Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

Α	For th	e 2014 calendar year, or tax year beginning and ending	g	
В	Check if applicat	C Name of organization	D Employer identi	fication number
	Addr chan Name			000000
Ļ	chan	Doing business as	14-	2007220
L	return	155 AVE OF THE AMEDICAS 13 1		per -514-5250
r	termi ated Amer	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	10,339,775.
느	lreturr	NEW TORK, NI 10015	H(a) Is this a group	
L	Appli tion pendi	F Name and address of principal officer: KICHARD 0. 10FED	for subordinate <b>H(b)</b> Are all subordinates	
1	Tay.ev	empt status: X 501(c)(3) 501(c) ( )		a list. (see instructions)
		te: NWW.PROPUBLICA.ORG	H(c) Group exempt	
				M State of legal domicile: DE
	art I	Summary	real of formation. 2007	IVI State of legal dofficile. Da
	1	Briefly describe the organization's mission or most significant activities: TO EXPOS	SE ABUSES OF	POWER AND
Governance	'	BETRAYALS OF THE PUBLIC TRUST - SEE "SCHEDUI	E O" FOR CON	PTNIIATION
Jac				
Ver.		Check this box Lift the organization discontinued its operations or disposed of		1
Ĝ		Number of voting members of the governing body (Part VI, line 1a)		
ంర		Number of independent voting members of the governing body (Part VI, line 1b)		
ijes		Total number of individuals employed in calendar year 2014 (Part V, line 2a)		
Activities &		Total number of volunteers (estimate if necessary)		
Act		Total unrelated business revenue from Part VIII, column (C), line 12		
	b	Net unrelated business taxable income from Form 990-T, line 34	7t	11,988.
			Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)	13,678,241	
Revenue	1	Program service revenue (Part VIII, line 2g)	0	
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	103	
<u></u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	87,123	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,765,467	10,324,275.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0 .	'1
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,807,423	8,589,013.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
×	i	Total fundraising expenses (Part IX, column (D), line 25)  482,362.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,525,386	2,897,439.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,332,809.	
	19	Revenue less expenses. Subtract line 18 from line 12	3,432,658.	-1,162,177.
ets or			Beginning of Current Year	End of Year
		Total assets (Part X, line 16)	7,938,469.	6,865,118.
ABB	21	Total liabilities (Part X, line 26)	95,446.	
Net Ass Fund Ba	22	Net assets or fund balances. Subtract line 21 from line 20	7,843,023.	6,680,846.
		Signature Block		
Unde	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of n	ny knowledge and belief, it is
true,	correc	, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
		7 7	1/10/	15
Sigr	ւ	Signature of officer	Date	
Here	e	RICHARD J. TOFEL, PRESIDENT		
		Type or print name and title		
***************************************		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid	k	GARRETT M. HIGGINS GARRETT M. HIGGINS	07/09/15 if self-emplo	P00543209
Prep	arer	Firm's name O'CONNOR DAVIES, LLP	Firm's EIN ▶	27-1728945
Use	Only	Firm's address 665 FIFTH AVENUE		
	l	NEW YORK, NY 10022	Phone no. (2	12)286-2600
May	the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No

### Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-1709

If you are filing for an Automatic 3-Month Extension, complete	te only P	art I and check this box		<b>&gt;</b>	X				
If you are filing for an Additional (Not Automatic) 3-Month Ex	ctension,	complete only Part II (on page 2 of	this form)	ı <b>.</b>					
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.  Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation									
required to file Form 990-T), or an additional (not automatic) 3-mc	required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension								
of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain									
Personal Benefit Contracts, which must be sent to the IRS in page	oer format	(see instructions). For more details	on the ele	ctronic filing of this	form,				
visit www.irs.gov/efile and click on e-file for Charities & Nonprofits	S.			_					
Part I Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).						
A corporation required to file Form 990-T and requesting an autor	matic 6-m	onth extension - check this box and	complete						
Part I only									
All other corporations (including 1120-C filers), partnerships, REN to file income tax returns.			t an exte		mber				
Type or Name of exempt organization or other filer, see instru	ctions.			r identification num					
print									
PRO PUBLICA, INC.				14-200722	20				
File by the due date for Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	ecurity number (SSN	1)				
filing your 155 AVE OF THE AMERICAS NO				, , , , , , , , , , , , , , , , , , , ,	,				
City, town or post office, state, and ZIP code. For a for NEW YORK, NY 10013	oreign add	dress, see instructions.							
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)	••••••		0 1				
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)	06	Form 8870			12				
BARBARA ZINKAN	r, DII	RECTOR OF FINANCE 8	OPE	RATIONS					
• The books are in the care of ▶ 155 AVE OF THE	AMER	ICAS, NO. 13 FL - I	NEW Y	ORK, NY 10	013				
Telephone No. ► 212-514-5250		Fax No. ▶			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
If the organization does not have an office or place of business	in the Ur								
• If this is for a Group Return, enter the organization's four digit (	Group Exe	emption Number (GEN) . If	this is fo	r the whole group, o	heck 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 extension is	for.				
1 I request an automatic 3-month (6 months for a corporation	required 1		until						
is for the organization's return for:	<u> </u>	<del>-</del>							
► X calendar year 2014 or									
tax year beginning	, an	d ending							
2 If the tax year entered in line 1 is for less than 12 months, ch Change in accounting period	neck reaso	on: Initial return F	inal retur	n					
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069	enter the tentative tax less any	1						
nonrefundable credits. See instructions.		any tank tank tank tool any	3a	\$	0.				
b If this application is for Forms 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	"	T					
estimated tax payments made. Include any prior year overpa	•		3ь	\$	0.				
c Balance due. Subtract line 3b from line 3a. Include your pay			<del>  "</del>						
by using EFTPS (Electronic Federal Tax Payment System). S		• • •	3с	\$	0.				
Caution. If you are going to make an electronic funds withdrawal				nd Form 8879-EO fo					

	DDO DUDI TO TWO
	m 990 (2014) PRO PUBLICA, INC. 14-2007220 Page 2
P	art III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	PRO PUBLICA IS AN INDEPENDENT, NON-PROFIT, PULITZER PRIZE-WINNING
	NEWSROOM THAT PRODUCES INVESTIGATIVE JOURNALISM IN THE PUBLIC
	INTEREST. OUR WORK FOCUSES EXCLUSIVELY ON TRULY IMPORTANT STORIES. SEE
	"SCHEDULE O" FOR CONTINUATION.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
44	(Code:) (Expenses \$9,773,851. including grants of \$) (Revenue \$60,500.) INVESTIGATIVE JOURNALISM IN THE PUBLIC INTEREST - SEE SCHEDULE O FOR
	DETAILS
4b	
40	(Code:) (Expenses \$ including grants of \$)     (Revenue \$)
40	10.
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 9,773,851.
	Total program service expenses ► 9,773,851.

## Form 990 (2014) PRO PUBLICA, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<del> </del>
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			x
4	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3	<del> </del>	1
•	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	-	<del>                                     </del>	<del> </del> -
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in 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.			el d
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
h	Part VI	11a	_A	
D	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
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	TID		-21
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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	140		
	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	<u></u>	$\neg \neg$	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ļ	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		X
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		_X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

## PRO PUBLICA, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
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	<u> </u>	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	X	ļ
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			l
	Schedule K. If "No", go to line 25a	24a	ļ	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	
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	İ		
	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	1		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
	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):	\$22,715		77
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	^	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			Х
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?			Х
^^	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete	00		Х
20	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		Х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		24		Х
250	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		$\frac{X}{X}$
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	Soa		
b	within the meaning of section 512(b)(13)? /f "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?	330		
-	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	"		
	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form 990 (2014) PRO PUBLICA, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

<b></b>	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	4.4			<del>                                     </del>
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	İ		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportal	ble gaming	1		1
	(gambling) winnings to prize winners?		0 0	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				3.44.3	
	filed for the calendar year ending with or within the year covered by this return	2a	69			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	rns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
За	Distance of the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a section in the section in the section in the section is a section in the section i			3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	^		3b	Х	<b>†</b>
	At any time during the calendar year, did the organization have an interest in, or a signature or other					<b>†</b>
	financial account in a foreign country (such as a bank account, securities account, or other financial		- ·	4a	ļ	X
b	If "Yes," enter the name of the foreign country:		,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	ts (FBAR).			
5a	Man the approximation a markets a market and the district of t			5a		X
b				5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a						
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices pr	ovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С						
	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 or	ontract	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.		ĺ			
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		·
10	Section 501(c)(7) organizations. Enter:					
а		10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1				
а	Gross income from members or shareholders	11a	***************************************			
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
		11b				
_	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	- 1		12a		
b		12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1			
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					
		13b		- 1		
		13c				
				14a		_X_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b		

Form 990 (2014) PRO PUBLICA, INC. 14-2007220 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction A. Governing Body and Management		1	·····
	Enter the number of voting members of the governing body at the end of the tax year 1	٥	Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year 1a 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	븨		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
h		9		
b	Enter the number of voting members included in line 1a, above, who are independent	4		
2				х
3	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		1
3	of officers, directors, or trustees, or key employees to a management company or other person?	9	x	ĺ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	12	Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<b></b>	X
6	Did the organization have members or stockholders?	6	<del> </del>	X
7a		-	├	
/ a		7-		Х
h	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		
b				Х
	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
8			х	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O  tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		X
360	tion B. Policies (mis Section B requests information about policies not required by the internal nevenue code.)		V	NI.
100	Did the arganization have local chapters, branches, or offiliates?	10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	406		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	22	7.77
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	100	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X	
-	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·		10-	x	
13		12c	X	
14	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	14	-22	
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•		45-	х	
		15a	X	
J	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	-	
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
		10-		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?			
Sect	ion C. Disclosure	16b	L	
	List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE O	***************************************		
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) is	availah		
	for public inspection. Indicate how you made these available. Check all that apply.	avandD	10	
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ► BARBARA ZINKANT, DIRECTOR OF FINANCE & OPERATIONS - 212-514-525 155 AVE OF THE AMERICAS, NO. 13 FL. NEW YORK, NY 10013	0		

#### Form 990 (2014) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

  • List all of the organization's current key employees, if any. See 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.

Check this box if neither the organization		org	aniza			mpe	nsa		T T	T
(A)	(B)	(C)			n		(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than or box, unless person is both		one	Reportable	Reportable	Estimated		
	hours per week		c, unie icer ar					compensation	compensation from related	amount of other
	(list any	ig	Π		Π	T		the	organizations	compensation
	hours for	or director				peq		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			eusa		(W-2/1099-MISC)		organization
	organizations	a fr	onalt		ploye	li es				and related
	below line)	ndividual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) HERBERT M. SANDLER	3.00	╁┺	┝┺	-	×	I S	1 5			
FOUNDING CHAIRMAN		x		х				0.	0.	0.
(2) PAUL E. STEIGER	30.00	⇈	f		$\vdash$	T	T			
EXECUTIVE CHAIRMAN		x		х				201,352.	0.	15,035.
(3) MARK COLODNY	1.00			_	T	T	<b>†</b>			
DIRECTOR		x						0.	0.	0.
(4) HENRY LOUIS GATES, JR.	1.00					1	$\vdash$			
DIRECTOR		X					İ	0.	0.	0.
(5) CLAIRE HOFFMAN	1.00									
DIRECTOR		X						0.	0.	0.
(6) ROBERT C.S. MONKS	1.00									
DIRECTOR		X						0.	0.	0.
(7) RON OLSON	1.00									
DIRECTOR		X						0.	0.	0.
(8) PAUL SAGAN	1.00									
DIRECTOR		X	ļ			<u> </u>		0.	0.	0.
(9) KAT TAYLOR	1.00							_		
DIRECTOR		X		_				0.	0.	0.
(10) TOM UNTERMAN	1.00									
DIRECTOR	40.00	X		_				0.	0.	0.
(11) RICHARD TOFEL	40.00							256 500		
PRESIDENT AND CO-EXECUTIVE	10.00		_	X				376,782.	0.	35,812.
(12) STEPHEN ENGELBERG	40.00			$_{\rm x}$				272 201		56 000
EDITOR-IN-CHIEF & CO-EXECU (13) DEBRA GOLDBERG	40.00			싀		-		372,391.	0.	56,990.
VICE PRESIDENT, DEVELOPMEN	40.00				х			250 500	0.	26 015
(14) ROBIN FIELDS	40.00	$\dashv$		$\dashv$	Λ			258,588.	0.	26,815.
MANAGING EDITOR	40.00					х		235,832.	0.	15 604
(15) JESSE EISINGER	40.00		-+	-	-	77		233,032.	U •	15,624.
SENIOR REPORTER	=0.00					х		216,368.	0.	42,951.
(16) CHARLES ORNSTEIN	40.00	$\dashv$	$\dashv$	-+				210,300.	U•	±4,331.
SENIOR REPORTER						х		194,351.	0.	45,719.
(17) TRACY WEBER	40.00	$\dashv$	$\dashv$	$\dashv$					J.	<del></del>
SENIOR EDITOR						x		198,051.	0.	30,362.

432007 11-07-14 Form 990 (2014)

Part VII   Section A. Officers, Directors, Trus	stees, Key Em	ploy	yees	, an	d H	ighe	st C	Compensated Employe	es (continued)		<b>,</b>		
(A) Name and title	(B) Average hours per	(dc	not o	Pos check ss pe	C) sition more erson		one th an	( <b>D)</b> Reportable compensation	(E) Reportab compensa	tion	1	ted t of	
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee	Ť	from the organization (W-2/1099-MISC)	from relati organizatic (W-2/1099-N	ons	f org an	othe npens rom t ganiza d rela aniza	ation he ation ated
(18) JOSEPH SEXTON SENIOR EDITOR	40.00					х		197,046.		0.	2	5 (	27
***************************************								13,,010.				5,0	727
												·	
				-									
1b Sub-total		l				J	<b>&gt;</b>	2,250,761.		0.	29	4,3	35.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)								0. 2,250,761.		0.	29	4 3	$\frac{0.}{35.}$
Total number of individuals (including but no							o re		,000 of reportal				-
compensation from the organization											I	Yes	29 No
3 Did the organization list any former officer,		stee	, ke	y em	plo	yee,	or h	nighest compensated er	nployee on	ſ			
line 1a? If "Yes," complete Schedule J for su  4 For any individual listed on line 1a, is the su								er compensation from t			3	-	X
and related organizations greater than \$150	,000? If "Yes, "	cor	nple	te S	che	dule	J fc	or such individual		[	4	Х	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comp					-		elate	ed organization or individ	dual for service	s	5		х
Section B. Independent Contractors									***************************************				21
1 Complete this table for your five highest conthe organization. Report compensation for the										mpensa	ation f	rom	
(A)		ai e	HUILI	ig wi	ILI I	JI VVII		(B)			(C		····
Name and business a ADP TOTALSOURCE	address						P	Description of se	ervices	Co	omper	nsatio	n
5800 WINDWARD PARKWAY, ALPHARETTA, GA 30005EMPLOYER ORGANIZATIO										113	3,9	47.	
							1						***************************************
							+	######################################					
							_						
2 Total number of independent contractors (in		t lim	ited	to t	-	e list	ted a	above) who received mo	ore than				
\$100,000 of compensation from the organiza	ation				1					Na. 27 2 1		Saleta :	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (B) (A) Related or Total revenue Unrelated business exempt function revenue revenue , Gifts, Grants nilar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events ..... 1c d Related organizations 1d Contributions, and Other Simi e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ..... 10,169,976 36,667 g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f 10,169,976 Business Code Program Service Revenue 2 a b f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 4,176 4,176. Income from investment of tax-exempt bond proceeds Royalties ..... 104,222. 60,500 5 43,722. (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses ...... c Rental income or (loss) ..... d Net rental income or (loss) 7 a Gross amount from sales of (ii) Other (i) Securities 15,500. assets other than inventory b Less: cost or other basis 15,500 and sales expenses ...... c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c). See Part IV, line 18 \_\_\_\_\_a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 \_\_\_\_\_a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold ..... c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a HONORARIUMS REVENUE 900099 23,379 23,379. ADVERTISING REVENUE 541800 22,522 b 22,522. С d All other revenue

45,901. 10,324,275.

60,500.

e Total. Add lines 11a-11d

Total revenue. See instructions.

71,277.

22,522.

#### Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respon	·			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) 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				
Ū	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	1,343,765.	645,768.	415,113.	282,884.
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	6,000,803.	5,490,429.	443,731.	66,643.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	240,251.	223,508.	16,743.	
9	Other employee benefits	528,890.	466,916.	49,687.	12,287.
10	Payroll taxes	475,304.	406,929.	50,240.	18,135.
11	Fees for services (non-employees):				
а	Management				
b	Legal	60,585.	45,691.	1,309.	13,585.
С	Accounting	28,749.		25,874.	2,875.
d	Lobbying				***************************************
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	200 845	000 005	10 014	24 526
	column (A) amount, list line 11g expenses on Sch O.)	329,715.	282,885.	12,044.	34,786.
12	Advertising and promotion	21,787.	21,787.	24 466	0 071
13	Office expenses	167,352.	133,815.	24,466.	9,071.
14	Information technology	337,028.	307,149.	25,087.	4,792.
15	Royalties	918,608.	826,591.	92,017.	
16	Occupancy	473,814.	443,610.	68.	30,136.
17	Travel	4/3,014.	443,010.	00.	30,130.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	30,583.	22,922.	7,022.	639.
19	Conferences, conventions, and meetings	30,303.	22, 322.	7,022.	039.
20 21	Interest				
22	Payments to affiliates  Depreciation, depletion, and amortization	170,136.	137,436.	32,700.	
23	I	17,554.	15,533.	2,021.	
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	UBIT TAX EXPENSE	3,721.		3,721.	
h	PUBLIC REC. COP. & SUBS	200,346.	193,462.	365.	6,519.
0	REPAIRS AND MAINTENANCE	62,284.	56,090.	6,194.	0,010.
d	RECRUITMENT & PROF DEVE	55,177.	53,330.	1,837.	10.
	All other expenses	20,000.	,	20,000.	
25		11,486,452.	9,773,851.	1,230,239.	482,362.
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)				
432010	11-07-14				Form <b>990</b> (2014)

Form 990 (2014)
Part X Balance Sheet

LPE	art X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X	<del></del>	<del></del>	
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,986,592.		1,144,084.
	2	Savings and temporary cash investments	1,100,153.		3,854,329.
	3	Pledges and grants receivable, net	4,506,444.		1,435,405.
	4	Accounts receivable, net	1,692.	4	5,817.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
sts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
٩	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	105,616.	9	147,817.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation  10a 1,770,462. 10b 1,518,223.			
	b	Less: accumulated depreciation 10b 1,518,223.	234,012.	10c	252,239.
	11	Investments - publicly traded securities		11	21,167.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	3 0 6 0	14	
	15	Other assets. See Part IV, line 11	3,960.	15	4,260.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,938,469.	16	6,865,118.
	17	Accounts payable and accrued expenses	95,446.	17	184,272.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
Ē		key employees, highest compensated employees, and disqualified persons.			
Ľ		Complete Part II of Schedule L		22	
	)	Secured mortgages and notes payable to unrelated third parties		23	
		Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	95,446.	26	184,272.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	33,440.	20	104,272.
s		complete lines 27 through 29, and lines 33 and 34.			
ခွင		Unrestricted net assets	3,593,023.	27	3,442,914.
Fund Balances		Temporarily restricted net assets	4,250,000.	28	3,237,932.
80		Permanently restricted net assets	2,230,0001	29	3,231,332.
Š		Organizations that do not follow SFAS 117 (ASC 958), check here ▶		23	
2		and complete lines 30 through 34.			
ts		Capital stock or trust principal, or current funds		30	
Net Assets or		Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ.		Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	7,843,023.	33	6,680,846.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2014)

За

X

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

PRO PUBLICA, INC. 14-2007220 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-9 listed in your support (see other support (see governing document? above or IRC section Instructions) Instructions) No Yes (see instructions))

Total

### Schedule A (Form 990 or 990-EZ) 2014 PRO PUBLICA, INC. 14-20072 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						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	membership fees received. (Do not						
	include any "unusual grants.")	10,209,401.	10,115,367.	10,920,019.	13,678,241.	10,169,976.	55,093,004.
2	Tax revenues levied for the organ-						······································
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	10,209,401.	10,115,367.	10,920,019.	13,678,241.	10,169,976.	55,093,004.
	The portion of total contributions						
Ŭ	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,						
	aaluman (f)						24,721,606.
6	*** ***********************************						30,371,398.
	Public support. Subtract line 5 from line 4.		Harrist Aced Catalog Aced (	ista II Med Alexadev A. St			30,371,336.
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(a) 2014	(6) Total
	Amounts from line 4	10,209,401.	10,115,367.	10,920,019.	13,678,241.	(e) 2014 10,169,976.	(f) Total 55,093,004.
	Gross income from interest,	10,200,101.	10,113,307.	10,520,015.	13,070,241.	10,103,370.	33,033,004.
0	·						
	dividends, payments received on						
	securities loans, rents, royalties	3,661.	16,263.	17,146.	51,381.	17 909	136,349.
_	and income from similar sources	3,001.	10,203.	1/,140.	31,301.	47,030.	130,343.
9	Net income from unrelated business						
	activities, whether or not the		2,401.	8,465.	11,842.	12,775.	35,483.
40	business is regularly carried on		2,401.	0,403.	11,042.	12,773.	33,403.
10	Other income. Do not include gain	1					
	or loss from the sale of capital	11,600.	7,103.	2,927.	10,100.	23,379.	EE 100
	assets (Explain in Part VI.)	11,000	/,103.	4,341.	10,100.	23,313.	55,109.
	Total support. Add lines 7 through 10						55,319,945.
	Gross receipts from related activities,	•	,			12	60,500.
13	First five years. If the Form 990 is for		first, second, third	, fourth, or fifth ta	x year as a section	1 501(c)(3)	, —
Sac	organization, check this box and stop etion C. Computation of Publi		centace				<b>&gt;</b>
						4.1	54.90 %
	Public support percentage for 2014 (lii					14	
	Public support percentage from 2013						
	33 1/3% support test - 2014. If the or	-		•		,	
	stop here. The organization qualifies a						
	33 1/3% support test - 2013. If the or						
	and stop here. The organization qualif						
	10% -facts-and-circumstances test	-					,
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t						
	10% -facts-and-circumstances test						0% or
	more, and if the organization meets the						
	organization meets the "facts-and-circu						▶∐
18	Private foundation. If the organization	did not check a b	ox on line 13, 16a,	16b, 17a, or 17b,	check this box ar	nd see instructions	<b>&gt;</b>

## Schedule A (Form 990 or 990-EZ) 2014 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and					1	1 (7.514)
	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					<b>†</b>	
	are not an unrelated trade or bus-					ļ	
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						<del> </del>
	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					1	
	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support				I A A A B A B A B A B A B A B A B A B A		<u> </u>
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6			(5) = 5 (5)	(4) 2010	(6) 2014	(i) rotal
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
	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					<u> </u>	
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization's	first second third	1 fourth or fifth ta	v vear as a sectio	L	otion
							ation,
	tion C. Computation of Publi	c Support Per	centage		***************************************		
	Public support percentage for 2014 (li			olumn (f))		15	
	Public support percentage from 2013					16	<u>%</u>
	tion D. Computation of Inves				***************************************	1101	70
	nvestment income percentage for 201			e 13. column (fl)		17	0/
	nvestment income percentage from 2			9 13, Column (1 <i>))</i>		18	<u>%</u>
	33 1/3% support tests - 2014. If the o						7 in not
	nore than 33 1/3%, check this box an	d stop here. The	organization gualit	ine as a publich o	io is more than a	o 1/3%, and line 1	/ is not
b:	33 1/3% support tests - 2013. If the c	rganization did no	ot check a hov on	line 14 or line 10c	and line 16 is	auUII	P L
	ne 18 is not more than 33 1/3%, chec						
	Private foundation. If the organization						
		ala not officer a b	on on mie 14, 13a	, or row, crieck lill	S DON AND SEE INS	LI UCTIONS	

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. A	All Supi	porting Or	ganizations

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).
За	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.
- 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 11a or 11b 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in part yl.
- c Did a disqualified person (as defined in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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.)

	Vac	No
	Yes	NO
1		
2		<u> </u>
3a		
Ja		
3b		
144,614		
3c		
4a		
4b		
		Vi ji
4c		
5a		
5b		
5c		
6	13.68	
7		
8		
9a		<del></del>
9b		
1 1		
9c		
10a		
10b		
90 or 99	0-EZ)	2014

P	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
á	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		
k	A family member of a person described in (a) above?	11b		T
	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		T
	ction 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			1
	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			1
	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		<del></del>	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			<del>                                     </del>
	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		l
Sec	tion D. 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			<u> </u>
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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		<b>†</b> —	<del> </del>
	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		I	i
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)			
а	The organization satisfied the Activities Test. Complete line 2 below.	ons):		
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	a instructions	.)	
2	Activities Test. Answer (a) and (b) below.	, in istructions	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		165	NO
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	handle and a state of the state			ı
	those supported organizations and explain  Now 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	20		
-	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.			
3	· · · · · · · · · · · · · · · · · · ·	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
	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 <i>Part VI</i> .	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		1	
	of its supported organizations? If "Yes," describe in part y the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Org	anizations	rage o
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust	on Nov. 20, 1970. <b>See instru</b>	ctions. All
	other Type III non-functionally integrated supporting organizations must co	omplete	Sections A through E.	
Sec	tion 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		
<u>c</u>	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		
Secti	on 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		
-	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-functionally	/-integra	ated Type III supporting organ	ization (see
	instructions).	3	7.1	

Schedule A (Form 990 or 990-EZ) 2014

Pa	art V   Type III Non-Functionally Integrated 5	09(a)(3) Supporting Org	ganizations (continued)	
Sec	tion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	ons		
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	h the organization is responsi	ve	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
<u>i</u>	Carryover from 2009 not applied (see instructions)			
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
<u> </u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedul Part \	e A (For	m 990 d	or 990-EZ	2014	PRO P	UBLI	CA,	INC.					14-200	7220 Page 8
- art	Als	o comp	lete this p	part for	any addition.	rovide ti onal info	ne expla rmation	anations i. (See ins	required structions	by Part s).	II, line 10; P	art II, line 17a o	r 17b; and Par	t III, line 12.
SCHE	DULE	Α,	PART	II,	LINE	10,	EXF	LANA'	rion	FOR	OTHER	INCOME:		
HONO	RARI	UMS	REVE	NUE										
2010	AMO	UNT:	\$	11,	600.								***************************************	
2011	AMO	UNT:	\$	7,1	03.									
2012	AMO	JNT:	\$	2,8	27.	·								
2013	AMO	JNT:	\$	10,	100.								······································	
2014	AMO	JNT:	\$	23,	379.	***************************************								
														The first of the Assessment Constitution of the Constitution of th
OTHER	REY	/ENU	E		***************************************				·		<del></del>	**************************************	·	
2012	AMO	JNT:	\$	100	•				~~~			***************************************		***************************************
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# Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization

Employer identification number

	PRO PUBLICA, INC.	14-2007220					
Organization type (chec	k one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Note. Only a section 501	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	ule. See instructions.					
General Rule							
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin ny one contributor. Complete Parts I and II. See instructions for determining a contributor						
Special Rules							
sections 509(a)(1	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a tor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amou Z, line 1. Complete Parts I and II.	, or 16b, and that received from					
year, total contrib	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
year, contributior is checked, enter purpose. Do not	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \bigsim \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{2} \int \frac{1}{						
out it <b>must</b> answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule In Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fort the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

Employer identification number

PRO PUBLICA, INC.

Part I	Contributors	(see instructions).	Use duplicate	copies of Part I if	additional space is needed.
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	· · · · · · · · · · · · · · · · · · ·	T
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
ANNE GUMOWITZ  421 SEVENTH AVENUE, 15TH FLOOR  NEW YORK, NY 10001-2066	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
ANONYMOUS C/O FIDELITY CHARITABLE, P.O. BOX 770001 CINCINNATI, OH 45277	\$	Person X Payroll
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
ANONYMOUS C/O JP MORGAN CHASE BANK, NA., ONE CHASE TOWER, 8TH FL, SUITE IL1-0104 CHICAGO, IL 60670-0884	\$10,000.	Person X Payroll
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
BARRY FEIRSTEIN  1397 SECOND AVENUE, SUITE 112  NEW YORK, NY 10021	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
BENJAMIN AND ALICE GOLDMAN REITER / SCHWAB CHARITABLE  211 MAIN STREET  SAN FRANCISCO, CA 94105	\$50,000 <b>.</b>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	421 SEVENTH AVENUE, 15TH FLOOR  NEW YORK, NY 10001-2066  (b) Name, address, and ZIP+4  ANONYMOUS C/O FIDELITY CHARITABLE, P.O. BOX 770001  CINCINNATI, OH 45277  (b) Name, address, and ZIP+4  ANONYMOUS C/O JP MORGAN CHASE BANK, NA., ONE CHASE TOWER, 8TH FL, SUITE IL1-0104  CHICAGO, IL 60670-0884  (b) Name, address, and ZIP+4  BARRY FEIRSTEIN  1397 SECOND AVENUE, SUITE 112  NEW YORK, NY 10021  (b) Name, address, and ZIP+4  BENJAMIN AND ALICE GOLDMAN REITER / SCHWAB CHARITABLE 211 MAIN STREET	### 421 SEVENTH AVENUE, 15TH FLOOR    New YORK, NY 10001-2066

Employer identification number

PRO PUBLICA, INC.

Part I	Contributors	(see instructions).	Use duplicate copies	of Part I if additional	space is needed.
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raiti	Contributors (see instructions). Ose duplicate copies of Part I if addition	nai space is rieeded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BRIAN M. MCINERNEY  304 COUNTY ROAD 438  ROCHEPORT, MO 65279	\$ 10,000.	Person X Payroli Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	BRIGHT HORIZON FUND / FIDELITY CHARITABLE  P.O. BOX 770001  CINCINNATI, OH 45277	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	BRYAN R. LAWRENCE 410 PARK AVENUE NEW YORK, NY 10022	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	CALIFORNIA COMMUNITY FOUNDATION  221 S. FIGUEROA ST. SUITE 400  LOS ANGELES, CA 90012	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	CARNEGIE CORPORATION  437 MADISON AVENUE, 26TH FL  NEW YORK, NY 10022	\$150,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	CAROLYN S. BUCKSBAUM REVOCABLE TRUST  180 NORTH WACKER DRIVE, SUITE 001  CHICAGO, IL 60606	\$\$ 73,000.	Person X Payroll

Employer identification number

#### PRO PUBLICA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	CARSEY FAMILY FOUNDATION  11601 WILSHIRE BLVD., #1840  LOS ANGELES, CA 90025	\$ 25,000.	Person X Payroll
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	CATHE GIFFUNI  240 E. 27TH STREET  NEW YORK, NY 10016	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	CEDAR TREE FOUNDATION  100 FRANKLIN STREET, SUITE 704  BOSTON, MA 02110	\$35,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	CENGAGE LEARNING  200 FIRST STAMFORD PLACE, 4TH FLOOR  STAMFORD, CT 06902	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	CHARLES H. REVSON FOUNDATION  55 EAST 59TH STREET, 23RD FLOOR  NEW YORK, NY 10022	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	COXE FUND OF SILICON VALLEY COMM FDN  2440 W EL CAMINO REAL #300  MOUNTAIN VIEW, CA 94040		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

PRO PUBLICA, INC.

14-2007220

PRO I	PUBLICA, INC.	1	4-2007220
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	CRAIGSLIST CHARITABLE FUND  222 SUTTER STREET, 9TH FLOOR  SAN FRANCISCO, CA 94108	\$\$	Person X Payroll
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	CRANKSTART FOUNDATION  2626 VALLEJO STREET  SAN FRANCISCO, CA 94123	\$93,750.	Person X Payroll
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	DAVID M. POPPE  9 WEST 57TH STREET, FLOOR 50  NEW YORK, NY 10019	\$10,577.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	DISCONNECT  395 PAGE MILL ROAD, 3RD FLOOR  PALO ALTO, CA 94306	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	DYSON FOUNDATION  25 HALCYON RD.  MILLBROOK, NY 12545-6137	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	EDELMAN  250 HUDSON ST., 16TH FLOOR  NEW YORK, NY 10013	\$15,000.	Person X Payroll

NEW YORK, NY 10013

noncash contributions.)

Employer identification number

PRO PUBLICA, INC.

Part I Contributors	(see instructions	). Use duplicate	copies of Part I if	additional space is needed.
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(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	ELBAZ FAMILY FOUNDATION  9663 SANTA MONICA BLVD., NO. 425  LOS ANGELES, CA 90210-4303	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	FORD FOUNDATION		Person X
	320 EAST 43RD STREET	\$125,000.	Payroll Noncash
	NEW YORK, NY 10017		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	GEORGE KAISER FAMILY FOUNDATION		Person X
	7030 SOUTH YALE AVENUE, SUITE 600	\$10,000.	Payroll Noncash
	TULSA, OK 74136		(Complete Part II for noncash contributions.)
		ł	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	l ' '		Type of contribution  Person X
No.	Name, address, and ZIP + 4		Type of contribution  Person X  Payroll  Noncash
No.	Name, address, and ZIP + 4  GERALDINE R. DODGE FOUNDATION	Total contributions	Type of contribution  Person X  Payroll
No.	Name, address, and ZIP + 4  GERALDINE R. DODGE FOUNDATION  14 MAPLE AVENUE, SUITE 400	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 28	Name, address, and ZIP + 4  GERALDINE R. DODGE FOUNDATION  14 MAPLE AVENUE, SUITE 400  MORRISTOWN, NJ 07960  (b)	\$ 100,000.	Type of contribution  Person X Payroll
No.  28  (a) No.	Name, address, and ZIP + 4  GERALDINE R. DODGE FOUNDATION  14 MAPLE AVENUE, SUITE 400  MORRISTOWN, NJ 07960  (b) Name, address, and ZIP + 4	\$ 100,000.	Type of contribution  Person X Payroll
No.  28  (a) No.	Name, address, and ZIP + 4  GERALDINE R. DODGE FOUNDATION  14 MAPLE AVENUE, SUITE 400  MORRISTOWN, NJ 07960  (b) Name, address, and ZIP + 4  GLORIA JARECKI / BRIGHTWATER FUND	\$ 100,000.	Type of contribution  Person X Payroll
No.  28  (a) No.	Name, address, and ZIP + 4  GERALDINE R. DODGE FOUNDATION  14 MAPLE AVENUE, SUITE 400  MORRISTOWN, NJ 07960  (b) Name, address, and ZIP + 4  GLORIA JARECKI / BRIGHTWATER FUND  10 TIMBER TRAIL	\$ 100,000.	Type of contribution  Person X Payroll
(a) No. 28	Name, address, and ZIP + 4  GERALDINE R. DODGE FOUNDATION  14 MAPLE AVENUE, SUITE 400  MORRISTOWN, NJ 07960  (b) Name, address, and ZIP + 4  GLORIA JARECKI / BRIGHTWATER FUND  10 TIMBER TRAIL  RYE, NY 10580  (b)	\$ 100,000.  (c) Total contributions  \$ 10,000.	Type of contribution  Person X Payroll
(a) No. 28	Name, address, and ZIP + 4  GERALDINE R. DODGE FOUNDATION  14 MAPLE AVENUE, SUITE 400  MORRISTOWN, NJ 07960  (b) Name, address, and ZIP + 4  GLORIA JARECKI / BRIGHTWATER FUND  10 TIMBER TRAIL  RYE, NY 10580  (b) Name, address, and ZIP + 4	\$ 100,000.  (c) Total contributions  \$ 10,000.	Type of contribution  Person X Payroll

Employer identification number

PRO PUBLICA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	IAN ISAACS  25 CENTRAL PARK WEST, 2X  NEW YORK, NY 10023	\$7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	INVESTORS FOUNDATION  101 JFK PARKWAY  SHORT HILLS, NJ 07078	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	JAMES CHANOS  20 WEST 55TH STREET  NEW YORK, NY 10019	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	JAMES FOUNDATION INC.  PO BOX 456  HADDONFIELD, NJ 08033	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	JAMES ROGERS  150 W FLAGLER STREET, SUITE 1400  MIAMI, FL 33130	\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	JOAN AND IRWIN JACOBS FUND OF THE JEWISH COMMUNITY FOUNDATION  4950 MURPHY CANYON ROAD  SAN DIEGO, CA 92123	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

#### PRO PUBLICA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	JOHN D. AND CATHERINE T. MACARTHUR FOUNDATION  140 S. DEARBORN STREET  CHICAGO, IL 60603	\$1,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	JOHN MACFARLANE		Person X
	PO BOX 5095	\$6,000.	Payroll Noncash (Complete Part II for
	MONTECITO, CA 93150		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	JOSEPH D. MANSUETO  22 WEST WASHINGTON STREET  CHICAGO, IL 60602	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	JULIE GOINS  192 W LAUREN DR  ALEXANDRIA, LA 71303	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41	KEKST AND COMPANY INCORPORATED  437 MADISON AVENUE, 19TH FLOOR  NEW YORK, NY 10022	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42	KOHLBERG FOUNDATION  111 RADIO CIRCLE  MOUNT KISCO, NY 10549	\$100,000 <b>.</b>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

PRO PUBLICA, INC.

Name of organization

Employer identification number 14-2007220

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

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(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	LEON LEVY FOUNDATION ONE ROCKEFELLER PLAZA, 14 WEST 49TH ST., 20TH FLOOR NEW YORK, NY 10022	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	LINCOLN HEALTHCARE FOUNDATION  838 KENMORE DRIVE  CHAPEL HILL, NC 27514	\$10,000.	Person X Payroll
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45	LISA & DOUGLAS GOLDMAN FUND  1 MONTGOMERY STREET, SUITE 3440  SAN FRANCISCO, CA 94104-4505	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	LORI E. LESSER  425 LEXINGTON AVENUE, 27TH FLOOR  NEW YORK, NY 10017	\$1 <b>4</b> ,987.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47	MACY AND ALLISON FUND / FIDELITY CHARITABLE  P.O. BOX 770001  CINCINNATI, OH 45277	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48	MARISLA FOUNDATION  668 NORTH COAST HIGHWAY, PMB 1400  LAGUNA BEACH, CA 92651	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Employer identification number

PRO PUBLICA, INC.

Part I Co	ntributors	(see instructions)	Use duplicate	copies of Part	l if additional sr	pace is needed.
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MARK COLODNY GIVING FUND / FIDELITY   CHARITABLE   P.O. BOX 770001   S   25,000.   CINCINNATI, OH 45277   CINCINNATI, OH 45277   Cincinnation   Complete Part if to noneash contributions   Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete				
MARK COLODNY GIVING FUND / FIDELITY   CHARITABLE   P.O. BOX 770001   CINCINNATI, OH 45277   CINCINNATI, OH 45277   Cital contributions   Complete Part if to noncash contributions   Complete Part if to noncash contributions   Complete Part if to noncash contributions   Complete Part if to noncash contributions   Complete Part if to noncash contributions   Complete Part if to noncash contributions   Complete Part if to noncash contributions   Complete Part if to noncash contributions   Complete Part if to noncash contributions   Complete Part if to noncash contributions   Complete Part if to noncash contributions   Complete Part if to noncash contributions   Complete Part if to noncash contributions   Complete Part if to noncash contributions   Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if Complete Part if		· ·	1	(d) Type of contribution
No.   Name, address, and ZIP + 4   Total contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributions   Type of contributio	49	MARK COLODNY GIVING FUND / FIDELITY CHARITABLE  P.O. BOX 770001		Person X Payroll
280 PARK AVE, 36TH FL  NEW YORK, NY 10017  (a) No. Name, address, and ZIP+4  (b) No. Name, address, and ZIP+4  (c) Total contributions  (c) Total contributions  (c) Total contributions  (c) Type of contributions  Person X Payroll Noncash (Complete Part II for noncash contributions)  (d) Type of contributions  (e) Total contributions  (f) Type of contributions  (g) No. Name, address, and ZIP+4  (a) No. Name, address, and ZIP+4  (b) No. Name, address, and ZIP+4  (a) No. Name, address, and ZIP+4  (b) No. Name, address, and ZIP+4  (c) Total contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (c) (d) Type of contributions  (c) (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributions  (d) Type of contributi		1	1	(d) Type of contribution
280 PARK AVE, 36TH FL   NEW YORK, NY 10017   S   15,000.   Noncash   Complete Part II for noncash contributions   Noncash   Nonca	50	MARTIN MALESKA		Person X
No. Name, address, and ZIP + 4    Total contributions   Type of contributions			\$\$	Payroll
No. Name, address, and ZIP + 4    Total contributions   Type of contributions	(a)	(b)	(0)	(4)
Sand Third Avenue, 6th Floor   Sand Third Avenue, 6th Floor   New York, NY 10022   Sand Selection   Sand S		· ·	1	Type of contribution
No. Name, address, and ZIP + 4  Total contributions  Type of contributions  Type of contributions  Type of contributions  Type of contributions  Person X Payroll Noncash  Noncash (Complete Part II for noncash contributions)  (a) No. Name, address, and ZIP + 4  NATIONAL INSTITUTE FOR HEALTH CARE  MANAGEMENT RESEARCH AND EDUCATIONAL FO  1225 19TH STREET NW, SUITE 70  WASHINGTON, DC 20036  (a) No. Name, address, and ZIP + 4  Name, address, and ZIP + 4  Total contributions  (b) Noncash (Complete Part II for noncash contributions)  (c) (d) Type of contributions  (c) (d) Total contributions  (c) (d) Type of contributions  (d) Type of contributions  Type of contributions  A payroll Noncash (Complete Part II for noncash contributions)  (a) No. Name, address, and ZIP + 4  NBC UNIVERSAL MEDIA  100 UNIVERSAL CITY PLAZA  \$ 50,000.	51	830 THIRD AVENUE, 6TH FLOOR	\$9,000.	Payroll
155 SEAPORT BOULEVARD   \$ 100,000.   Payroll   Noncash   (Complete Part II for noncash contribution   Noncash   (Complete Part II for noncash contribution   Name, address, and ZIP + 4   (Complete Part II for noncash contribution   National Institute For Health Care   Management Research and Educational Fo   Person   X   Payroll   Noncash   (Complete Part II for noncash contribution    (a)	(b)	, ,		
No. Name, address, and ZIP + 4  NATIONAL INSTITUTE FOR HEALTH CARE  MANAGEMENT RESEARCH AND EDUCATIONAL FO  1225 19TH STREET NW, SUITE 70  WASHINGTON, DC 20036  (a) (b) No. Name, address, and ZIP + 4  NBC UNIVERSAL MEDIA  100 UNIVERSAL CITY PLAZA  Total contributions  Type of contributions  Type of contributions  Type of contributions  Type of contributions  Type of contributions  Type of contributions  Type of contributions  Type of contributions  Type of contributions  Type of contributions  Type of contributions  Type of contributions  Type of contributions  Type of contributions  Noncash Payroll Noncash		1	1	(d) Type of contribution
NATIONAL INSTITUTE FOR HEALTH CARE MANAGEMENT RESEARCH AND EDUCATIONAL FO  1225 19TH STREET NW, SUITE 70  WASHINGTON, DC 20036  (a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	No.	Name, address, and ZIP+4  MILLICENT AND EUGENE BELL FOUNDATION  155 SEAPORT BOULEVARD	Total contributions	Type of contribution  Person X  Payroll
No. Name, address, and ZIP + 4 Total contributions Type of contribut    54   NBC UNIVERSAL MEDIA	No. 52	MILLICENT AND EUGENE BELL FOUNDATION  155 SEAPORT BOULEVARD  BOSTON, MA 02210-2604  (b)	\$ 100,000.	Person X Payroll
100 UNIVERSAL CITY PLAZA \$ 50,000. Noncash	No. 52	MILLICENT AND EUGENE BELL FOUNDATION  155 SEAPORT BOULEVARD  BOSTON, MA 02210-2604  (b) Name, address, and ZIP + 4  NATIONAL INSTITUTE FOR HEALTH CARE MANAGEMENT RESEARCH AND EDUCATIONAL FO  1225 19TH STREET NW, SUITE 70	\$ 100,000.	Person X Payroll
UNIVERSAL CITY, CA 91608 (Complete Part II for noncash contribution separated by the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the c	(a) No. 53	MILLICENT AND EUGENE BELL FOUNDATION  155 SEAPORT BOULEVARD  BOSTON, MA 02210-2604  (b)  Name, address, and ZIP+4  NATIONAL INSTITUTE FOR HEALTH CARE MANAGEMENT RESEARCH AND EDUCATIONAL FO  1225 19TH STREET NW, SUITE 70  WASHINGTON, DC 20036  (b)	\$ 100,000.  (c) Total contributions  \$ 35,000.	Person X Payroll

Employer identification number

PRO PUBLICA, INC.

INO	OBBICA, INC.		4-2007220
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	NINA & TIM ZAGAT  76 NINTH AVENUE  NEW YORK, NY 10011	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56	NINA PRATT  38 FOX DR.  NARRAGANSETT, RI 02882	\$5,000.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57	OPEN SOCIETY FOUNDATIONS  400 WEST 59TH STREET  NEW YORK, NY 10019	\$\$	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58	PAUL AND ANN SAGAN / FIDELITY CHARITABLE  P.O. BOX 770001  CINCINNATI, OH 45277	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 59	Name, address, and ZIP + 4  PHILIP R. JONSSON FOUNDATION / SIGNAL MEDIA OF ARKANSAS  P.O. BOX 251304  LITTLE ROCK, AR 72225	\$ 8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60	REBECCA OORTHUYS  1025 BOYLSTON AVE E  SEATTLE, WA 98102	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

PRO PUBLICA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	REED PHILLIPS III  475 PARK AVENUE SOUTH, 22ND FLOOR  NEW YORK, NY 10016	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62	RICHARD RAVITCH FOUNDATION 610 FIFTH AVENUE NEW YORK, NY 10020	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63	ROBERT C. S. MONKS / SPINNAKER TRUST  123 FREE STREET  PORTLAND, ME 04101	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64	ROBERT STERLING CLARK FOUNDATION  135 EAST 64TH STREET  NEW YORK, NY 10065		Person X Payroll
(a) No.	(b) Name. address. and ZIP + 4	(c) Total contributions	(d)
65	ROCKER FAMILY FOUNDATION / JEWISH COMMUNITY FOUNDATION OF GREATER METROW  901 ROUTE 10, PO BOX 929  WHIPPANY, NJ 07981	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66	RONALD & JANE OLSON FOUNDATION  355 SOUTH GRAND AVENUE, 35TH FLOOR  LOS ANGELES, CA 90071	1	Person X Payroll

Employer identification number

PRO PUBLICA, INC.

Part I Cont	ributors (	see instructions)	. Use duplicate	copies of Par	rt I if additional	space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	ROSALIND AND ADAM ABRAM FUND OF THE COLUMBUS FOUNDATION		Person X
	1234 E BROAD STREET	\$10,000.	Payroll Noncash
	COLUMBUS, OH 43205		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68	SANDPIPER FUND		Person X
	31 HELENA AVENUE	\$5,000.	Payroll Noncash
	LARCHMONT,, NY 10538		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69	SELECT EQUITY GROUP, INC		Person X
	380 LAFAYETTE STREET	\$39,991.	Payroll Noncash
	NEW YORK, NY 10003		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70	SHERYL SANDBERG & DAVID GOLDBERG PHILANTHROPY FUND / FIDELITY CHARITABL		Person X
	P.O. BOX 770001	\$	Payroll Noncash
	CINCINNATI, OH 45277		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71			
	SIMIN AND HERBERT ALLISON		Person X
	SIMIN AND HERBERT ALLISON 211 NORTH BROADWAY, SUITE 1000	\$\$	Payroll Noncash
		\$\$	Payroll
(a) No.	211 NORTH BROADWAY, SUITE 1000 ST. LOUIS, MO 63102  (b) Name, address, and ZIP + 4	\$ 100,000.  (c)  Total contributions	Payroll
(a)	211 NORTH BROADWAY, SUITE 1000 ST. LOUIS, MO 63102 (b)	(c)	Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person
(a) No.	211 NORTH BROADWAY, SUITE 1000  ST. LOUIS, MO 63102  (b)  Name, address, and ZIP + 4  SIMON AND TERESA LI / SCHWAB	(c)	Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution

Employer identification number

PRO PUBLICA, INC.

	COBELCTI, THE.		± 200/220
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	SMF FOUNDATION / LRM INC. C/O OGDEN CAP PROPERTIES, 545 MADISON AVENUE, 6TH FLOOR NEW YORK, NY 10022	\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74	STEPHEN M. SILBERSTEIN FOUNDATION  29 EUCALYPTUS RD.  BELVEDERE, CA 94920-2435	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75	SURVEYMONKEY  285 HAMILTON AVENUE, STE 500  PALO ALTO, CA 94301	\$12,598.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76	SUSAN S. & KENNETH L. WALLACH FOUNDATION  THREE MANHATTANVILLE ROAD  PURCHASE, NY 10577	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77	SUTTON FAMILY CHARITABLE FUND/ VANGUARD CHARITABLE ENDOWMENT  P.O. BOX 55766  BOSTON, MA 02205-5766	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78	T.T. AND W.F. CHAO FOUNDATION  C/O J.P. MORGAN, P.O. BOX 227237  DALLAS, TX 75222-7237	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

### PRO PUBLICA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	THE 1111 FOUNDATION  ONE MEDLINE PLACE  MUNDELEIN, IL 60060	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80	THE DAVID B. GOLD FOUNDATION  44 MONTGOMERY STREET, SUITE 3750  SAN FRANCISCO, CA 94104	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81	THE GOLDHIRSH FOUNDATION, INC.  6380 WILSHIRE BOULEVARD, 15TH FLOOR  LOS ANGELES, CA 90048	\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82	THE LU FOUNDATION  5425 E. DAKOTA AVENUE  DENVER, CO 80246	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83	THE MARC HAAS FOUNDATION  135 WEST 50TH ST.  NEW YORK, NY 10020	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84	THE NEIL BARSKY AND JOAN S. DAVIDSON FOUNDATION  250 WEST 57TH ST. STE 2514  NEW YORK, NY 10107	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Name	of organization		Employer identification number
PRO	PUBLICA	, INC.	14-2007220

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	THE PETER AND CARMEN LUCIA BUCK FOUNDATION		Person X
	157 EAST 86TH STREET, 5TH FLOOR	\$125,000.	Payroll Noncash
	NEW YORK, NY 10028		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86	THE RICHARD H. DRIEHAUS FOUNDATION		Person X
	737 NORTH MICHIGAN AVENUE, SUITE 2000	\$	Payroll Noncash
	CHICAGO, IL 60611		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87	THE SANDLER FOUNDATION		Person X
	121 STEUART STREET	\$ 4,000,000.	Payroll Noncash
	SAN FRANCISCO, CA 94105		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88	THE SELZ FOUNDATION		Person X
	1370 AVENUE OF THE AMERICAS, 4TH FLOOR	\$	Payroll Noncash
i	NEW YORK, NY 10019		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89	THE SHELLEY & DONALD RUBIN FOUNDATION		Person X
	17 WEST 17TH STREET, 9TH FLOOR	\$10,000.	Payroll Noncash
	NEW YORK, NY 10011		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90	THE WARBURG PINCUS FOUNDATION		Person X
	450 LEXINGTON AVENUE	\$50,000.	Payroll Noncash
1	NEW YORK, NY 10017		(Complete Part II for noncash contributions.)

Name	of orga	nization	

PRO PUBLICA, INC.

Employer identification number

14-2007220

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

		a. spass is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	THOMAS AND JANET UNTERMAN  100 WILSHIRE BLVD., SUITE 200  SANTA MONICA, CA 90401	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92	THOMAS P. JALKUT, TRUSTEE / NUTTER, MCCLENNEN & FISH  155 SEAPORT BOULEVARD  BOSTON, MA 02210	\$50,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93	TIDES FOUNDATION  THE PRESIDIO, P.O. BOX 29903  SAN FRANCISCO, CA 94129-0903	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94	TOMKAT FUND / SAN FRANCISCO FDN  ONE EMBARCADERO CENTER, SUITE 1400  SAN FRANCISCO, CA 94111	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95	TRIBUNE PUBLICATIONS  435 N. MICHIGAN AVENUE  CHICAGO, IL 60611	\$10,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96	VERMONT COMMUNITY FOUNDATION  3 COURT STREET, PO BOX 30  MIDDLEBURY, VT 05753	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

PRO PUBLICA, INC.

14-2007220

Part I	Contributors	(see instructions	). Use du	plicate cor	oies of Part	I if additional	space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	WALDORF FAMILY FUND / JEWISH COMMUNITY FDN  212 26TH STREET, #159  SANTA MONICA, CA 90402	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98	WANGERS FAMILY FUND OF THE JEWISH COMMUNITY FOUNDATION  4950 MURPHY CANYON ROAD  SAN DIEGO, CA 92123	\$15,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99	ZANKEL CHARITABLE LEAD TRUST C/O BALESTRA CAPITAL, LTD, 58 WEST 40TH STREET, 12TH FL NEW YORK, NY 10018	\$15,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

## PRO PUBLICA, INC.

14-2007220

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
21	65 SHARES OF ADVANCE AUTO PARTS		
		\$\$	_12/12/14_
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
30	60 SHARES OF EXXON MOBIL CORP		
		\$\$	12/16/14
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
46	500 SHARES OF INTREXON CORP		
		\$\\$\\$	02/07/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	****
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of organization Employer identification number PRO PUBLICA, 14-2007220 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info.once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (d) Description of how gift is held (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PRO PUBLICA

Employer identification number 14-2007220

Pa	rt I Organizations Maintaining Donor Advised I	Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to 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 writi	ng that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's exc	=	
6	Did the organization inform all grantees, donors, and donor advis		
	for charitable purposes and not for the benefit of the donor or do		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the organi.		V, line 7.
1	Purpose(s) of conservation easements held by the organization (	check all that apply).	
	Preservation of land for public use (e.g., recreation or educ	ation) Preservation of a historica	Illy important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	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		2b
С	Number of conservation easements on a certified historic structu	re included in (a)	2c
d	Number of conservation easements included in (c) acquired after	8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ed, extinguished, or terminated by the org	anization during the tax
	year -		
4	Number of states where property subject to conservation easem	***************************************	
5	Does the organization have a written policy regarding the periodic	- · · · · · · · · · · · · · · · · · · ·	ļ
	violations, and enforcement of the conservation easements it hol		
6	Staff and volunteer hours devoted to monitoring, inspecting, and	-	
7	Amount of expenses incurred in monitoring, inspecting, and enfo		
8	Does each conservation easement reported on line 2(d) above sa		` ` ` `
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation e	·	
	include, if applicable, the text of the footnote to the organization's	s financial statements that describes the c	organization's accounting for
Dai	conservation easements. t III   Organizations Maintaining Collections of Ar	t Historical Transuras or Other	Cimilar Accata
1 41	Complete if the organization answered "Yes" to Form 990,		Sillilar Assets.
10			and balance about the of out
ıa	If the organization elected, as permitted under SFAS 116 (ASC 95) historical transures, or other similar aparts held for public exhibitions.	•	,
	historical treasures, or other similar assets held for public exhibition the text of the footnote to its financial statements that describes		or public service, provide, in Part XIII,
b	If the organization elected, as permitted under SFAS 116 (ASC 95)		balance about works of out historical
b	treasures, or other similar assets held for public exhibition, educa	*	
	relating to these items:	non, or research in furtherance of public s	ervice, provide the following amounts
	(i) Revenue included in Form 990, Part VIII, line 1		<b>•</b> •
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasure		
_	the following amounts required to be reported under SFAS 116 (A	•	i, provide
9		, •	<b>&gt;</b> \$
h	Assets included in Form 990. Part Y		•

Sch	edule D (Form 990) 2014 PRO PUI	BLICA, INC.	•					14-20	00722	0 Page
Pa	art III   Organizations Maintaining	Collections of A	Art, His	storical T	reasures	or Ot	her Simil	ar Ass	ets(contir	nued)
3	Using the organization's acquisition, access	sion, and other recor	ds, che	ck any of the	e following t	nat are a	significant	use of its	collection	n items
	(check all that apply):				_		-			
a	Public exhibition		d 🗔	Loan or ex	change prog	rams				
b	Scholarly research		е 🗀	Other	0 , 0	,				
c	Preservation for future generations									
4	Provide a description of the organization's of	collections and expla	in how t	they further	the organiza	ition's ex	cempt purpo	nse in Pa	rt XIII	
5	During the year, did the organization solicit							550 III 1 G		
_	to be sold to raise funds rather than to be m								Yes	□ No
Pa	rt IV Escrow and Custodial Arrar	gements Compl	lete if th	o organizati	on answere	1 "Voo" t	o Form 000	Dort IV		III NC
L	reported an amount on Form 990, Pa		iete ii tiii	e organizati	on answered	1 165 (	0 F01111 990	, ran iv,	line 9, or	
12	Is the organization an agent, trustee, custoo		dian, for	contributio	no or other		at in alredad			
Id	-		•					_	٦.,	<u></u>
	on Form 990, Part X?								Yes	∟ No
D	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:			гт	****		
									Amount	
C	• • • • • • • • • • • • • • • • • • • •									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance						1f			
2a	<u> </u>							L	_ Yes	No
	If "Yes," explain the arrangement in Part XIII	. Check here if the e	xplanati	on has beer	n provided in	Part XII	<u> </u>			
Pa	rt V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	rm 990, Par	t IV, line	10.			
		(a) Current year	(b) F	Prior year	(c) Two ye	ars back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships						1	*************		
е										
	and programs									
f	Administrative expenses							·		
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end haland	e (line 1	a column (	)) bold ac.		<u> </u>		L	
a	Board designated or quasi-endowment	ent year end balanc	ر النابو ا مد	g, column (a	a)) Helu as.					
		%								
b	Permanent endowment	***************************************								
С	Temporarily restricted endowment	%								
٥-	The percentages in lines 2a, 2b, and 2c shou	•								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	nd administ	ered for	the organiza	ation	_	<del></del>
	by:									res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Sched	dule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment t	funds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	"Yes" to Form 990,	, Part IV	, line 11a. S	ee Form 990	), Part X,	line 10.			
	Description of property	(a) Cost or ot basis (investm		(b) Cost basis (			ccumulated preciation	t t	(d) Book	value
1a	Land									
	Buildings									
С	Leasehold improvements									
	Equipment			64	9,782.		542,68	6.	107	,096.
	Other			1,12	0,680.		975,53			,143.
	Add lines 1a through 1e. (Column (d) must ed		X. colum				- ,			,239.
rotal.	Aud lines Ta through Te. (Column (a) must ed	juai roim 990, Part	n, colum	ıгı (в), Ilne 1	uc.)				454	, 439

Schedule D (Form 990) 2014 PRO PUBLICA	, INC.		14	-2007220 Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests			***************************************	
(3) Other				
(A)				***************************************
(B)		<b>.</b>		***************************************
(C)	· · · · · · · · · · · · · · · · · · ·			
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"		11c. See Form 990	, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" t	o Form 990, Part IV, line 1	11d. See Form 990,	Part X, line 15.	
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)			
Part X Other Liabilities.				
Complete if the organization answered "Yes" to	n Form 990 Part IV line 1	1e or 11f See Forr	n 990 Part Y line 25	
1. (a) Description of liability		b) Book value	1. 550, 1 art A, iii 6 25.	
(1) Federal income taxes				
(2)				
(3)			1	
(4)				
(5)				

▶

(6) (7) (8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

### SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

# **Compensation Information**

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

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

Attach to Form 990.

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

2014

Open to Public Inspection

Name of the organization

PRO PUBLICA, INC.

Employer identification number 14-2007220

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

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

Schedule J (Form 990) 2014

14-2007220

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2014

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that are not listed on Form 990, Part VII.

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

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	able	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denems	(C)-(I)(S)	in column (B) reported as deferred in prior Form 990
(1) PAUL E. STEIGER EXECUTIVE CHAIBMAN	€ 8		0	3,708.	10,000.	5,035.	216,387.	0.
(2) RICHARD TOFEL	ΞΞ	373,170.	000	3.612.	13.000	22 812	0.0	0
PRESIDENT AND CO-EXECUTIVE	<u> </u>	0	0		5		-	
(3) STEPHEN ENGELBERG	Ξ	368,779.	0	3,612.	13,000.	43,990.	429,381.	
EDITOR-IN-CHIEF & CO-EXECU	≘		0.	0.		0	0	
(4) DEBRA GOLDBERG	Ξ	257,733.	0.	855.	13,000.	13,815.	285,403.	0
VICE PRESIDENT, DEVELOPMEN	≘	ľ	0	.0		1	0	0.
(5) ROBIN FIELDS	Ξ	235,072.	0	760.	2,900.	9,724.	251,456.	0.
MANAGING EDITOR	Ξ		0	0	- 1		1	0
NGER	Ξ	215,884.		484.	10,988.	31,963.	259,319.	0
IOR REPORTER	Ξ	0		0.		0	0	0
NSTEIN	Ξ	193,920.		431.	9,797.	35,922.	240,070.	0
OR REPORTER	(ii)	0	0	0.	0.	0	0	0
BER	(i)	197,063.	0.	988.	10,200.	20,162.		0.
	<u>(ii)</u>	0	0	0	0	0	0	0
(9) JOSEPH SEXTON	Ξ	195,240.	0.	1,806.	10,000.	15,027.	222,073.	
SENIOR EDITOR	Ξ	0	0	0.	0	0	0	0
	Ξ							
	Ξ							
	Ξ							
	≘							
	Ξ							
	≘							
	Ξ							
	(1)							
	Ξ							
	<u>(ii)</u>							
	Ξ							
	<b>(E)</b>							
	Ξ							
	₿							
432112 10-13-14							Schedu	Schedule J (Form 990) 2014

14-2007220 PRO PUBLICA, INC. Schedule J (Form 990) 2014

Part III Supplemental Information

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

Schedule J (Form 990) 2014

#### SCHEDULE M (Form 990)

**Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

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

Inspection

Employer identification number

PRO PUBLICA, INC. 14-2007220 Part I Types of Property (a) (b) (d) (c) Check if Number of Noncash contribution Method of determining applicable contributions or amounts reported on noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures Art - Fractional interests Books and publications ..... Clothing and household goods ..... 5 Cars and other vehicles 6 7 Boats and planes Intellectual property 8 Securities - Publicly traded ..... X FMV 36,667. Securities - Closely held stock ..... 10 11 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures 14 Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies \_\_\_\_\_ 21 Taxidermy 22 Historical artifacts Scientific specimens 23 Archeological artifacts 24 25 26 Other 27 Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 0 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? X 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? Х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a b If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

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describe in Part II.

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete	
is reporting in raint, column (b), the number of contributions, the number of items received, of a combination of both. Also complete	
this part for any additional information.	
SCHEDULE M, PART I, COLUMN (B):	
THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART 1,	
COLUMN (B) OF SCHEDULE M.	

### **SCHEDULE 0** (Form 990 or 990-EZ)

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.

Department of the Treasury Attach to Form 990 or 990-EZ. Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

PRO PUBLICA, INC. Employer identification number 14-2007220

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BY GOVERNMENT, BUSINESS, AND OTHER INSTITUTIONS, USING THE MORAL FORCE
OF INVESTIGATIVE JOURNALISM TO SPUR REFORM THROUGH THE SUSTAINED
SPOTLIGHTING OF WRONGDOING.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WE PRODUCE JOURNALISM THAT SHINES A LIGHT ON EXPLOITATION OF THE WEAK
BY THE STRONG AND ON THE FAILURES OF THOSE WITH POWER TO VINDICATE THE
TRUST PLACED IN THEM. IN THE BEST TRADITIONS OF AMERICAN JOURNALISM IN
THE PUBLIC SERVICE, WE AIM TO STIMULATE POSITIVE CHANGE, UNCOVERING
UNSAVORY PRACTICES AND ABUSES OF POWER IN ORDER TO PROD REFORM. WE DO
THIS IN AN ENTIRELY NON-PARTISAN AND NON-IDEOLOGICAL MANNER, ADHERING
TO THE STRICTEST STANDARDS OF JOURNALISTIC IMPARTIALITY.
OUR STATED MISSION IS "TO EXPOSE ABUSES OF POWER AND BETRAYALS OF THE
PUBLIC TRUST BY GOVERNMENT, BUSINESS, AND OTHER INSTITUTIONS, USING THE
MORAL FORCE OF INVESTIGATIVE JOURNALISM TO SPUR REFORM THROUGH THE
SUSTAINED SPOTLIGHTING OF WRONGDOING."
FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:
IN 2014, PROPUBLICA STORIES PRODUCED SUCH CHANGE IN A WIDE RANGE OF
IMPORTANT AREAS:
-IN MARCH, JUST WEEKS AFTER WE BEGAN PUBLISHING STORIES IN PARTNERSHIP
WITH NPR ON THE DYSFUNCTION OF THE PENTAGON'S EFFORTS TO FIND AND
IDENTIFY THE BODIES OF MISSING SOLDIERS FROM PAST WARS, THE SECRETARY
OF DEFENSE ANNOUNCED AN OVERHAUL OF THE PROGRAM. WITH AN INTERNAL

Employer identification number 14-2007220

MORE MODERN USE OF DNA, AND TO COMBINE TWO FEUDING AGENCIES INTO ONE.

IN JUNE, THE MILITARY DECIDED TO DISINTER THE LIKELY REMAINS OF ARMY

PVT. BUD KELDER AND 10 OTHER MEN, WHO DIED WHILE BEING HELD AS POWS IN

1942. IN JULY, A PENTAGON INSPECTOR GENERAL'S DRAFT REPORT WE OBTAINED

REPEATED MANY OF THE CRITICISMS IDENTIFIED IN THE PROPUBLICA/NPR

STORIES. IN AUGUST, THE OFFICIAL WHO HAD LED THE PROGRAM WAS TOLD HE

WOULD LOSE HIS JOB.

-NEW RULES FINALIZED IN MAY GIVE THE DEPARTMENT OF HEALTH AND HUMAN

SERVICES AUTHORITY TO EXPEL PHYSICIANS FROM MEDICARE IF THEY ENGAGE IN

ABUSIVE PRESCRIBING. THE NEW RULES ALSO ALLOW THE AGENCY OVERSEEING

MEDICARE TO COMPEL HEALTH PROVIDERS TO ENROLL IN THE PROGRAM BEFORE

ORDERING DRUGS FOR PATIENTS COVERED BY MEDICARE PART D. BOTH RULE

CHANGES FOLLOW REPORTING DONE LAST YEAR BY PROPUBLICA DOCUMENTING

REPEATED FAILURES OF MEDICARE OVERSIGHT.

-IN DECEMBER, SIX AND A HALF YEARS AFTER A REVELATIONS IN A PROPUBLICA
STORY LED TO THE LAST-MINUTE HALTING OF A PROPOSAL TO FREELY ALLOW
FRACKING OF NATURAL GAS IN NEW YORK STATE, THE STATE FINALLY CONCLUDED
ITS REVIEW OF SUCH DRILLING AND GOV. ANDREW CUOMO ANNOUNCED A BAN ON
FRACKING IN NEW YORK.

-A NEW LAW, PASSED BY THE CALIFORNIA LEGISLATURE IN LATE AUGUST, IN

PART IN RESPONSE TO A PROPUBLICA INVESTIGATION, WOULD HOLD COMPANIES

LEGALLY RESPONSIBLE IF TEMP AGENCIES OR SUBCONTRACTORS CHEAT TEMPORARY

WORKERS OUT OF PAY OR ENDANGER THEIR SAFETY. IN DECEMBER ILLINOIS

REGULATORS MOVED TO REVOKE THE BUSINESS LICENSE OF A CHECK CASHING

STORE IDENTIFIED IN OUR REPORTING.

-SPARKED IN PART BY PROPUBLICA REPORTING PUBLISHED IN JUNE IN

PARTNERSHIP WITH NPR, MASSACHUSETTS IN DECEMBER ISSUED NEW RULES

TECHNOLOGY.

PLACING LIMITS ON PHYSICAL RESTRAINTS OR ISOLATION OF STUDENTS.

-IMMEDIATELY AFTER PUBLICATION OF AN ARTICLE ON JULY 21 NOTING THAT
MANY USERS OF ONLINE SITES WERE BEING TRACKED BY AN EXTREMELY
PERSISTENT TECHNIQUE KNOWN AS "CANVAS FINGERPRINTING" PRODUCED BY A

FIRM CALLED ADDTHIS, USE OF THE TECHNOLOGY WAS DISCONTINUED BY THE
NATIONAL SECURITY BLOG LAWFARE, THE GERMAN DIGITAL MARKETER LEGATUS AND
BY YOUPORN. IN AUGUST, THE TOR BROWSER BEGAN DEFAULT BLOCKING OF THE

-ANOTHER NEW LAW IN CALIFORNIA, ENACTED IN THE AFTERMATH OF OUR SERIES

LAST YEAR ON LAX OVERSIGHT OF ASSISTED LIVING FACILITIES, PERMITS THE

STATE TO HALT ADMISSIONS TO FACILITIES THAT FAIL TO CORRECT SERIOUS

VIOLATIONS OR PAY FINES.

-RULES GOVERNING LOANS TO SERVICE MEMBERS UNDER THE MILITARY LENDING

ACT ARE BEING TIGHTENED IN RESPONSE TO REPORTING LAST YEAR BY

PROPUBLICA AND PUBLIC RADIO'S MARKETPLACE. THE NEW RULES CLOSE

LOOPHOLES IN THE LAW, TIGHTEN REGULATORY CAPS ON INTEREST RATES FOR

WHAT AMOUNT TO PAYDAY LOANS AND NO LONGER PERMIT SERVICE MEMBERS FROM

HAVING LOAN PAYMENTS FOR PERSONAL PROPERTY DEDUCTED FROM THEIR PAY.

-AFTER OUR REPORTING EARLIER THIS YEAR ABOUT THE CIRCUMSTANCES BEHIND

ILLEGAL DOPING BY SPRINTER TYSON GAY AND THE ROLE OF COACH JON

DRUMMOND, AN ARBITRATION PANEL IN DECEMBER BANNED DRUMMOND FROM TRACK

AND FIELD FOR EIGHT YEARS.

-FURTHER REPORTING THIS YEAR, PUBLISHED IN PARTNERSHIP WITH THE
WASHINGTON POST, AND FOCUSED ON A COMPANY CALLED USA DISCOUNTERS WHICH
LENDS WIDELY TO SERVICE MEMBERS AND THEN FREQUENTLY SUES THEM, SEEMS TO
HAVE PROMPTED THAT FIRM TO CHANGE ITS NAME TO USA LIVING AFTER SIX U.S.
SENATORS CHALLENGED ITS PRACTICES. TWO OTHER COMPANIES MENTIONED IN THE
SAME STORY, SETTLED AN ENFORCEMENT PROCEEDING IN DECEMBER WITH THE

FEDERAL CONSUMER FINANCIAL PROTECTION BUREAU (CFPB), PAYING PENALTIES,

AND AGREEING TO REFUNDS AND ON LIMITS TO THEIR ABILITY TO SUE THEIR

CUSTOMERS.

-THE CFPB IS ALSO TARGETING WORLD FINANCE, WHOSE INSTALLMENT LOANS WERE

A FOCUS OF PROPUBLICA REPORTING IN 2013, IN AN INVESTIGATION OF WHETHER

THE COMPANY'S LOANS AND THEIR MARKETING VIOLATE FEDERAL LAW. WORLD

FINANCE DISCLOSED THE INVESTIGATION IN MARCH.

-POSSIBLE UNDERPAYMENT OF NATURAL GAS ROYALTIES TO LANDOWNERS BY

CHESAPEAKE ENERGY, SPOTLIGHTED IN A 2013 PROPUBLICA REPORT, IS NOW THE

SUBJECT OF AN INVESTIGATION BY THE U.S. DEPARTMENT OF JUSTICE,

CHESAPEAKE DISCLOSED IN NOVEMBER.

THE FDA IN FEBRUARY LAUNCHED A FORMAL REVIEW OF ITS OWN PRACTICES WITH

RESPECT TO THE REGULATION OF OVER-THE-COUNTER DRUGS. THE AGENCY

ANNOUNCEMENT FOLLOWED REPORTING LAST FALL BY PROPUBLICA ON THE DANGERS

OF ACETAMINOPHEN, THE ACTIVE INGREDIENT IN TYLENOL, WHICH WOULD BE

AMONG THE DRUGS AFFECTED BY ANY NEW RULES OR PROCEDURES.

-IN RESPONSE TO PROPUBLICA REPORTING IN JANUARY AND FEBRUARY ON THE
NATIONAL QUALITY FORUM, A KEY HEALTH CARE INDUSTRY GROUP, THE QUALITY

FORUM STRENGTHENED ITS PROTECTIONS AGAINST CONFLICTS OF INTEREST IN
RECOMMENDING PATIENT SAFETY MEASURES AND ITS CEO RESIGNED FROM TWO
HEALTH CARE COMPANY BOARDS.

TEVA PHARMACEUTICALS AGREED IN MARCH TO PAY MORE THAN \$27 MILLION TO

SETTLE STATE AND FEDERAL ALLEGATIONS RELATED TO ITS DEALINGS WITH

CHICAGO PSYCHIATRIST MICHAEL REINSTEIN, WHOSE PRESCRIBING PATTERNS WERE

THE SUBJECT OF PROPUBLICA REPORTING IN 2009 AND AGAIN LAST YEAR. IN

AUGUST, THE STATE OF ILLINOIS INDEFINITELY SUSPENDED DR. REINSTEIN'S

MEDICAL LICENSE.

-IN NOVEMBER, THE NORTH CAROLINA STATE BOARD OF EDUCATION FORCED A

FOR-PROFIT CHARTER SCHOOL CHAIN WHOSE PRACTICES WE HAD REPORTED WAS PLACED ON FINANCIAL PROBATIONARY STATUS, FORCING THEM TO DISCLOSE TO REGULATORS THE SALARIES OF SCHOOL ADMINISTRATORS.

ANOTHER SIGNIFICANT TEST IS RECOGNITION FROM PEERS IN JOURNALISM. PROPUBLICA WAS THE FIRST ONLINE NEWS ORGANIZATION TO WIN A PULITZER PRIZE (2010) AND THE FIRST TO WIN A PULITZER FOR STORIES NOT PUBLISHED IN PRINT (2011). OUR WORK WAS HONORED IN 2014 AS FOLLOWS:

PROPUBLICA WAS DEEPLY HONORED IN FEBRUARY TO RECEIVE A MACARTHUR AWARD FOR CREATIVE AND EFFECTIVE INSTITUTIONS FROM THE JOHN D. AND CATHERINE T. MACARTHUR FOUNDATION.

REPORTING ON FAULTS IN THE MEDICARE PART D PROGRAM BY REPORTERS CHARLES ORNSTEIN, TRACY WEBER AND JENNIFER LAFLEUR AND OUR PRESCRIBER CHECKUP NEWS APPLICATION BY DEVELOPERS JEFF LARSON AND LENA GROEGER GARNERED THE PHILIP MEYER AWARD FOR JOURNALISM USING SOCIAL SCIENCE RESEARCH, A SOCIETY FOR NEWS DESIGN AWARD OF EXCELLENCE, THE HEALTH DATA LIBERATORS AWARD FROM THE HEALTH DATA CONSORTIUM AND THE DEADLINE CLUB AWARD FOR DIGITAL INNOVATION.

OUR COVERAGE OF THE RISKS OF TYLENOL BY REPORTERS T. CHRISTIAN MILLER AND JEFF GERTH AND DEVELOPERS AL SHAW, LENA GROEGER AND KRISTA KJELLMAN SCHMIDT RECEIVED THE AL NEUHARTH AWARD FOR INNOVATION IN INVESTIGATIVE JOURNALISM FROM THE ONLINE NEWS ASSOCIATION, A BEST IN BUSINESS AWARD FROM THE SOCIETY OF AMERICAN BUSINESS EDITORS AND WRITERS, A FIRST PLACE AND A THIRD PLACE AWARD FOR EXCELLENCE IN HEALTH CARE COVERAGE FROM THE ASSOCIATION OF HEALTH CARE JOURNALISTS, AND A SOCIETY FOR NEWS 432212 08-27-14

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DESIGN AWARD OF EXCELLENCE.

MICHAEL GRABELL'S REPORTING ON THE PLIGHT OF TEMPORARY WORKERS RECEIVED

THE BARTLETT & STEELE G OLD AWARD FOR INVESTIGATIVE BUSINESS

JOURNALISM, THE AMERICAN SOCIETY OF NEWS EDITORS AWARD FOR

DISTINGUISHED WRITING ON DIVERSITY AND THE DEADLINE CLUB AWARD FOR

MINORITY FOCUS.

A RANGE OF NEWS APPLICATIONS FROM OUR TEAM ALSO RECEIVED A RAFT OF

OTHER HONORS. THESE INCLUDED FIVE ONLINE JOURNALISM AWARDS, INCLUDING

PROPUBLICA'S THIRD CITATION IN FIVE YEARS FOR GENERAL EXCELLENCE AND

TWO AWARDS FOR OUR SEGREGATION NOW SERIES, THE DATA JOURNALISM JURORS'

CHOICE AWARD AND A SOCIETY FOR NEWS DESIGN AWARD OF EXCELLENCE FOR

PROPUBLICA'S ORGANIZATIONAL PORTFOLIO. WE ALSO RECEIVED A SOCIETY OF

PROFESSIONAL JOURNALISTS SIGMA DELTA CHI AWARD FOR INFORMATIONAL

GRAPHICS; A DEADLINE CLUB AWARD FOR LOCAL NEWS REPORTING; TWO SOCIETY

FOR NEWS DESIGN AWARDS OF EXCELLENCE, A DATA JOURNALISM AWARD AND THE

ASIAN AMERICAN JOURNALISTS ASSOCIATION MULTIMEDIA AWARD FOR OUR CHINA'S

MEMORY HOLE NEWS APP; A SOCIETY FOR NEWS DESIGN AWARD OF EXCELLENCE FOR

OUR APP ON WHERE CONGRESS STANDS ON GUNS; AND SOCIETY FOR NEWS DESIGN

AWARDS OF EXCELLENCE FOR THE INDIVIDUAL PORTFOLIOS OF DEVELOPERS LENA

GROEGER AND AL SHAW.

OUR PROJECT ON "LIFE AND DEATH IN ASSISTED LIVING" IN PARTNERSHIP WITH
FRONTLINE AND REPORTED FOR PROPUBLICA BY A.C. THOMPSON WON A BEST IN
BUSINESS AWARD FROM THE SOCIETY OF AMERICAN BUSINESS EDITORS AND WRITER
AND THE DEADLINE CLUB AWARD FOR BUSINESS FEATURE.

Name of the organization Employer identification number PRO PUBLICA, INC. 14-2007220 JESSE EISINGER'S COLUMN, THE TRADE, PUBLISHED IN PARTNERSHIP WITH THE NEW YORK TIMES, WON A BEST IN BUSINESS AWARD FROM THE SOCIETY OF AMERICAN BUSINESS EDITORS AND WRITERS. OUR 2014 COVERAGE OF PROBLEM WITH THE MILITARY'S PROGRAM FOR IDENTIFYING THE MISSING IN ACTION WON A FRONT PAGE AWARD FOR ONLINE IN-DEPTH REPORTING. PROPUBLICA'S HEALTH CARE COVERAGE WON THE CITIZEN ADVOCACY CENTER SHIMBERG PUBLIC SERVICE AWARD AND AN ONLINE JOURNALISM AWARD FOR TOPICAL REPORTING. REPORTER PAUL KIEL'S WORK ON ABUSIVE INSTALLMENT LOANS WAS A FINALIST FOR THE LIVINGSTON AWARD FOR YOUNG JOURNALISTS FOR NATIONAL REPORTING, THE GERALD LOEB AWARD FOR DISTINGUISHED BUSINESS AND FINANCIAL JOURNALISM FOR PERSONAL FINANCE AND FOR TWO BEST IN BUSINESS AWARDS FROM THE SOCIETY OF AMERICAN BUSINESS EDITORS AND WRITERS. PROPUBLICA FOUNDER AND EXECUTIVE CHAIRMAN PAUL STEIGER RECEIVED THE WILLIAM ALLEN WHITE FOUNDATION NATIONAL CITATION FROM THE UNIVERSITY OF KANSAS'S WHITE SCHOOL OF JOURNALISM AND MASS COMMUNICATIONS. IN OCTOBER, HE ALSO RECEIVED THE 2014 JOHN PETER AND ANNA CATHERINE ZENGER AWARD FROM THE UNIVERSITY OF ARIZONA SCHOOL OF JOURNALISM. SENIOR REPORTER JULIA ANGWIN WAS NAMED REPORTER OF THE YEAR BY THE NEWSWOMEN'S CLUB OF NEW YORK.

Schedule O (Form 990 or 990-EZ) (2014) Page 2 Name of the organization Employer identification number PRO PUBLICA, INC. 14-2007220 FORM 990, PART VI, SECTION A, LINE 3: BEGINNING IN 2012, THE ORGANIZATION BEGAN USING ADP TOTALSOURCE, A PROFESSIONAL EMPLOYER ORGANIZATION ("PEO"). AS A PROFESSIONAL EMPLOYER ORGANIZATION, TOTALSOURCE PROVIDES PROFESSIONAL EMPLOYER SERVICES TO PRO PUBLICA. IN THE PEO RELATIONSHIP TOTALSOURCE AND PRO PUBLICA SHARE CERTAIN RESPONSIBILITIES AND ALLOCATE OTHER EMPLOYER RESPONSIBILITIES BETWEEN EACH OTHER. PRO PUBLICA REMAINS AN EMPLOYER OF THE WORKSITE EMPLOYEES AND TOTALSOURCE IS A CO-EMPLOYER OF PRO PUBLICA'S EMPLOYEES. PRO PUBLICA HAS: DIRECTION AND CONTROL OVER EMPLOYEES AS IS NECESSARY TO CONDUCT ITS BUSINESS, DISCHARGE AND FIDUCIARY RESPONSIBILITY IT MAY HAVE, OR COMPLY WITH ANY APPLICABLE LICENSURE, REGULATORY OR STATUTORY REQUIREMENT OF PRO PUBLICA. CONTROL OVER THE DAY TO DAY JOB DUTIES OF EMPLOYEES AND OVER THE JOB SITES AT WHICH, OR FROM WHICH EMPLOYEES PERFORM SERVICES RESPONSIBILITY OVER THE PROFESSIONAL AND LICENSED ACTIVITIES OF EMPLOYEES INCLUDING ENSURING THAT EMPLOYEES ARE SUPERVISED BY LICENSED INDIVIDUALS AS REQUIRED BY LAW AND FOR DETERMINING WHETHER AN APPLICANT OR EMPLOYEE MEETS PRO PUBLICA'S HIRING CRITERIA AND IS QUALIFIED TO SAFELY AND COMPLETELY PERFORM HIS OR HER JOB

TOTALSOURCE RESERVES A RIGHT OF DIRECTION AND CONTROL OVER EMPLOYEES AS IS NECESSARY TO FULFILL ITS OBLIGATIONS AND PROVIDE ITS SERVICES UNDER AN

Employer identification number 14-2007220

AGREEMENT BETWEEN PRO PUBLICA, INC. AND TOTALSOURCE.

TOTALSOURCE AND PRO PUBLICA, INC. HAVE A RIGHT TO HIRE, DISCIPLINE, AND TERMINATE EMPLOYEES AS TO EACH ONE'S EMPLOYMENT RELATIONSHIP WITH EMPLOYEES.

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

PRO PUBLICA HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT'S SUBMITTED ELECTRONICALLY TO MEMBERS OF PRO PUBLICA'S GOVERNING BODY FOR ANY COMMENTS PRIOR TO ITS SUBMISSION. THE GOVERNING BODY IS PROVIDED WITH AT LEAST ONE WEEK TO REVIEW THE PREPARED FORM 990 AND PROVIDE THEIR COMMENTS. ANY COMMENTS ARE THEN GROUPED, SUMMARIZED AND PROVIDED TO THE AUDIT COMMITTEE FOR THEIR REVIEW. EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING.

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

PRO PUBLICA HAS A CONFLICT OF INTEREST POLICY, WHICH APPLIES TO ALL BOARD MEMBERS, OFFICERS, AND EMPLOYEES. EACH OF THE BOARD MEMBERS AND OFFICERS ARE REQUIRED SIGN TO A CONFLICT OF INTEREST POLICY ANNUALLY. AN INTERESTED PERSON MUST DISCLOSE AS SOON AS PRACTICABLE TO THE SECRETARY THE EXISTENCE OF A POTENTIAL CONFLICT OF INTEREST AND ALL MATERIAL FACTS RELATED TO THE CONFLICT. IF A BOARD MEMBER OR OFFICER IS UNCERTAIN ABOUT WHETHER A CONFLICT EXISTS, HE/SHE SHOULD REPORT THE POSSIBLE CONFLICT IN ALL CASES IN WHICH A CRITICAL EXTERNAL OBSERVER MIGHT REASONABLE PERCEIVE A CONFLICT TO EXIST. THE BOARD COMMITTEE WILL DETERMINE IF A CONFLICT OF INTEREST EXISTS. 432212 08-27-14

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OFFICER WITH WHOM THE CONFLICT PERTAINS TO IS EXCLUDED FROM VOTING ON THE ISSUE. HE/SHE WILL LEAVE THE ROOM AND THE OTHER BOARD MEMBERS VOTE ON THE ISSUE PERTAINING TO THAT SPECIFIC TRANSACTION. WITH RESPECT TO ANY BOARD COMMITTEE'S DISCUSSION, DECISION, OR ACTIONS INVOLVING TRANSACTIONS IN WHICH A BOARD MEMBER OR OFFICER HAS A CONFLICT OF INTEREST, THE MINUTES OF THE BOARD COMMITTEE MEETING WILL REFLECT THE BOARD'S DELIBERATIONS AND VOTING PROCESS.

IN CASE OF AN INTEREST PARTY WHO IS NOT A BOARD MEMBER OR OFFICER, THE

PRESIDENT MONITORS AND ENFORCES THE ORGANIZATION'S COMPLIANCE WITH ITS

CONFLICT OF INTEREST POLICY. IF AN EMPLOYEE HAS A CONFLICT OF INTEREST,

HE/SHE EMPLOYEE COULD NOT PARTICIPATE IN THE DECISION MAKING THE CONFLICTED

TRANSACTION.

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

SALARIES FOR THE CEOS, OFFICERS AND KEY EMPLOYEES ARE SET BY THE BOARD. THE
BOARD USES THE SERVICES OF A LAW FIRM (CAPLIN & DRYSDALE, WHO SPECIALIZE IN
NOT FOR PROFIT ISSUES) FOR GUIDANCE ON ALL MATTERS OF COMPENSATION. IN 2012
CAPLIN & DRYSDALE UPDATED THE COMPENSATION STUDY FOR THREE KEY EMPLOYEES.

CAPLIN & DRYSDALE STUDIED COMPENSATION OF SELECT NATIONAL NEWSPAPERS AND
RELIED ON THEIR UNDERSTANDING OF PRO PUBLICA'S OPERATIONS AND STATUS IN THE
FIELD OF JOURNALISM. THE BOARD ESTABLISHED COMPENSATION FOR THE CEO,
OFFICERS AND KEY EMPLOYEES USING COMPARABLE DATA AND DETERMINED THAT THE
SALARY IS REASONABLE. COMPARABLE DATA INCLUDES VARIETY OF INFORMATION FROM
JOURNALISM OUTLETS AND OTHER NOT FOR PROFIT ORGANIZATIONS. MINUTES OF THE
BOARD MEETINGS ARE KEPT IN FILE. THIS PROCESS WAS LAST COMPLETED IN 2013.

Name of the organization PRO PUBLICA, INC.	Employer identification number 14-2007220
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
DC, AL, AK, AZ, AR, CA, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN,	MS,MS,NH,NJ,NM,NY
NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC	INSPECTION AS
REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE.	THE RETURN IS
POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSIT	ES. IN ADDITION,
THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AR	TICLES OF
INCORPORATION, FORM 990, FORM 1023, AND BY-LAWS ARE ALSO	AVAILABLE UPON
WRITTEN REQUEST, AND ON THE ORGANIZATION'S WEBSITE (WWW.PI	ROPUBLICA.ORG).
FORM 990, PART XII, LINE 2C: PRO PUBLICA HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBI	ILITY FOR THE
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND FOR	R THE
SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NO	OT CHANGED
FROM THE PRIOR YEAR.	