         (12) NATHALTE APPLEWHITE       40.00       X       110,548.       0.       32,623.         (13) THOMAS HUNDLEY       40.00       X       110,548.       0.       32,623.	(7) JOSEPH PULITZER	1.00											
DIRECTOR       X       0.       0.       0.       0.         (9) LINDA WINSLOW       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (10) RICHARD W. MOORE       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.         (11) WILLIAM BUSH       1.00       X       X       0.       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.       0.       0.         MANAGING DIRECTOR       X       125,800.       0.       20,687.       0.       32,623.         SENIOR EDITOR       X       110,548.       0.       32,623.       0.       0.	DIRECTOR		Х						0.	0.	0.		
(9)       LINDA WINSLOW       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (10)       RICHARD W. MOORE       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.         (11)       WILLIAM BUSH       1.00       X       X       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.       0.         (12)       NATHALIE APPLEWHITE       40.00       X       125,800.       0.       20,687.         (13)       THOMAS HUNDLEY       40.00       X       110,548.       0.       32,623.	(8) KATHERINE MOORE	1.00											
DIRECTOR       X       0       0.       0.       0.         (10) RICHARD W. MOORE       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (11) WILLIAM BUSH       1.00       X       0.       0.       0.         TREASURER       X       X       0.       0.       0.         (12) NATHALIE APPLEWHITE       40.00       X       125,800.       0.       20,687.         (13) THOMAS HUNDLEY       40.00       X       110,548.       0.       32,623.	DIRECTOR		Х						0.	0.	0.		
(10) RICHARD W. MOORE       1.00       X       0.0.0.         DIRECTOR       X       X       0.0.0.         (11) WILLIAM BUSH       1.00       X       X         TREASURER       X       X       0.0.0.         (12) NATHALIE APPLEWHITE       40.00       X       125,800.0.       20,687.         (13) THOMAS HUNDLEY       40.00       X       110,548.0.       32,623.         SENIOR EDITOR	(9) LINDA WINSLOW	1.00											
DIRECTOR       X       0.       0.       0.       0.         (11) WILLIAM BUSH       1.00       X       X       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.         (12) NATHALIE APPLEWHITE       40.00       X       125,800.       0.       20,687.         MANAGING DIRECTOR       40.00       X       110,548.       0.       32,623.         SENIOR EDITOR       X       110,548.       0.       32,623.	DIRECTOR		Х						0.	0.	0.		
(11) WILLIAM BUSH       1.00       x       x       x       0.0.0.0.         TREASURER       40.00       x       125,800.0.20,687.         (12) NATHALIE APPLEWHITE       40.00       x       125,800.0.20,687.         MANAGING DIRECTOR       40.00       x       110,548.0.32,623.         (13) THOMAS HUNDLEY       40.00       x       110,548.0.32,623.         SENIOR EDITOR	(10) RICHARD W. MOORE	1.00											
TREASURER       X       X       X       0.       0.       0.         (12) NATHALIE APPLEWHITE       40.00       X       125,800.       0.       20,687.         (13) THOMAS HUNDLEY       40.00       X       110,548.       0.       32,623.         SENIOR EDITOR       X       110,548.       0.       32,623.	DIRECTOR		Х						0.	0.	0.		
(12) NATHALIE APPLEWHITE       40.00       X       125,800.       0.       20,687.         (13) THOMAS HUNDLEY       40.00       X       110,548.       0.       32,623.         SENIOR EDITOR	(11) WILLIAM BUSH	1.00											
MANAGING DIRECTOR       X       125,800.       0.       20,687.         (13) THOMAS HUNDLEY       40.00       X       110,548.       0.       32,623.         SENIOR EDITOR       Image: Constraint of the second seco	TREASURER		Х		Х				0.	0.	0.		
(13) THOMAS HUNDLEY     40.00     X     110,548.     0.     32,623.       SENIOR EDITOR	(12) NATHALIE APPLEWHITE	40.00											
SENIOR EDITOR       X       110,548.       0.       32,623.							X		125,800.	0.	20,687.		
		40.00											
	SENIOR EDITOR						X		110,548.	0.	32,623.		
			-										
632007 11-11-16							<u> </u>						
632007_11-11-16			-										
632007 11-11-16							-						
632007_11-11-16													
	632007 11 11 16	l	I	1	L	L	I	L	1		Form <b>990</b> (2016)		

632007 11-11-16

7 2016.04013 PULITZER CENTER ON CRISIS 01659301

	<u>990 (2016) PULITZER</u>	CENTER	ON	I C	RI	SI	S	RĒ	EPORTING	27-04	5824	12	Page 8
Par	VII Section A. Officers, Directors, True	stees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unles	ss per	ition more rson i	than c s both r/trust	an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensatior from related	n	<b>(F</b> Estim amou oth	ated nt of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations (W-2/1099-MIS	C)	from from organiz and re organiz	isation the zation lated
			-										
			-										
			-										
1h	Sub-total								442,648.		0.	92.	008.
c d	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A	·····						0. 442,648.		0.		0.008.
2	Total number of individuals (including but i compensation from the organization	not limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,0	000 of reportable		Ye	3 s No
	Did the organization list any <b>former</b> officer line 1a? If "Yes," complete Schedule J for a	such individual							• ·		[	3	x
	For any individual listed on line 1a, is the s and related organizations greater than \$15 Did any person listed on line 1a receive or	0,000? If "Yes,	" со	mple	ete S	Sche	edule	Jf	or such individual			4 X	
<u> </u>	rendered to the organization? If "Yes," con	-				-			-			5	X
	ion B. Independent Contractors Complete this table for your five highest co	ompensated inc	lepe	nder	nt co	ontra	actor	s tł	nat received more than \$	100,000 of comp	ensatio	n from	
	the organization. Report compensation for (A) Name and business	<b>,</b>	ear e	nair	<u>ig w</u>		or wit	<u>nin</u>	(B) Description of s		Con	(C) npensa	tion
	GREATER WA EDUCATION 9 CAMPBELL AVE, ARLING	AL TELE.				IA	TIC		JOURNALISTS				000.
2	Total number of independent contractors ( \$100,000 of compensation from the organ		ot lin	nitec	d to f	thos 1		ted	above) who received mo	ore than	Er	orm <b>99</b>	<b>0</b> (2016)
											FC		- (2010)

632008 11-11-16

rm 990			ZER CENT	ER ON CRI	ISIS REPORT	TING	27-0458	242 Page
art V	111	Statement of Reven	lue					
		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluder from tax under sections 512 - 514
រុទ្ធ 1 ដ	а	Federated campaigns	1a					
0		Membership dues						
Am (	С	Fundraising events						
ar	d	Related organizations	1d					
iii (	е	Government grants (contributi	ions) <b>1e</b>	295.				
s 1	f	All other contributions, gifts, gran						
the		similar amounts not included above	ve <b>1f</b>	8,356,813.				
pr (	-	Noncash contributions included in lines			0.055.400			
<u>a</u>	h	Total. Add lines 1a-1f			8,357,108.			
				Business Code				
e le	b							
(en	c							
Be	d							
	e 4							
		All other program service reve						
3	y	Total. Add lines 2a-2f						
3		other similar amounts)			27,113.			27,11
4					_ ,			
<ul> <li>4 Income from investment of tax-exempt bond pro</li> <li>5 Royalties</li></ul>				ſ				
Ŭ			(i) Real	(ii) Personal				
6	а	Gross rents	34,601.	(1) 1 01301121				
		Less: rental expenses	0.					
		Rental income or (loss)	34,601.					
		Net rental income or (loss)			34,601.			34,60
		Gross amount from sales of	(i) Securities	(ii) Other	·			
_		assets other than inventory	1,181,854.					
	b	Less: cost or other basis						
		and sales expenses	1,166,327.					
	с	Gain or (loss)	15,527.					
	d	Net gain or (loss)		<u> </u>	15,527.			15,52
8	а	Gross income from fundraising including \$						
		contributions reported on line						
		Part IV, line 18	a					
1	b	Less: direct expenses						
'  ·		Net income or (loss) from fund		►				
		Gross income from gaming ac						
		Part IV, line 19	а					
1	b	Less: direct expenses	b					
(	с	Net income or (loss) from gam	ing activities	►				
10 a	а	Gross sales of inventory, less	returns					
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale						
		Miscellaneous Revenue	e	Business Code				
		MISCELLANEOUS INCOME		511190	300.	300.		
	b							
	С							
		All other revenue			200			
	е	Total. Add lines 11a-11d			300.	200	^	77.04
12		Total revenue. See instructions.		🕨	8,434,649.	300.	0.	Form <b>990</b> (20

11470815 147227 0165930-0165930.0990 2016.04013 PULITZER CENTER ON CRISIS 01659301

PULITZER CENTER ON CRISIS REPORTING Part IX Statement of Functional Expenses

<u>Sect</u>	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		•	nplete column (A).	X
		(A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	244,998.	244,998.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	996,461.	957,914.	38,547.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	48,060.	45,843.	2,217.	
9	Other employee benefits	100,019.	45,843. 96,250.	2,217. 3,769.	
10	Payroll taxes	87,549.	84,743.	2,806.	
11	Fees for services (non-employees):				
а	Management				
	Legal	4,800.	4,800.		
	Accounting	36,001.	•	36,001.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	75,000.			75,000.
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch 0.)	1,914,617.	1 892 140	22,477.	
12	Advertising and promotion	29,021.	1,892,140. 29,021.		
13		80,998.	53,414.	27,584.	
	Office expenses			27,5040	
14	Information technology				
15	Royalties	194,753.	194,753.		
16		97,054.	97,054.		
17	Travel	57,054.	97,034.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,597.	8,597.		
23	Insurance	29,610.	27,155.	2,455.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	FUNDRAISING EXPENSES	84,323.			84,323.
b					·
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,031,861.	3,736,682.	135,856.	159,323.
26	Joint costs. Complete this line only if the organization		,	,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	In tonowing con 30-2 (A00 300-720)		1		E 000 (0010)

632010 11-11-16

Form **990** (2016)

10

		11					
11470815 147227	0165930-0165930.0990	2016.04013	PULITZER	CENTER	ON	CRISIS	01659301

#### PULITZER CENTER ON CRISIS REPORTING

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

		Check if Schedule O contains a response or not	e to any	line in this Part X	<b>(A)</b> Beginning o			(B) End of year
	1	Cash - non-interest-bearing			133	,054.	1	98,412.
	2	Savings and temporary cash investments			2,251		2	2,185,987.
	3	Pledges and grants receivable, net			865	,398.	3	2,597,600.
	4	Accounts receivable, net				,	4	
	5	Loans and other receivables from current and fo					-	
	Ŭ	trustees, key employees, and highest compensation						
		Part II of Schedule L					5	
	6	Loans and other receivables from other disquali						
	Ŭ	section 4958(f)(1)), persons described in section	-	· ·				
		employers and sponsoring organizations of sect						
6		employees' beneficiary organizations (see instr).					6	
Assets	7	Notes and loans receivable, net					7	
As	8	Inventories for sale or use					8	
	9	Prepaid expenses and deferred charges			25	,475.	9	27,499.
		Land, buildings, and equipment: cost or other					_	,
		basis. Complete Part VI of Schedule D	10a	150,069.				
	b	Less: accumulated depreciation	10b	51,257.	23	,372.	10c	98,812.
	11	Investments - publicly traded securities				,204.	11	3,536,494.
	12	Investments - other securities. See Part IV, line 1				•	12	
	13	Investments - program-related. See Part IV, line					13	
	14	Intangible assets				14		
	15	Other assets. See Part IV, line 11			8	,779.	15	8,779.
	16	Total assets. Add lines 1 through 15 (must equ			4,113		16	8,553,583.
	17	Accounts payable and accrued expenses			43	,017.	17	30,159.
	18	Grants payable				18	19,705.	
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complete I	Part IV of	Schedule D			21	
s	22	Loans and other payables to current and former	officers,	directors, trustees,				
Liabilities		key employees, highest compensated employee						
iabi		Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrela	ted third	parties			23	
	24	Unsecured notes and loans payable to unrelated	-				24	
	25	Other liabilities (including federal income tax, pa	yables to	related third				
		parties, and other liabilities not included on lines	17-24). (	Complete Part X of				
		Schedule D		······  -		01 -	25	40.054
	26	U U			43	<u>,017.</u>	26	49,864.
		Organizations that follow SFAS 117 (ASC 958		here <b>I</b> <u>X</u> and				
ses		complete lines 27 through 29, and lines 33 an			2 252	575		2 270 260
anc	27	Unrestricted net assets			<u>2,353</u> 1,717		27	2,270,369.
Bal	28	Temporarily restricted net assets	1,/1/	, 390.	28	3,727,350. 2,506,000.		
pu	29						29	2,500,000.
μ		Organizations that do not follow SFAS 117 (A	SC 958),					
Net Assets or Fund Balances	20	and complete lines 30 through 34.				20		
set	30 21	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ec					30 31	
As	31 32	Retained earnings, endowment, accumulated in					32	
Net	32 33	Total net assets or fund balances			4,070	.965.	32 33	8,503,719.
	33 34	Total liabilities and net assets/fund balances			4,113		34	8,553,583.
	ντ				-,	,		Eorm <b>990</b> (2016)

Form 990 (2016)

27-0458242 Page 11

Form 990 (2016)
Part X Balance Sheet

Form	990 (2016) PULITZER CENTER ON CRISIS REPORTING	27-04	58242	Pag	<sub>je</sub> 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	8,434		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,031		
3	Revenue less expenses. Subtract line 2 from line 1	3	4,402		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,070		
5	Net unrealized gains (losses) on investments	5	29	,96	56.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	8,503	,71	L9.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a			. 2a	_	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	0			
	Act and OMB Circular A-133?		. <u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	<b>agin</b> //	001C)

Form **990** (2016)

632012 11-11-16

12 2016.04013 PULITZER CENTER ON CRISIS 01659301 11470815 147227 0165930-0165930.0990

SCHEDULE A	
------------	--

Department of the Treasury Internal Revenue Service

#### (Form 990 or 990-EZ)

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

**Open to Public** 

Inspection

Nam	e of t	the organization						Employer	identification number		
		PULI	TZER CENTE	R ON CRISIS 1	REPORT	ΓING		2	7-0458242		
Pa	rt I	Reason for Public (	Charity Status 🖟	All organizations must co	omplete th	is part.) Se	e instructions	s.			
The	organ	ization is not a private found									
1		A church, convention of ch					I)(A)(i).				
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)					
3		A hospital or a cooperative					i).				
4	$\square$	A medical research organization						.)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in		
-		section 170(b)(1)(A)(iv). (C		5 ,	·	, 0					
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).				
	X		-					ne general r	oublic described in		
•		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9	$\square$	•				ed in coniu	inction with a	land-grant	college		
5		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or									
		university:	grant concept of agric			name, eny	, and state of	the conege			
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sun	oort from o	contributio	ns members	hin fees an	d aross receipts from		
10		activities related to its exem									
		income and unrelated busir									
		See section 509(a)(2). (Cor				sses acqui		janization a			
11		An organization organized a		wolv to tost for public co	foty Soo	coction 50	O(-1)(4)				
12		An organization organized a	•					arry out the	purposes of one or		
12		more publicly supported or	-	-	-			-			
		lines 12a through 12d that	-								
~		<b>Type I.</b> A supporting orga	• •					•	aivina		
а			-	-	• • • •	-					
		the supported organization			majonty c				ipporting		
h		organization. You must o	-		ion with it	o ou poorto	d organizatio	n(a) by bay	ing		
b		<b>Type II.</b> A supporting org	-				-		-		
		control or management o			ame perso	ns that coi	ntroi or mana	ge the supp	Joned		
-		organization(s). You mus	-		in connoct	tion with a	and functional	lly into grate			
С		J Type III functionally inte						lly integrate	ea with,		
		its supported organization									
d		J Type III non-functionally	• •					•			
		that is not functionally int	• •		•		-	i an attentiv	/eness		
	_	requirement (see instructi									
е		Check this box if the orga					Type I, Type	II, Type III			
	<b>F</b>	functionally integrated, or									
		er the number of supported o	•								
<u> </u>		vide the following information i) Name of supported	ii) EIN	(iiii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	f monetary	(vi) Amount of other		
	``	organization	(,	(described on lines 1-10		ing document? No	support (see in	2	support (see instructions)		
		•		above (see instructions))	Yes						
<u>Tota</u>											
LHA	For F	Paperwork Reduction Act N	lotice. see the Instru	uctions for Form 990 o	990-EZ.	632021 09-	21-16 Sche	dule A (For	m 990 or 990-EZ) 2016		

11470815 147227 0165930-0165930.0990 2016.04013 PULITZER CENTER ON CRISIS 01659301

#### Schedule A (Form 990 or 990-EZ) 2016 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.)

Se	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	1790205.	5834843.	2325660.	3665605.	8357108.	21973421.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge $\dots$									
4	Total. Add lines 1 through 3	1790205.	5834843.	2325660.	3665605.	8357108.	21973421.			
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)						11519480.			
	Public support. Subtract line 5 from line 4.						10453941.			
Se	ction B. Total Support	-								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
7	Amounts from line 4	1790205.	5834843.	2325660.	3665605.	8357108.	21973421.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources $\dots$	1,946.	57,243.	64,083.	77,294.	61,714.	262,280.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)		1,000.		5,092.	300.				
11	Total support. Add lines 7 through 10						22242093.			
12	,		,			12	75,012.			
13	First five years. If the Form 990 is for	r the organization's	s first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)				
60	organization, check this box and stor	o here								
	ction C. Computation of Publi						47.00			
	Public support percentage for 2016 (I		•	.,,		14	<u>47.00 %</u>			
	Public support percentage from 2015					15	51.28 %			
168	<b>33 1/3% support test - 2016.</b> If the c						N V			
	stop here. The organization qualifies		•		line dE in 00 d/00/					
Ľ	<b>33 1/3% support test - 2015.</b> If the conditioned at the support test - 2015.									
47	and <b>stop here.</b> The organization qual				10 10 10					
1/8	10% -facts-and-circumstances test									
	and if the organization meets the "fac		•		•	•				
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <b>b b</b> 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
Ľ		0				-				
	more, and if the organization meets the									
10	organization meets the "facts-and-circ									
18	Private foundation. If the organization	T UIU HOL CHECK A		a, 100, 17a, 0f 170			s ▶ ) or 990-EZ) 2016			
					00116	, aaio 7 (i 0i iii 330				

14

#### Schedule A (Form 990 or 990 EZ) 2016 PULITZER CENTER ON CRISIS REPORTING Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(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						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here	<u></u>	<u></u>	<u></u>	<u></u>		
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2016 (I	ine 8, column (f) di	vided by line 13, o	column (f))		15	%
	Public support percentage from 2015					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)16</b> (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2015 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2016. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	▶□
b	33 1/3% support tests - 2015. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The org	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			· · · · · · · · · · · · · · · · · · ·
63202	23 09-21-16				Sch	edule A (Form 99	0 or 990-EZ) 2016
			1 -	<b>`</b>			

2016.04013 PULITZER CENTER ON CRISIS 01659301 11470815 147227 0165930-0165930.0990

#### Schedule A (Form 990 or 990-EZ) 2016 PULITZER CENTER ON CRISIS REPORTING

#### 27-0458242 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

632024 09-21-16

11470815 147227 0165930-0165930.0990

16

Schedule A (Form 990 or 990-EZ) 2016

2016.04013 PULITZER CENTER ON CRISIS 01659301

## Schedule A (Form 990 or 990 EZ) 2016 PULITZER CENTER ON CRISIS REPORTING 27-0458242 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions).		
2	Activities Test. Answer (a) and (b) below.	,	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	Зb		
632025	5 09-21-16 Schedule A (Form 9	90 or 99	0-EZ)	2016

17

11470815 147227 0165930-0165930.0990 2016.04013 PULITZER CENTER ON CRISIS 01659301

	dule A (Form 990 or 990-EZ) 2016 PULITZER CENTER ON CRIS			27-0458242 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	•	· · ·	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
_4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	ed Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2016

632026 09-21-16

instructions).

18

11470815 147227 0165930-0165930.0990 2016.04013 PULITZER CENTER ON CRISIS 01659301

#### Schedule A (Form 990 or 990-EZ) 2016 PULITZER CENTER ON CRISIS REPORTING Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (co

...

1 41		allo, oupporting orga	(continued)	
Secti	on D - Distributions		·	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016 (reason-			
-	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
 b				
	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
<u>-</u> ;	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
7	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
-	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
-	and 4c			
8	Breakdown of line 7:			
a				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

632027 09-21-16

Schedule Part VI			<u>) 2016</u> PULITZE				G 27-0458242 line 17a or 17b; Part III, line 12;	Page 8
	Part IV, Sec line 1; Part Section D,	ction A, I IV, Sect lines 5, 6	lines 1, 2, 3b, 3c, 4b, 4 ion D, lines 2 and 3; Pa	c, 5a, 6, 9a, 9b, art IV, Section E	, 9c, 11a, 11b, and 1 , lines 1c, 2a, 2b, 3a	1c; Part IV, Sectio , and 3b; Part V, li	n B, lines 1 and 2; Part II, line 12, n B, lines 1 and 2; Part IV, Section ne 1; Part V, Section B, line 1e; F any additional information.	on C, Part V,
	(See instruc	ctions.)						
SCHED	ULE A, 1	PART	II, LINE 10	), EXPLA	NATION FOR	OTHER INC	COME :	
MISCE	LLANEOU	SIN	COME					
2013	AMOUNT:	\$	1,000.					
2015	AMOUNT:	\$	5,092.					
2016	AMOUNT:	\$	300.					
							<b>A I I I I I I I I I I</b>	
632028 09-2	1-16				20		Schedule A (Form 990 or 990	J-EZ) 2016

(Form	990)
-------	------

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form99	90.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	PULITZER CENTER ON CRISIS REPORTING	27-0458242
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be us	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose co	
	impermissible private benefit?	
Pa		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		ically important land area
	Protection of natural habitat	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of	a conservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	
с	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the o	
	vear 🕨	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conser	
	▶	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservatio	n easements during the year
	▶\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)	4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense st	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the	e organization's accounting for
	conservation easements.	<u>.</u>
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	c service, provide the following amounts
	relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	• • •
	(ii) Assets included in Form 990, Part X	• • •
2	If the organization received or held works of art, historical treasures, or other similar assets for financial g	ain, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	
	For Demonstructure Deduction Act Nation, and the Instructions for Form 000	0 1 1 0 /5 000

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
632051	08-29-16

Schedule D (Form 990) 2016

2016.04013 PULITZER CENTER ON CRISIS 01659301

27

Sche		R CENTER O							58242		age <b>2</b>
Pa	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or	Other	Similar	Assets	s (contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	are a sigr	nificant us	se of its c	ollection	items	;
	(check all that apply):										
а	Public exhibition	c	1 L	Loan or exc	change progra	ims					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explain	n how th	ney further t	he organizatio	n's exem	pt purpos	e in Part	XIII.		
5	During the year, did the organization solicit o			-	-						
	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arran							Part IV.			-
	reported an amount on Form 990, Pai							,,			
<b>1</b> a	Is the organization an agent, trustee, custodi	an or other intermed	liarv for	contribution	s or other ass	ets not in	cluded				
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII							∟		L	] 110
			nowing t						Amount		
с	Beginning balance						1c		Amount		
	Additions during the year						1d				
e	Additions during the year						1e				
f	Distributions during the year						1f				
	Ending balance Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.						y:	····· ∟			
Pa							<u></u> )				
					(c) Two year		<b>d)</b> Three y	oare back		voare	back
10	Regipping of year belonce	(a) Current year		Prior year		S DACK (		Cais Dack	(e) rour	years	Dauk
	Beginning of year balance	2,506,000.									
b	Contributions	34,263.									
C	Net investment earnings, gains, and losses	54,205.									
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses	0 540 060									
g	End of year balance	2,540,263.									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1o	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment  98.65	%									
С	· · · ·	1.35 <u></u> %									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	it are held a	nd administer	ed for the	organiza	tion	г		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		X
									3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment f	funds.							
Pa	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answere	d "Yes" on Form 990	), Part IV	/, line 11a. S	See Form 990,	, Part X, li	ne 10.				
	Description of property	(a) Cost or c	other	<b>(b)</b> Cos	t or other	(c) Ac	cumulate	d	(d) Bool	valu	е
		basis (investr	ment)	basis	(other)	depi	reciation				
1a	Land										
	Buildings										
	Leasehold improvements				4,660.		1,94		2	2,7	18.
	Equipment			14	15,409.		49,31	5.	96	5,0	94.
	Other										
	I. Add lines 1a through 1e. <i>(Column (d) must</i> e		X. colun	nn (B). line 1	10c.)				98	3,8	12.
								Schedule	D (Form	990)	2016

(a) Descrip	Complete if the organization answered "Yes" of otion of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	-		d-of-year market value
		(b) BOOK value			roryear market value
	al derivatives				
	-held equity interests				
Other					
(A)					
(B)					
(C) (D)					
(E)					
(F)					
<u>(F)</u> (G)					
(H)					
~ /	b) must equal Form 990, Part X, col. (B) line 12.) ▶				
art VIII	Investments - Program Related.				
	Complete if the organization answered "Yes" of	on Form 000 Dart IV line	110 Soo Form 000 D	ort V line 12	
	(a) Description of investment	(b) Book value			d-of-year market value
(1)	( ,	(-) = = = = = = = = = = = = = = = = = = =	(-,		,
(1)			1		
(3)					
(4)					
(5)					
(6)					
(0)					
(7)					
(7)					
(8)					
(8) (9)	h) must equal Form 990. Part X, col. (B) line 13.)				
(8) (9)	b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets.				
(8) (9) tal. (Col. (	Other Assets.	on Form 990. Part IV. line	2 11d. See Form 990. P.	art X. line 15.	
(8) (9) tal. (Col. (	Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV, line Description	e 11d. See Form 990, Pa	art X, line 15.	( <b>b)</b> Book value
(8) (9) (al. (Col. ( Part IX	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990, Pa	art X, line 15.	(b) Book value
(8) (9) art IX (1)	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990, Pa	art X, line 15.	(b) Book value
(8) (9) tal. (Col. ( Part IX (1) (2)	Other Assets. Complete if the organization answered "Yes" of		9 11d. See Form 990, Pa	art X, line 15.	(b) Book value
(8) (9) tal. (Col. ( Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes" of		2 11d. See Form 990, Pr	art X, line 15.	(b) Book value
(8) (9) tal. (Col. () Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990, P.	art X, line 15.	(b) Book value
(8) (9) (al. (Col. ( eart IX) (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990, Pr	art X, line 15.	(b) Book value
(8) (9) (al. (Col. ( 'art IX 'art IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990, Pa	art X, line 15.	(b) Book value
(8) (9) al. (Col. ( art IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" of		9 11d. See Form 990, Pa	art X, line 15.	(b) Book value
(8) (9) (al. (Col. ( art IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" of		2 11d. See Form 990, Pr	art X, line 15.	(b) Book value
(8) (9) (al. (Col. () art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu	Other Assets. Complete if the organization answered "Yes" of	Description	e 11d. See Form 990, Pa	art X, line 15.	(b) Book value
(8) (9) (al. (Col. () art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu	Other Assets. Complete if the organization answered "Yes" ( (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (	Description			
(8) (9) al. (Col. ( art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (20)	Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description			
(8) (9) al. (Col. ( art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Coll (9) tal. (Coll (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a)	Description	e 11e or 11f. See Form S		
(8) (9) al. (Col. ( art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu (art X	Other Assets. Complete if the organization answered "Yes" ( (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability	Description	e 11e or 11f. See Form S		
(8) (9) al. (Col. ( art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu art X	Other Assets. Complete if the organization answered "Yes" ( (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability	Description	e 11e or 11f. See Form S		
(8) (9) al. (Col. ( art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu art X (1) Fec (2)	Other Assets. Complete if the organization answered "Yes" ( (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability	Description	e 11e or 11f. See Form S		
(8) (9) al. (Col. ( art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) tal. (Colu (8) (9) (1) Fec (2) (3)	Other Assets. Complete if the organization answered "Yes" ( (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability	Description	e 11e or 11f. See Form S		
(8) (9) al. (Col. ( art IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) tal. (Colu (8) (9) tal. (Colu (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" ( (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability	Description	e 11e or 11f. See Form S		
(8) (9) al. (Col. ( art IX (2) (3) (4) (5) (6) (7) (8) (7) (8) (9) tal. (Colu art X (9) tal. (Colu (3) (4) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" ( (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability	Description	e 11e or 11f. See Form S		
(8) (9) (al. (Col. () (art IX) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu (a) (7) (8) (9) tal. (Colu (a) (2) (3) (4) (5) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" ( (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability	Description	e 11e or 11f. See Form S		
(8) (9) (al. (Col. () art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Col() (7) (8) (9) tal. (Col() (7) (3) (4) (5) (6) (2) (3) (4) (5) (6) (7) (7)	Other Assets. Complete if the organization answered "Yes" ( (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability	Description	e 11e or 11f. See Form S		

PULITZER CENTER ON CRISIS REPORTING

27-0458242 Page 3

Schedule D (Form 990) 2016

29

Sche	edule D (Form 990) 2016 PULITZER CENTER ON CRISIS REPORTING		0458242 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	8,464,615.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 29,966		
b	Donated services and use of facilities 2b		
с			
d	Other (Describe in Part XIII.) 2d		
е	Add lines <b>2a</b> through <b>2d</b>	2e	29,966.
3	Subtract line 2e from line 1	3	8,434,649.
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 <b>4a</b> and <b>4b</b>	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,434,649.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	4,031,861.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
с	Other losses 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines <b>2a</b> through <b>2d</b>	2e	0.
3	Subtract line 2e from line 1	3	4,031,861.
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 <b>4a</b> and <b>4b</b>	4c	0.
			4,031,861.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.	5	4,031,001.

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

PART V, LINE 4:

IN 2016, THE CENTER CREATED AN ENDOWMENT ESTABLISHED FOR A VARIETY OF

PURPOSES. AS REQUIRED BY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE

UNITED STATES OF AMERICA, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE

CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR IMPOSED

**RESTRICTIONS.** 

PART X, LINE 2:

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 ("FASB ASC").

632054 08-29-16

Schedule D (Form 990) 2016

<sup>30</sup> 11470815 147227 0165930-0165930.0990 2016.04013 PULITZER CENTER ON CRISIS 01659301

Schedule D (Form 990) 2016	PULITZER CENTER ON CRISIS REPORTING	27-0458242 Page 5
Part XIII Supplemental Info	rmation (continued)	
THE CENTER FILES A	FEDERAL INCOME TAX RETURN. THE CENTER B	ELIEVES THAT IT
HAS APPROPRIATE SUP	PORT FOR ANY TAX POSITIONS TAKEN AND, A	S SUCH, DOES NOT
HAVE ANY UNCERTAIN	TAX POSITIONS THAT ARE MATERIAL TO THE	FINANCIAL
STATEMENTS. THE CEN	TTER'S FEDERAL EXEMPT ORGANIZATION BUSIN	ESS INCOME TAX
RETURNS (FORM 990)	FOR 2013 THROUGH 2015 ARE SUBJECT TO EX	AMINATION BY THE
INTERNAL REVENUE SE	ERVICE, GENERALLY FOR THE THREE YEARS AF	TER THEY WERE
FILED. THERE ARE NO	O RETURNS UNDER EXAMINATION.	

Schedule D (Form 990) 2016

632055 08-29-16

31 2016.04013 PULITZER CENTER ON CRISIS 01659301 11470815 147227 0165930-0165930.0990

SCHEDULE G (Form 990 or 990-EZ)	Complete if th	ental Information Regarding e organization answered "Yes" or promization ontered more than \$	n Form 9	990, F	Part IV, line 17, 18, o		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service       organization entered more than \$15,000 on Form 990-EZ, line 6a.         ► Attach to Form 990 or Form 990-EZ.         ► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.						Open to Public Inspection	
Name of the organization					-	Employer	dentification number
Fundraisi		R CENTER ON CRISIS				27-045	
Part I required to c	omplete this par	<ul> <li>Complete if the organization answ t.</li> </ul>	erea " Y	es" or	1 Form 990, Part IV, I	ne 17. Form 990	EZ filers are not
<ul> <li>a X Mail solicitation</li> <li>b X Internet and e</li> <li>c X Phone solicitation</li> <li>d In-person solicitation</li> </ul>	ons mail solicitation ations citations	s <b>f</b> Solicita	ation of ation of al fundra	non-g gover ising	overnment grants nment grants events	tees, or	
	nighest paid indi	eart VII) or entity in connection with p viduals or entities (fundraisers) purs organization.			-		<b>Yes X No</b> be
(i) Name and address or entity (fundr		(ii) Activity	(iii) fundr have cr or con contribu	istody trol of	(iv) Gross receipts from activity	(v) Amount pair to (or retained b fundraiser listed in col. (i)	y) to (or retained by)
COMMUNITY COUNSELING			Yes	No			_
CO., LLC - 461 FIFT	H AVENUE,	FUNDRAISING COUNSELING		Х	0.	75,00	075,000
<b>F</b> _4_1				•		75,00	0 75 000
Fotal       3     L ist all states in which	h the organizatio	on is registered or licensed to solicit	contrib		or has been notified		
or licensing.							
CT							
		ice, see the Instructions for Form FOR CONTINUATIONS	990 or	990-E	Z. S	Schedule G (Forr	n 990 or 990-EZ) 2010
SEE	FAKT IV	FUR CUNTENUATIONS					
32081 09-12-16							

Schedule G (Form 990 or 990-EZ) 2016	PULITZER	CENTER	ON	CRISIS	REPORTING	27-0458242	Page <b>2</b>
Dort II Eundroioing Evente	0 1 1 17 11						

Part II	
---------	--

**Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990, FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		or fundraising event contributions and gro				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Ð			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Se		Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	<b>.</b>	•	▶	
	11	Net income summary. Subtract line 10 from lin	ne 3, column (d)		►	
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	☐ Yes % ☐ No	☐ Yes% ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization conduct				
		he organization licensed to conduct gaming ac	tivities in each of these s	states?		Yes No
b	IT "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:	voked, suspended, or te	rminated during the tax y	ear?	Yes No

Schedule G (Form 990 or 990-EZ) 2016

632082 09-12-16

Schedule	G (Form 990 or 990-EZ) 2016 PULITZER CENTER ON CRISIS REPORTING 27-0	45824	2 Page 3
11 Doe	s the organization conduct gaming activities with nonmembers?	Ye	s 🗌 No
	e organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to a	dminister charitable gaming?	Ye	s 🗌 No
	cate the percentage of gaming activity conducted in:		
	organization's facility	13a	%
	putside facility	13b	<u> </u>
	er the name and address of the person who prepares the organization's gaming/special events books and records:		/0
	a the hame and address of the person who prepares the organization's gaming/special events books and records.		
Nor			
Inall	he ▶		
<b>^</b> dd			
Add	ress 🕨		
15 a Daa	a the exception have a contract with a third party from whom the exception receives coming revenue?		s 🗌 No
ISa Doe	s the organization have a contract with a third party from whom the organization receives gaming revenue?		
	in a standard the second of each in a second standard to the second state <b>N</b> . A		
	es," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount		
	aming revenue retained by the third party $\triangleright$ \$		
<b>c</b> If "Y	es," enter name and address of the third party:		
Nam			
Add	ress 🕨		
<b>16</b> Gam	ning manager information:		
Nam			
Gan	ning manager compensation 🕨 💲		
Des	cription of services provided 🕨		
	Director/officer Employee Independent contractor		
<b>17</b> Man	datory distributions:		
<b>a</b> Is th	e organization required under state law to make charitable distributions from the gaming proceeds to		
retai	in the state gaming license?	Ye	s 🗌 No
	er the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
orga	inization's own exempt activities during the tax year 🕨 \$		
Part IV		es 9, 9b,	10b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
SCHEI	OULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	:	
(I) N	NAME OF FUNDRAISER: COMMUNITY COUNSELING SERVICE CO., LLC		
<u> </u>			
(I) A	ADDRESS OF FUNDRAISER: 461 FIFTH AVENUE, 3RD FLOOR, NEW YORK,	NY	10017
( = ) 1			1001/
	A · · · · A /=		
632083 09-	12-16 Schedule G (Form	390 or 8	90-EZ) 2016

Schedule C	a (Form 990 or 990-EZ) Supplemental Info	PULITZER C	ENTER ON	CRISIS	REPORTING	27-0458242	Page 4
Part IV	Supplemental Info	rmation (continued)					
632084 04-01-16						Schedule G (Form 990 or	<sup>-</sup> 990-EZ)
3. 51 10			3	5			

11470815 147227 0165930-0165930.0990 2016.04013 PULITZER CENTER ON CRISIS 01659301

SC	HEDULE J	Compensation Information	I	OMB No. 1	1545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	16	
		Compensated Employees		20	10	)
Depa	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/formation	rm990.	Inspe	ction	
Nam	e of the organization		Employer i			mber
_		PULITZER CENTER ON CRISIS REPORTING	27-0	)458242	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 on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	harter travel Housing allowance or residence for perso	nal use			
	Travel for com					
		ation and gross-up payments X Health or social club dues or initiation fee				
Discretionary spending account Personal services (such as, maid, chauffeur, chef)						
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or			37	
•		provision of all of the expenses described above? If "No," complete Part III to explain		1b	Х	
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			Х	
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Λ	
~	la d'a sta colstata d'a		1 I .			
3		ny, of the following the filing organization used to establish the compensation of the organization of the				
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to					
establish compensation of the CEO/Executive Director, but explain in Part III.						
	·	compensation consultant     Compensation survey or study       ther organizations     X	ommittaa			
		ther organizations <b>X</b> Approval by the board or compensation of	ommittee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	-	e payment or change-of-control payment?		4a		x
b		ceive payment from, a supplemental nonqualified retirement plan?				X
c		ceive payment from, an equity-based compensation arrangement?				X
-		hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	-			5a		X
b	Any related organiz	ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	'n			
	contingent on the r	et earnings of:				
а	The organization?			6a		X
		ation?				X
	If "Yes" on line 6a o	or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7	Х	
8	8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
		ntract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n <b>990</b> )	) 2016

632111 09-09-16

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

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

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

<b>(A)</b> Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		compensation incentive rep		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) JON SAWYER	(i)	204,300.	2,000.	0.	21,110.	17,588.	244,998.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(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.

PART I, LINE 7:

#### ALL EMPLOYEES RECEIVED A BOARD APPROVED 2016 CALENDAR YEAR BONUS OF \$2000

WHICH WAS INCLUDED IN THEIR 2016 W-2.

Schedule J (Form 990) 2016

SCHEDULE O (Form 990 or 990-EZ)

Internal Revenue Service

Department of the Treasury

Name of the organization

### Supplemental Information to Form 990 or 990-EZ

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

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 A, LINE 2:

JOSEPH PULITZER, BOD MEMBER, IS EMIILY PULIZER'S (BOD MEMBER) GRANDSON.

RICHARD MOORE, BOD MEMBER, IS KATHERINE MOORE'S (BOD MEMBER) SON.

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

A COPY OF THE DRAFT 990 WAS PROVIDED TO THE BOARD FINANCE COMMITTEE FOR

REVIEW BEFORE BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

UPON ELECTION, HIRING, OR APPOINTMENT, AND ANNUALLY THEREAFTER, INSIDERS

SHOULD COMPLETE AN ANNUAL DISCLOSURE QUESTIONNAIRE IN THE FORM PROVIDED BY

PULITZER CENTER. ON THIS QUESTIONNAIRE, THE INSIDER SHOULD DISCLOSE

AFFILIATIONS THAT CONSTITUTE OR COULD RESULT IN A CONFLICT OF INTEREST, AND

CONFIRM HIS OR HER COMMITMENT TO COMPLIANCE WITH THIS POLICY. THE INSIDER

SHOULD UPDATE THIS DISCLOSURE AS APPROPRIATE. INSIDERS HAVE A CONTINUING

RESPONSIBILITY TO REVIEW THEIR BUSINESS, PERSONAL, AND PHILANTHROPIC

INTERESTS, AND THEIR FAMILY AND OTHER CLOSE RELATIONSHIPS, FOR ACTUAL,

APPARENT, OR POTENTIAL CONFLICTS OF INTEREST WITH RESPECT TO PULITZER

CENTER.

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

THE BOARD OF DIRECTORS REVIEWS AND APPROVES ALL CHANGES IN COMPENSATION ON

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2016)

 632211
 08-25-16

39

Name of the organization PULITZER CENTER ON CRISIS REPORTING	Employer identification numbe 27-0458242
AN ANNUAL BASIS.	
FORM 990, PART VI, SECTION C, LINE 19:	
OUR ANNUAL REPORTS ARE POSTED ON OUR WEBSITE. THE REPOR	TS 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:	
PROGRAM SERVICE EXPENSES	1,658,227.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,658,227.
CONSULTING:	
PROGRAM SERVICE EXPENSES	232,213.
MANAGEMENT AND GENERAL EXPENSES	22,477.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	254,690.
BENEFIT PLANNING & FEES:	
PROGRAM SERVICE EXPENSES	1,700.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,700.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,914,617.
FORM 990 PART XII LINE 2C:	
632212 08-25-16 <b>4</b> 0	Schedule O (Form 990 or 990-EZ) (201

11470815 147227 0165930-0165930.0990 2016.

40 2016.04013 PULITZER CENTER ON CRISIS 01659301

Name of the organization PULITZER CENTER ON CRISIS REPORTING	Employer identification number 27-0458242
	·
THERE HAS BEEN NO CHANGE IN THE OVERSIGHT PROCESS OR SELF	ECTION PROCESS
FOR THE YEAR ENDING DECEMBER 31, 2016.	
632212 08-25-16 Scl 41	hedule O (Form 990 or 990-EZ) (2016

Form	8868
------	------

(Rev. January 2017)

### Application for Automatic Extension of Time To File an Exempt Organization Return

Entor filor's identifying number

Department of the Treasury Internal Revenue Service File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

**Electronic filing** (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.         En				Employer identification number (EIN) or	
print						
File by the	PULITZER CENTER ON CRISIS REPORTING				27-0458242	
due date for	for Number, street, and room or suite no. If a P.O. box, see instructions.			Social se	ocial security number (SSN)	
filing your return. See	See 1775 MADDACHODIIID AVI: NV, NO: 015					
instructions	City, town or post office, state, and ZIP code. For a for WASHINGTON, DC 20036-2109	preign addi	ress, see instructions.			
Enter the Return Code for the return that this application is for (file a separate application for each return)						
Application		Return	Application			Return
Is For		Code	Is For			Code
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07
Form 990-BL		02	Form 1041-A			08
Form 4720 (individual)		03	Form 4720 (other than individual)			09
Form 990-PF		04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11
Form 990-T (trust other than above)			Form 8870			12
	ACCOUNTING RESO	DURCES	S INC.			
• The b	ooks are in the care of $\blacktriangleright$ <u>100 WESTERN</u> BLV	7D - G	LASTONBURY, CT 060	33		
Telep	hone No. ► (860)659-3955		Fax No. 🕨			
• If the	organization does not have an office or place of business	in the Un	ted States, check this box			🕨 🗔
• If this	is for a Group Return, enter the organization's four digit (	Group Exe	mption Number (GEN) I	f this is fo	r the whole g	roup, check this
box 🕨	. If it is for part of the group, check this box	] and atta	ch a list with the names and EINs of	all memb	ers the exten	sion is for.
<b>1</b>   re	I request an automatic 6-month extension of time untilNOVEMBER_15, 2017, to file the exempt organization return					
for the organization named above. The extension is for the organization's return for:						
►	► X calendar year 2016 or					
►	tax year beginning	, an	d ending			
2 lft	If the tax year entered in line 1 is for less than 12 months, check reason:					
	Change in accounting period				-	
3a lft	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
no	nrefundable credits. See instructions.			3a	\$	0.
b lft	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			
es	estimated tax payments made. Include any prior year overpayment allowed as a credit.				\$	0.
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	yment witl	n this form, if required,			
by	by using EFTPS (Electronic Federal Tax Payment System). See instructions.				\$	0.
Caution: instruction	If you are going to make an electronic funds withdrawal ons.	(direct det	bit) with this Form 8868, see Form 84	153-EO an	d Form 8879	-EO for payment
LHA I	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8	868 (Rev. 1-2017)

623841 01-11-17