(Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

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

Open to Public Inspection

<u>A</u>	roi u	ne 2019 calendar year, or tax year beginning	and ending			
В	Check i applica	if Lobe: C Name of organization			D Employer identi	fication number
		PRO PUBLICA, INC.				
	Nam	nge Doing business as			14-2007	220
	Initia retu	Number and street (or P.O. box if mail is not delivered to street address)	Room/s	uite	E Telephone numb	per
	Fina retur	m/ 133 AVE OF THE AMERICAS, 13 FL			212-514	-5250
	term ated	City or town, state or province, country, and ZIP or foreign postal code	e		G Gross receipts \$	39,461,742.
	Ame	ended NIEW YORK NIX 10012		ı	H(a) Is this a group	return
F	App	olica-	for subordinate			
	pend	SAME AS C ABOVE			H(b) Are all subordinates	—
$\overline{}$	Tav-o	-	(a)(1) or	527		a list. (see instructions)
		site: WWW.PROPUBLICA.ORG	(a)(1) 01	321	H(c) Group exempt	
		of organization: X Corporation Trust Association Other		/oor 0		M State of legal domicile: DE
	art I		L 1	tai t	il lorillation. 2007	W State of legal domicile, DL
	1	Briefly describe the organization's mission or most significant activities: TO) FYDOG	F 7	ARIIGEG OF I	OWER VID
ė	: '	BETRAYALS OF THE PUBLIC TRUST - SEE "S	CHEDIII.E	<u>- </u>	" FOR CONT	TNIIATTON
an						
ē	2	Check this box if the organization discontinued its operations or organization discontinued its operation discontinued i	· ·		1	I
Š	3				3	
ø	4	Number of independent voting members of the governing body (Part VI, line				·
es	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)				
₹	6	Total number of volunteers (estimate if necessary)				
Activities & Governance	7 8	a Total unrelated business revenue from Part VIII, column (C), line 12				
_	1	b Net unrelated business taxable income from Form 990-T, line 39				
					Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)			25,576,127	
enr	9	Program service revenue (Part VIII, line 2g)			302,000	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			288,145	
ă	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			519,661	
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line	12)		26,685,933	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			455,470	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	
ģ	15	, , , , , , , , , , , , , , , , , , , ,			17,360,510	
Expenses	16a	a Professional fundraising fees (Part IX, column (A), line 11e)			6,225	9,600.
e e	i i	b Total fundraising expenses (Part IX, column (D), line 25)	<u>8,878.</u>			
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			6,282,256	6,533,836.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			24,104,461	. 28,630,586.
	19	Revenue less expenses. Subtract line 18 from line 12			2,581,472	. 10,616,298.
Net Assets or	4				inning of Current Year	
sets	20	Total assets (Part X, line 16)			40,988,939	
AS	21	Total liabilities (Part X, line 26)			1,094,094	748,489.
Ret	22	Net assets or fund balances. Subtract line 21 from line 20			39,894,845	
	art II	Signature Block				
Und	ler per	nalties of perjury, I declare that I have examined this return, including accompanying sch	nedules and stat	temei	nts, and to the best of r	ny knowledge and belief, it is
true	, corr	ect, and complete. Declaration of preparer (other than officer) is based on all information	n of which prep	arer I	nas any knowledge.	
Sig	n	Signature of officer			Date	
He		▶ RICHARD J. TOFEL, PRESIDENT				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature		D	ate Check	PTIN
Pai	d	GARRETT M. HIGGINS GARRETT M. HI	1	0/12/20 if self-emp	P00543209	
	parer	Firm's name PKF O'CONNOR DAVIES, LLP	_	Firm's EIN		
	Only					
	•	NEW YORK, NY 10022			Phone no. 2	12-286-2600
Ma	y the	IRS discuss this return with the preparer shown above? (see instructions)				X Yes No

IRS e-file Signature Authorization OMB No. 1545-1878 Form 8879-EO for an Exempt Organization For calendar year 2019, or fiscal year beginning , 2019, and ending Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization Employer identification number PRO PUBLICA, INC. 14-2007220 Name and title of officer RICHARD J. TOFEL PRESIDENT Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) _______ **1b** _____ **39,246,884.** 1a Form 990 check here ► X b Total revenue, if any (Form 990-EZ, line 9) 2b _____ 2a Form 990-EZ check here 3a Form 1120-POL check here **b** Total tax (Form 1120-POL, line 22) ______ **3b** _____ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here b Balance Due (Form 8868, line 3c) 5a Form 8868 check here **Declaration and Signature Authorization of Officer** Part II Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X Lauthorize PKF O'CONNOR DAVIES, LLP to enter my PIN ERO firm name Enter five numbers, but as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have he return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State indicated with -DocuSigned by: program, I wil s disclosure consent screen. Richard 1. Officer's signature Date --B0C240C965BA4A4... Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 26242337440 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. _ Date $\triangleright 10/05/20$ ERO's signature > PKF O'CONNOR DAVIES, LLP

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

including grants of \$

) (Revenue \$

24,505,304.

Form 990 (2019) 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	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			- v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			₩
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		₩
_	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			X
_	Schedule D, Part III	8		
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?			₩
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		X
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
_	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		1
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- · · ·		
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

Form 990 (2019) PRO PUBLICA, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	, , ,	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		1
27				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
00	, , ,	21		-25
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		X
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		X
	"Yes," complete Schedule L, Part IV	28c	Х	<u>├</u> ^
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			₩
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			7.7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			٠,,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
	1 1		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 172	4		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

PRO PUBLICA INC. 14-2007220 Page 5 Form 990 (2019) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За Х **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders

	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	ła 🏻	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13	sa	

Gross income from other sources (Do not net amounts due or paid to other sources against

Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Х Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O.

Form **990** (2019)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 14									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 15									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
_	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
٠		3		Х						
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
		5		X						
_	 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 									
		6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7-		Х						
	more members of the governing body?	7a		Λ						
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			v						
_	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v							
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		37						
200	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X						
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No X						
	Did the organization have local chapters, branches, or affiliates?	10a								
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40	v							
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40	v							
	in Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	Λ							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4=	v							
	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b	Λ							
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		Х						
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		Δ						
D										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	4CL								
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b								
17	List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE O									
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only	availal	hle						
10	for public inspection. Indicate how you made these available. Check all that apply.	Orliy)	avalidi	υic						
10	X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	sial							
19		midii	vial							
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records									
20	STEPHANIE N. LITTLE, VP, FINANCE & ADMINISTRATION - 212-514-5250									
	155 AVE OF THE AMERICAS, 13 FL, NEW YORK, NY 10013									

14-2007220

Page 7

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.

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

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

(A) Name and title	(B) Average	1		Pos				(D) Reportable	(E) Reportable	(F) Estimated
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	hours per	box	not cl	ss per	son is	s both	n an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	nstitutional trustee	Officer Officer		Highest compensated carl		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) STEPHEN ENGELBERG	40.00		_							
CO-CEO & EDITOR-IN-CHIEF				Х				406,216.	0.	52,998.
(2) RICHARD TOFEL, PRESIDENT	40.00									
CO-CEO & TREASURER				Х				416,053.	0.	29,543.
(3) ROBIN FIELDS	40.00									
MANAGING EDITOR						Х		299,924.	0.	19,238.
(4) JESSE EISINGER	40.00									
SENIOR REPORTER						X		237,660.	0.	48,586.
(5) RAGAN RHYNE, VICE PRESIDENT OF	40.00									
DEVELOPMENT & SECRETARY				Х				256,450.	0.	14,389.
(6) CHARLES ORNSTEIN	40.00									
SENIOR EDITOR						X		214,321.	0.	55,422.
(7) TRACY WEBER	40.00								_	
SENIOR EDITOR						X		228,798.	0.	36,524.
(8) JOSEPH SEXTON	40.00	1								
SENIOR EDITOR						X		220,402.	0.	36,157.
(9) PAUL E. STEIGER	30.00	l								
EXECUTIVE CHAIRMAN		Х		Х				46,683.	0.	6,822.
(10) PAUL SAGAN	2.00	ļ								_
CHAIRMAN		Х		Х				0.	0.	0.
(11) HERBERT M. SANDLER	3.00	ļ								
FOUNDING CHAIRMAN THRU 6/5/19	1 00	Х		Х				0.	0.	0.
(12) DANIELLE ALLEN	1.00	ļ							•	•
DIRECTOR	1 00	Х						0.	0.	0.
(13) CLAIRE BERNARD	1.00	.,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(14) MARK COLODNY	1.00	.,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(15) STEVE DAETZ	1.00	v						_	0	0
DIRECTOR (16) ANGELA RILO	1 00	Х						0.	0.	0.
(16) ANGELA FILO DIRECTOR	1.00	Х						0.	0.	^
(17) HENRY LOUIS GATES, JR.	1.00	Λ						"	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
- Indian	1	77						0.	0.	Form 990 (2010)

rai	Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		,		I	(F)	
(A) (B) Name and title Average				(C) Position					(D)	(E)	` ′			
	Name and title	hours per		not c	heck r	more	than o s both		Reportable compensation	Reportable compensation		l	stimat nount	
		week					r/trus		from	from related		"	other	
		(list any	ctor						the	organization		com	pensa	
		hours for	r dire				ted		organization	(W-2/1099-MIS	SC)	fı	om th	ıe
		related	stee o	rustee			ensa		(W-2/1099-MISC)		organi and re			
		organizations below	al tru	onal t		loyee	s com				and relation and relations are			
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anızat	ions
(18)	CLAIRE HOFFMAN	1.00	드	트)O	χ	를 a	2						
	CTOR		x						0.		0.			0.
(19)	KATIE MCGRATH	1.00	 											
DIRE	CTOR		Х						0.		0.			0.
(20)	ROBERT C.S. MONKS	1.00												
DIRE	CTOR		Х						0.		0.			0.
(21)	RONALD OLSON	1.00												
DIRE	CTOR		Х						0.		0.			0.
	JAMES STONE	1.00	1											
	CTOR	1 00	Х	_					0.		0.			0.
	S. DONALD SUSSMAN	1.00									^			•
	CTOR	1 00	Х	-					0.		0.			0.
	KAT TAYLOR CTOR THRU 7/10/19	1.00	x						0.		0.			
DIKE	CTOR 1HR0 7/10/19		Δ	\vdash					· ·		0.			0.
1b	Subtotal							▶	2,326,507.		0.	29	9,6	79.
С	Total from continuation sheets to Part VI	, Section A							0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	2,326,507.		0.	29	9,6	<u>79.</u>
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	е			72
	compensation from the organization												Yes	73
•	Did the conseination list on forman officer	alius akau ku sak	1					h.: -					res	No
3	Did the organization list any former officer,	•		•	•	•		_		•		3		х
4	line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su											-		1
7	and related organizations greater than \$150								•	•		4	Х	
5	Did any person listed on line 1a receive or a											_		
J	rendered to the organization? If "Yes." com					•			•	dan for services		5		х
Sec	tion B. Independent Contractors	piete Scrieduit	- J /	UI SL	ICII Ļ	JEIS	OII .							
1	Complete this table for your five highest con	mpensated inc	depe	nder	nt cc	ontra	acto	s th	hat received more than \$	3100,000 of comp	pensa	tion fr	om	
	the organization. Report compensation for the calendar year ending with or within the organization's tax year.													
	(A) (B) (C)													
	Name and business	address							Description of s	ervices	C	ompe	nsatio	'n
	NES AND BOONE, LLP	75204	12	0.0					TECAT CEDITE	E-C		1 6	ე 1	0.5
	BOX 841399, DALLAS, TX AZON WEB SERVICES	75284-	<u> 13</u>	33				$\overline{}$	LEGAL SERVIC WEBSITE HOST			Τ0	∠,⊥	03.
		98124-	Q A	23				- 1	WEBSITE HOST SERVICES	T11G		12	Λρ	57.
10	DOW OFOTO' BEWITTE' MW	. JULDE-	04	4 3					CTV A T CRD			+ 3	, , o	J / •

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

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Form 990 (2019) PRO PUBLICA, INC.
Part VIII Statement of Revenue

			Check if Schedule O	conta	ains a r	response	or note to any lin	e in this Part VIII			
							_	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									iunction revenue	business revenue	sections 512 - 514
လ လ	1	а	Federated campaigns			1a					
ant			Membership dues			1b					
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events			1c					
			5			1d					
Ei			Government grants (contr	ibutic		1e					
Sin			All other contributions, gifts,			16					
E E		'	similar amounts not included			4.	37,366,751.				
뜮뙂		_				1f	203,384.				
no d		_	Noncash contributions included in			1g \$	203,304.	37,366,751.			
O a		n	Total. Add lines 1a-1f				Business Code	37,300,731.			
	_		DDOGDAM GEDUTGE FEE	,			519130	F40 200	E40 200		
<u>ic</u>	2	_	PROGRAM SERVICE FEES	•				540,200.	540,200.		
e c		b	EDITORIAL FEES				519100	80,750.	80,750.		
n S		С									
Jar Sev		d									
Program Service Revenue		е									
₾			All other program service	rever	nue						
		g	Total. Add lines 2a-2f					620,950.			
	3		Investment income (include								
			other similar amounts)					515,219.			515,219.
	4		Income from investment of	f tax	-exem	pt bond p	roceeds				
	5		Royalties					196,774.	76,513.		120,261.
					(i)	Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss))			>				
	7	а	Gross amount from sales of		(i) Se	ecurities	(ii) Other				
			assets other than inventory	7a	2	13,835.					
		b	Less: cost or other basis								
ē			and sales expenses	7b	2	14,858.					
ther Revenue		С	Gain or (loss)	7с		-1,023.					
Š			Net gain or (loss)					-1,023.			-1,023.
ē			Gross income from fundraising			ot					
퉏			including \$	-	-	of					
			contributions reported on			· I					
			Part IV, line 18								
		b	Less: direct expenses								
			Net income or (loss) from								
			Gross income from gamin								
			Part IV, line 19								
		b									
			Net income or (loss) from				•				
			Gross sales of inventory, I								
		_	and allowances								
		h	Less: cost of goods sold								
			Net income or (loss) from								
\dashv			1452 INCOME OF (1055) HOME	Juico	, 01 1110	oritory	Business Code				
sn	11	2	REIMBURSEMENT OF LEG	BAL :	FEES		900099	405,223.			405,223.
Je Tue	••	-	ADVERTISING REVENUE				541800	93,935.		93,935.	
Miscellaneous Revenue		~	HONORARIUMS REVENUE				900099	49,055.		35,255.	49,055.
Sce		-	A.II.					25,000.			
Ξ								548,213.			
	12	e	Total. Add lines 11a-11d Total revenue. See instruction					39,246,884.	697,463.	93,935.	1,088,735.
	14		iotal icvelluc. See ilistilicilic	nio -				00,004.	1 35,,100.	1 ,,,,,,,,,,,,	_, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Form 990 (2019) PRO PUBLICA, INC. Part IX Statement of Functional Expenses

04	== 501(a)(0) == 4 501(a)(4) ===================================	-1-4111											
Secti	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 response or note to any line in this Part IX.												
_	Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising												
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses								
1	Grants and other assistance to domestic organizations												
	and domestic governments. See Part IV, line 21	1,042,775.	1,042,775.										
2	Grants and other assistance to domestic												
	individuals. See Part IV, line 22	341,682.	341,682.										
3	Grants and other assistance to foreign												
	organizations, foreign governments, and foreign												
	individuals. See Part IV, lines 15 and 16												
4	Benefits paid to or for members												
5	Compensation of current officers, directors,												
	trustees, and key employees	1,229,154.	512,719.	445,596.	270,839.								
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	15,804,374.	13,935,937.	1,435,271.	433,166.								
8	Pension plan accruals and contributions (include												
	section 401(k) and 403(b) employer contributions)	626,585.	558,700.	61,551.	6,334.								
9	Other employee benefits	1,811,646.	1,563,205.	196,787.	6,334. 51,654.								
10	Payroll taxes	1,230,934.	1,057,391.	124,107.	49,436.								
11	Fees for services (nonemployees):												
а	Management												
b	Legal	284,182.	249,926.	21,209.	13,047.								
	Accounting	69,502.		69,502.	-								
	Lobbying												
	Professional fundraising services. See Part IV, line 17	9,600.			9,600.								
	Investment management fees												
g	Other. (If line 11g amount exceeds 10% of line 25,												
·	column (A) amount, list line 11g expenses on Sch 0.)	516,761.	479,852.		36,909.								
12	Advertising and promotion	138,815.	79,095.	55,068.	4,652.								
13	Office expenses	605,338.	347,522.	45,369.	212,447.								
14	Information technology	1,092,087.	903,687.	93,200.	95,200.								
15	Royalties	,		·	· · · · · · · · · · · · · · · · · · ·								
16	Occupancy	1,387,779.	1,229,704.	106,231.	51,844.								
17	Travel	1,003,661.	978,142.	11,602.	13,917.								
18	Payments of travel or entertainment expenses	-	-										
	for any federal, state, or local public officials												
19	Conferences, conventions, and meetings	131,708.	68,076.	61,041.	2,591.								
20	Interest	·		,	•								
21	Payments to affiliates												
22	Depreciation, depletion, and amortization	298,106.	268,295.	29,811.									
23	Insurance	239,868.	191,579.	37,168.	11,121.								
24	Other expenses. Itemize expenses not covered			·									
	above (List miscellaneous expenses on line 24e. If												
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)												
а	UBIT TAX EXPENSE	21,178.		21,178.									
b	PODCAST EXPENSES	271,095.	271,095.	-									
С	PUBLIC REC. COP. & SUBS	254,808.	254,808.										
d	RECRUITMENT/PROF DEVEL.	116,253.	83,862.	18,911.	13,480.								
е	All other expenses	102,695.	87,252.	12,802.	2,641.								
25	Total functional expenses. Add lines 1 through 24e	28,630,586.	24,505,304.	2,846,404.	1,278,878.								
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)												
	· - · · · · · · · · · · · · · · · · · ·				000								

Form 990 (2019)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to any l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			5,317,242.	1	5,266,631.
	2	Savings and temporary cash investments			21,331,856.	2	27,716,756.
	3	Pledges and grants receivable, net			13,042,094.	3	16,985,216.
	4	Accounts receivable, net			8,912.	4	24,712.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	bstantial cor	ntributor, or 35%			
		controlled entity or family member of any of the	nese person	ıs		5	
	6	Loans and other receivables from other disqu	alified perso	ons (as defined			
		under section 4958(f)(1)), and persons describ	oed in sectio	on 4958(c)(3)(B)		6	
ι	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
ĕ	9	Prepaid expenses and deferred charges	464,032.	9	530,134.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,470,286.			
	b	Less: accumulated depreciation	10b	841,295.	739,263.	10c	628,991.
	11	Investments - publicly traded securities			28,305.	11	15,200.
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	57,235.	15	85,169.		
	16	Total assets. Add lines 1 through 15 (must e			40,988,939.	16	51,252,809.
	17	Accounts payable and accrued expenses			659,311.	17	254,144.
	18	Grants payable	121 702	18	404 245		
	19	Deferred revenue			434,783.	19	494,345.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su				00	
Lia		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unr				23 24	
	24	Unsecured notes and loans payable to unrela Other liabilities (including federal income tax,					
	25	parties, and other liabilities not included on lin					
		-	-	•		25	
	26	of Schedule D Total liabilities. Add lines 17 through 25			1,094,094.	26	748,489.
	20	Organizations that follow FASB ASC 958, or			1,031,031	20	7 10 7 10 9 0
es		and complete lines 27, 28, 32, and 33.	TICON TICIC				
ğ	27	Net assets without donor restrictions			21,132,503.	27	28,252,244.
3ali	28	Net assets with donor restrictions			18,762,342.	28	22,252,076.
둳		Organizations that do not follow FASB ASC					
Ξ		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current fund	ds			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			39,894,845.	32	50,504,320.
	33	Total liabilities and net assets/fund balances			40,988,939.	33	51,252,809.

Form **990** (2019)

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI				<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	9,2	46	, 88	34.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	8,6	30	, 58	36.		
3	Revenue less expenses. Subtract line 2 from line 1	3	1	0,6	16	, 29	8.		
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 3								
5	Net unrealized gains (losses) on investments	5			-6,	, 82	23.		
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9					0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	5	0,5	04	, 32	20.		
Pa	rt XII Financial Statements and Reporting	•							
	Check if Schedule O contains a response or note to any line in this Part XII						X		
					Y	es	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2	а		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2	b 3	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	,						
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?			2	ر ا ء	x			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing								
	Act and OMB Circular A-133?	-		3	a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	dit			\neg			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3	h l				

SCHEDULE A

Department of the Treasury Internal Revenue Service

Part I

(Form 990 or 990-EZ)

_

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

14-2007220

Name of the organization

PRO PUBLICA, INC.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

ne	organi	zation is not a private found	ation because it is: (I	or lines 1 through 12, cl	neck only	one box.)						
1	organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)										
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,				
		city, and state:										
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed 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).										
7		An organization that norma						oublic described in				
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9		An agricultural research org				ed in conju	inction with a land-grant	college				
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or				
		university:										
0		An organization that norma	lly receives: (1) more	than 33 1/3% of its supp	ort from c	ontributio	ns, membership fees, an	d gross receipts from				
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	33 1/3% of its support	rom gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	fter June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)									
1		An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50)9(a)(4).					
2		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to carry out the	purposes of one or				
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section s	509(a)(2).	See section 509(a)(3). (Check the box in				
		lines 12a through 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and 12g.					
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving				
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	pporting				
		organization. You must o	omplete Part IV, Se	ections A and B.								
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	ring				
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.								
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,				
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.					
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection v	rith its supported organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distr	ibution red	quirement and an attentiv	/eness				
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.					
е		Check this box if the orga	anization received a	written determination from	m the IRS	that it is a	Type I, Type II, Type III					
		functionally integrated, or	Type III non-function	nally integrated supportin	ng organiz	ation.						
f	Ente	r the number of supported o	organizations									
g		ide the following information			(iv) lo the erge	nization listed						
	(1)	Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
_+-							i	i				

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	16882164.	<u> 13765153.</u>	43063123.	25576127.	37366751.	136653318
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	16882164.	<u> 13765153.</u>	43063123.	25576127.	<u>37366751.</u>	136653318
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						27419239.
	Public support. Subtract line 5 from line 4.						109234079
	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·			T	ı	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
		16882164.	13/65153.	43063123.	255/612/•	3/366/51.	136653318
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	02 075	105 265	01 606	440 700	(25 400	1206125
	and income from similar sources	23,875.	105,365.	91,606.	449,799.	635,480.	1306125.
9	Net income from unrelated business						
	activities, whether or not the	10 206	0 120	E 2 7 E E	26 205	60 040	176 615
40	business is regularly carried on	10,286.	8,230.	52,755.	36,395.	00,949.	176,615.
10	Other income. Do not include gain						
	or loss from the sale of capital	10,092.	245 214	100 250	230,179.	151 279	1049021
44	assets (Explain in Part VI.)	10,092.	243,214.	100,230.	230,179.		139184079
	Total support. Add lines 7 through 10						,825,568.
	Gross receipts from related activities, First five years. If the Form 990 is for		,	d fourth or fifth to			,023,300.
13	_	•			•		▶□
Sec	organization, check this box and stop ction C. Computation of Publi	c Support Per	centage			•••••	
	Public support percentage for 2019 (I			olumn (fl)		14	78.48 %
	Public support percentage from 2018					15	74.81 %
	6a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
-	and stop here. The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	•					*
	meets the "facts-and-circumstances"		•	•	•	•	
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	•				•	
	organization meets the "facts-and-circ		•				▶ □
18	Private foundation. If the organization			•	,		s

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

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

Section A. Public Support	iow, picase comp	oicte i ait ii.j				
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
check this box and stop here						
Section C. Computation of Public	Support Per	rcentage				
15 Public support percentage for 2019 (lin	ne 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Invest	ment Income	e Percentage				
17 Investment income percentage for 20	19 (line 10c, colu	mn (f), divided by l	ine 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 17	7 is not
more than 33 1/3%, check this box and						>
b 33 1/3% support tests - 2018. If the						nd
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
•		
2		
3a		
3b		
3c		
4a		
70		
4b		
4c		
50		
5a		
5b		
5c		
6		
7		
_		
8		
9a		
OL-		
9b		
9с		
100		
10a		
10b		
990 or 99	90-EZ)	2019

Par	t IV	Supporting Organizations _(continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below	v, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion E	B. Type I Supporting Organizations			
				Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to			
	regula	arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
	descr	ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organ	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
	organ	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	Now providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or tru	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations			
				Yes	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	•	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	-	ason of the relationship described in (2), did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	suppo tion F	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
_					
1 a		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
b	H	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	一	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2		ties Test. Answer (a) and (b) below.	uctions)	Yes	No
– a		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			110
_		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
b		ne activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		e organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ties but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer (a) and (b) below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? Provide details in Part VI.	За		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on I	Nov. 20, 1970 (explain in I	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
<u>a</u>	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	LV	ype III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Di	stributions			Current Year
1	Amounts				
2	Amounts				
	organizat				
3	Administ				
4	Amounts				
5	Qualified				
6	Other dis				
7	Total and	nual distributions. Add lines 1 through 6.			
8	Distributi	ons to attentive supported organizations to which th	e organization is responsive		
	(provide	details in Part VI). See instructions.			
9	Distributa	able amount for 2019 from Section C, line 6			
10	Line 8 an	nount divided by line 9 amount			
Secti	on E - Dis	stribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributa	able amount for 2019 from Section C, line 6			
2	Underdis	tributions, if any, for years prior to 2019 (reason-			
	able caus	se required- explain in Part VI). See instructions.			
3	Excess d	istributions carryover, if any, to 2019			
а	From 20	4			
b	From 20	5			
С	From 20	6			
d	From 20	7			
е	From 20	8			
f	Total of	ines 3a through e			
g	Applied t	o underdistributions of prior years			
h	Applied t	o 2019 distributable amount			
i	Carryove	r from 2014 not applied (see instructions)			
j	Remaind	er. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributi	ons for 2019 from Section D,			
	line 7:	\$			
а	Applied t	o underdistributions of prior years			
b	Applied t	o 2019 distributable amount			
С	Remaind	er. Subtract lines 4a and 4b from 4.			
5	Remainir	g underdistributions for years prior to 2019, if			
	any. Sub	tract lines 3g and 4a from line 2. For result greater			
	than zero	, explain in Part VI. See instructions.			
6	Remainir	g underdistributions for 2019. Subtract lines 3h			
	and 4b fr	om line 1. For result greater than zero, explain in			
	Part VI. S	See instructions.			
7	Excess	distributions carryover to 2020. Add lines 3j			
	and 4c.				
8	Breakdov	vn of line 7:			
а	Excess fr	om 2015			
b	Excess fr	om 2016			
С	Excess fr	om 2017			
d	Excess fr	om 2018			
е	Excess fr	om 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: HONORARIUMS REVENUE 2015 AMOUNT: \$ 10,092. 2016 AMOUNT: \$ 26,750. 2017 AMOUNT: \$ 90,734. 77,346. 2018 AMOUNT: \$ 2019 AMOUNT: \$ 49,055. REIMBURSEMENT OF LEGAL FEES 2016 AMOUNT: \$ 218,464. 2017 AMOUNT: \$ 17,524. 2018 AMOUNT: \$ 152,833. 2019 AMOUNT: \$ 405,223.

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.

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

OMB No. 1545-0047

2019

Filers of:		Section:				
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990	-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General l	Rule					
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special F	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \left\frac{\text{\text{\text{contributions}}}{\text{\text{\text{\text{\text{contributions}}}}} \)					
but it mu	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), out it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

PRO PUBLICA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No. 1	Name, address, and ZIP + 4 JOHN S. AND JAMES L. KNIGHT FOUNDATION 200 SOUTH BISCAYNE BLVD., SUITE 3300 MIAMI, FL 33131-2349	\$ 5,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	SANDLER FOUNDATION 121 STEUART STREET SAN FRANCISCO, CA 94105	\$ 3,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	KERFUFFLE FOUNDATION / FIDELITY CHARITABLE PO BOX 770001 CINCINNATI, OH 45277-0053	\$2,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	YELLOW CHAIR FOUNDATION 1660 BUSH STREET, SUITE 300 SAN FRANCISCO, CA 94109	\$1,800,000.	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		
5	ABRAMS FOUNDATION 222 BERKELEY STREET BOSTON, MA 02116	\$ <u>1,250,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	CRAIG NEWMARK FOUNDATION PO BOX 594 SAN FRANCISCO, CA 94104	\$ <u>1,000,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)		
	GOOD WORDS FOUNDATION 276 FIFTH AVENUE NEW YORK, NY 10001	\$1,000,000.	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		
8	THE GOLDHIRSH FOUNDATION, INC.,C/O RINET COMPANY, LLC 101 FEDERAL STREET BOSTON, MA 02110	\$1,000,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	ROBERT WOOD JOHNSON FOUNDATION 50 COLLEGE ROAD EAST PRINCETON, NJ 08540	\$	Person X Payroll		
(a)	(b)	(c)	(d)		
No. 10	Name, address, and ZIP + 4 FIDELITY CHARITABLE PO BOX 770001 CINCINATTI, OH 45277	* Total contributions	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		
	DEMOCRACY FUND 1200 17TH STREET NW WASHINGTON, DC 20036	\$	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		
12	THE PEW CHARITABLE TRUSTS 2005 MARKET STREET, SUITE 2800 PHILADELPHIA, PA 19130	\$601,825.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4 THE WILLIAM AND FLORA HEWLETT	Total contributions	Type of contribution		
13_	FOUNDATION 2121 SAND HILL ROAD MENLO PARK, CA 94025	\$600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
14	LAURA AND JOHN ARNOLD FOUNDATION 1717 WEST LOOP SOUTH, SUITE 1800 HOUSTON, TX 77027	\$ 516,574.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
15	PAUL AND ANN SAGAN FAMILY FUND / FIDELITY CHARITABLE PO BOX 770001 CINCINNATI, OH 45277	\$ 500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No. 16	Name, address, and ZIP + 4 WELLSPRING PHILANTHROPIC FUND 10 TIMES SQUARE NEW YORK, NY 10018	* 500,000.	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		
17	DEBORAH SIMON 950 LAURELWOOD CARMEL, IN 46032	\$\$	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	MARISLA FOUNDATION 668 NORTH COAST HIGHWAY LAGUNA BEACH, CA 92651	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

PRO PUBLICA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	THE JEROME L. GREENE FOUNDATION 146 CENTRAL PARK WEST NEW YORK, NY 10023	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	FOUNDATION TO PROMOTE OPEN SOCIETY 224 WEST 57TH STREET NEW YORK, NY 10019	\$353,000.	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
21	SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$308,406.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 ROBERT R. MCCORMICK FOUNDATION 205 NORTH MICHIGAN AVENUE CHICAGO, IL 60601	\$ 300,000.	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
23	SUSAN ANDERSON AND BOB ARTHUR PO BOX 239 DEERFIELD, IL 60015	\$ 275,875.	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_	HOLLYHOCK FOUNDATION 55 EAST 59TH STREET NEW YORK, NY 10022	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

PRO PUBLICA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4 JAMES M. AND CATHLEEN D. STONE	Total contributions	Type of contribution		
25	FOUNDATION, INC./ BOSTON FOUNDATION		Person X		
	75 ARLINGTON STREET	\$250,000.	Payroll Noncash		
	BOSTON, MA 02116		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
26	MARIPOSA FOUNDATION		Person X		
	333 SEVENTH AVENUE	\$\$	Payroll Noncash		
	NEW YORK, NY 10001		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
NO.	S. DONALD SUSSMAN, C/O CAREMI	Total Contributions	Type of contribution		
<u>27</u>	PARTNERS, LTD.		Person X		
	888 EAST LAS OLAS BLVD.	\$\$	Payroll Noncash		
	FORT LAUDERDALE, FL 33301		(Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No. 28	Name, address, and ZIP + 4 SOLIDARITY GIVING / FIDELITY CHARITABLE	Total contributions	Type of contribution Person X		
	PO BOX 770001	\$ 200,000.	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		
29	STEPHEN M. SILBERSTEIN FOUNDATION		Person X		
	29 EUCALYPTUS ROAD	\$\$	Payroll Noncash		
	BELVEDERE, CA 94920-2435		(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
30	CHARINA ENDOWMENT FUND		Person X		
	375 PARK AVENUE, SUITE 1602	\$150,000.	Payroll Noncash		
	NEW YORK, NY 10152		(Complete Part II for noncash contributions.)		

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
31	CRANKSTART FOUNDATION 4 EMBARCADERO CENTER, SUITE 3150 SAN FRANCISCO, CA 94111	\$ <u>150,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	GOLD BAY FOUNDATION 1330 LAGOON AVENUE, 4TH FLOOR MINNEAPOLIS, MN 55408	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	HEISING-SIMONS FOUNDATION 400 MAIN STREET LOS ALTOS, CA 94022	\$150,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 THE PETER AND CARMEN LUCIA BUCK FOUNDATION 633 THIRD AVENUE, 16TH FLOOR NEW YORK, NY 10017	* 150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 BMO CHARITABLE FUND PROGRAM / NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE ROAD JENKINTOWN, PA 19046-3594	* 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	BRIGHT HORIZON FUND / FIDELITY CHARITABLE P.O BOX 770001 CINCINNATI, OH 45277	\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 PARK FOUNDATION 140 SENECA WAY ITHACA, NY 14850	\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	ANONYMOUS / SCHWAB CHARITABLE FUND 211 MAIN STREET SAN FRANCISCO, CA 94105	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	SPINNAKER TRUST 123 FREE STREET PORTLAND, ME 04101	\$\$	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No. 40	Name, address, and ZIP + 4 THE JEANNIE TSENG AND COLIN RUST CHARITABLE FUND / VANGUARD CHARITABLE PO BOX 9509 WARWICK, RI 02889-9510	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41	THE KOHLBERG FOUNDATION 84 BUSINESS PARK DRIVE, #304 ARMONK, NY 10504	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42	VANGUARD CHARITABLE PO BOX 9509 WARWICK, RI 02889-9509	\$\$6,515.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	HALL ESTILL ATTORNEYS AT LAW 320 SOUTH BOSTON AVENUE TULSA, OK 74103	\$ 77,964.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	ANONYMOUS FAMILY FOUNDATION C/O FOUNDATION SOURCE 501 SILVERSIDE ROAD, SUITE 123 WILMINGTON, DE 19809	\$ 75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45	DYSON FOUNDATION 25 HALCYON ROAD MILLBROOK, NY 12545	\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 46	Name, address, and ZIP + 4 THE WARBURG PINCUS FOUNDATION 450 LEXINGTON AVENUE NEW YORK, NY 10017	\$ 67,000.	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
47	BRIAN M. MCINERNEY 304 COUNTY ROAD 438 ROCHEPORT, MO 65279	\$60,000.	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	THE RICHARD H. DRIEHAUS FOUNDATION 737 NORTH MICHIGAN AVENUE, SUITE 2000 CHICAGO, IL 60611	\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	331 ROSES TRUST / MERRILL LYNCH 2029 CENTURY PARK EAST LOS ANGELES, CA 90067	\$ 53,480.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50	ALTMAN FOUNDATION 8 WEST 40TH STREET, 19TH FLOOR NEW YORK, NY 10018	\$\$	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No. 51	ANONYMOUS FOUNDATION, C/O NUTTER, MCCLENNEN & FISH 155 SEAPORT BOULEVARD BOSTON, MA 02210	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 ELIZABETH LIEBMAN 910 N. LAKESHORE DRIVE CHICAGO, IL 60611	\$ 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
53	GERALDINE R. DODGE FOUNDATION 14 MAPLE AVENUE, SUITE 400 MORRISTOWN, NJ 07960	\$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
54	GOLDEN MERCER CHARITABLE GIVING FUND / NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE ROAD JENKINTOWN, PA 19046-3594	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>55</u>	JILL KEARNEY 160 GEIGEL HILL RD ERWINNA, PA 18920	\$\$0,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56	JOAN AND IRWIN JACOBS FUND / JEWISH COMMUNITY FOUNDATION 4950 MURPHY CANYON ROAD SAN DIEGO, CA 92123	\$\$0,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57	JOE AND RIKA MANSUETO FOUNDATION 22 WEST WASHINGTON STREET CHICAGO, IL 60602	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58	LEON LEVY FOUNDATION ONE ROCKEFELLER PLAZA NEW YORK, NY 10020	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59	MARTY AND DOROTHY SILVERMAN FOUNDATION, C/O SG GROUP 130 EAST 59TH S NEW YORK, NY 10022	\$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
60	MAXIMILIAN AND DEBORAH STONE 122 FARM ROAD SHERBORN, MA 01770	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 MELLODY HOBSON C/O THE MOSAIC	Total contributions	Type of contribution
61	FINANCIAL GROUP LLC 303 EAST WACKER DRIVE, SUITE 1675 CHICAGO, IL 60601	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	MORCOS FAMILY FUND / FIDELITY	Total contributions	Type or contribution
62	CHARITABLE PO BOX 770001 CINCINNATI, OH 45277	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 ANONYMOUS / SANTA FE COMMUNITY	Total contributions	Type of contribution
63	FOUNDATION PO BOX 1827 SANTA FE, NM 87504	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 SUNRISE FOUNDATION 7906 SPRINGER ROAD BETHESDA, MD 20817	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 THE KAY FAMILY FUND / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No. 66	Name, address, and ZIP + 4 THE TURNBULL-BURNSTEIN FAMILY CHARITABLE FUND / VANGUARD CHARITABLE PO BOX 9509	\$ 50,000.	Person X Payroll Noncash (Complete Part II for
	WARICK, RI 02889		noncash contributions.)

PRO PUBLICA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	THE VERMONT COMMUNITY FOUNDATION 3 COURT STREET MIDDLEBURY, VT 05753	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68	ZEGAR FAMILY FOUNDATION 240 RIVERSIDE BLVD NEW YORK, NY 10069	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69	SELECT EQUITY GROUP, L.P. 380 LAFAYETTE STREET NEW YORK, NY 10003	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 THE DELLOAKES FOUNDATION P.O. BOX 2332 HEALDSBURG, CA 95448	\$ 45,000.	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
71	AMERICAN ENDOWMENT FOUNDATION 5700 DARROW ROAD, SUITE 118 HUDSON, OH 44236	\$ 40,550.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72	LICT CORPORATION 401 THEODORE FREMD AVENUE RYE, NY 10580	\$\$	Person X Payroll

PRO PUBLICA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
73	THE BRIAR FOUNDATION 32 BONNIE BRIAR LANE LARCHMONT, NY 10538	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>74</u>	THE SELZ FOUNDATION 121 EAST 73RD STREET NEW YORK, NY 10021	\$37,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	MARK COLODNY GIVING FUND / FIDELITY CHARITABLE PO BOX 770001 CINCINNATI, OH 45277	\$33,500.	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
	UBS DONOR ADVISED FUND 165 TOWNSHIP LINE ROAD, SUITE 1200 JENKINTOWN, PA 19046	\$33,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77	DONGJU SONG 345 W. 13TH STREET, APT. 3B NEW YORK, NY 10014	\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78	ED PESKOWITZ / UNITED COMMUNICATIONS GROUP 9737 WASHINGTONIAN BOULEVARD GAITHERSBURG, MD 20878-7364	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

PRO PUBLICA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>79</u>	KAUTZ FAMILY FOUNDATION 3481 EAST FINGER ROCK ROAD TUCSON, AZ 85718	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80	ROBERT AND MAURINE ROTHSCHILD FUND, INC. 59 EAST 54TH STREET NEW YORK, NY 10022-9208	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 ROSEHILL CHARITABLE FUND / VANGUARD CHARITABLE PO BOX 9509 WARWICK, RI 02889	\$ 30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 THE DAVID R. AND PATRICIA D. ATKINSON FOUNDATION 100 OVERLOOK CENTER PRINCETON, NJ 08540	\$ 30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83	BRUCE WINTMAN AND JONNA GABERMAN 100 ASHFORD ROAD LONGMEADOW, MA 01106	\$\$	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	ALLEN BLUE AND KIRA SNYDER FUND / FIDELITY CHARITABLE	Total Contributions	Person X Payroll
	PO BOX 770001	\$8	Noncash
	CINCINNATI, OH 45277		(Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	RONALD AND JANE OLSON 350 SOUTH GRAND AVENUE, 50TH FLOOR LOS ANGELES, CA 90071	\$\$	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
86	CHANGE OF TACK / BESSEMER TRUST 630 FIFTH AVENUE NEW YORK, NY 10111	\$\$	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
87	CHRIS AND LISA KANEB FUND / FIDELITY CHARITABLE PO BOX 770001 CINCINNATI, OH 45277	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 88	Name, address, and ZIP + 4 CRANALEITH FOUNDATION INC. 5910 S. WATSON LANE LITTLETON, CO 80123	* 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 89	Name, address, and ZIP + 4 DECYK CHARITABLE FOUNDATION/ NATIONAL PHILANTHROPIC 165 TOWNSHIP LINE ROAD, SUITE 150 JENKINTOWN, PA 19046	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution
	HARRIS FAMILY FUND / FIDELITY CHARITABLE PO BOX 770001 CINCINNATI, OH 45277	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
91	JAMES MABIE 135 S. LASALLE STREET CHICAGO, IL 60603	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
92	Name, address, and ZIP + 4 JOEL SPOLSKY & JARED SAMET CHARITABLE GIFT FUND / FIDELITY CHARITABLE PO BOX 770001 CINCINNATI, OH 45277	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93	JUDY DUBOW 130 HILLENDALE DRIVE DOYLESTOWN, PA 18901	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 LISA A. SEIGEL CHARITABLE FUND / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	* 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 POLAKOF AND OSHER CHARITABLE FAMILY FUND / FIDELITY CHARITABLE PO BOX 770001 CINCINNATI, OH 45277	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96	SUSAN KARP AND PAUL HAAHR/ SCHWAB CHARITABLE 211 MAIN STREET	\$\$ 25,000.	Person X Payroll Noncash (Complete Part II for
	SAN FRANCISCO, CA 94105		noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	THE LLEWELLYN FOUNDATION 116 UPLAND ROAD CAMBRIDGE, MA 02140	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98	THE MARC HAAS FOUNDATION, C/O MAZARS USA LLP 135 WEST 50TH STREET NEW YORK, NY 10020	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99	THE RICE FAMILY FOUNDATION 2217 HALCYON LANE VIENNA, VA 22181	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 THE ROGOVY FOUNDATION / FOUNDATION SOURCE 501 SILVERSIDE ROAD WILMINGTON, DE 19809	* 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
101	THE SHAUNA M. AND KEVIN B. FLANIGAN FAMILY FOUNDATION 333 SOUTH STATE STREET, SUITE V455 LAKE OSWEGO, OR 97034	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102	THEODORE CROSS FAMILY CHARITABLE FOUNDATION C/O CROSS ASSOCIATES, LLC 100 MERRICK ROAD	\$ 25,000.	Person X Payroll Noncash (Complete Part II for
	ROCKVILLE CENTER, NY 11570		noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
103	TOM AND JANET UNTERMAN 1451 AMALFI DRIVE PACIFIC PALISADES, CA 90272	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
104	MJ CHELSEA FUND 7 COLUMBIA TURNPIKE FLORHAM PARK, NJ 07932	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105	BARBETTA FAMILY FOUNDATION / FOUNDATION SOURCE 501 SILVERSIDE ROAD WILMINGTON, DE 19809	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
	Name, address, and ZIP + 4 DJ MCMANUS FOUNDATION INC. 420 WEST BROADWAY NEW YORK, NY 10012	\$ 20,000.	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
107	EDWARDS FAMILY FUND / SILICON VALLEY COMMUNITY FOUNDATION 2440 W EL CAMINO REAL MOUNTAIN VIEW, CA 94040	\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 FUND FOR NONPROFIT NEWS / THE MIAMI FOUNDATION 40 NW 3RD STREET MIAMI, FL 33128	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 JAMES FOUNDATION INC. PO BOX 456 HADDONFIELD, NJ 08033	* 20,000.	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
110	JOHNSON CHARITABLE GIFT FUND 3777 WEST FORK ROAD CINCINNATI, OH 45247	\$ 20,000.	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
111	KAT TAYLOR / THE TIDES FOUNDATION 1014 TORNEY AVENUE SAN FRANCISCO, CA 94129	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
112	ROBERTS FAMILY FOUNDATION 2542 12TH AVENUE W SEATTLE, WA 98119	\$\$	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
_113	THE LU FOUNDATION 820 S. MONACO PARKWAY DENVER, CO 80224	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
114	GLOBAL VILLAGE CHARITABLE TRUST / NORTHERN TRUST COMPANY 600 BRICKELL AVENUE MIAMI, FL 33131	\$ <u>18,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	PECHET FUND / FIDELITY CHARITABLE PO BOX 770001 CINCINNATI, OH 45277	\$18,000.	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
116	GOOGLE MATCHING DONATIONS / BENEVITY #700 611 MEREDITH RD NE CALGARY, AB T2E 2W5, CANADA	\$16,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>117</u>	DANIEL KACIAN/ VANGUARD CHARITABLE PO BOX 9509 WARWICK, RI 02889-9509	\$ <u>15,500.</u>	Person X Payroll
(a)	(b)	(c)	(d) Type of contribution
	Name, address, and ZIP + 4 BRAD AND KATHRYN KERCHOF 641 WHITE OAK RD SW ROANOKE, VA 24014	Total contributions \$ 15,106.	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
119	ALICE AND BEN REITER CHARITABLE FUND / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$ 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
120	ANN BLINKHORN 23 GRANT AVENUE OLD GREENWICH, CT 06870	\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
121	ARDEA FUND PO BOX 29155 SAN FRANCISCO, CA 94129	\$\$	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
122	ELBAZ FAMILY FOUNDATION 9663 SANTA MONICA BLVD. LOS ANGELES, CA 90210-4303	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 EMILY & GREGORY WALDORF FAMILY FUND / SILICON VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMNO REAL MOUNTAIN VIEW, CA 94040	\$ 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 HARRY AND VIVIAN SNYDER FUND / FIDELITY CHARITABLE PO BOX 770001 CINCINNATI, OH 45277	\$ 15,000.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 PETER MENSCH FUND / JEWISH COMMUNAL FUND 575 MADISON 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
126	THE ABER D. UNGER FOUNDATION ONE SOUTH STREET, SUITE 2500 BALTIMORE, MD 21202	\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	THE LONGHILL CHARITABLE FOUNDATION, INC. 200 OAK HILL ROAD ITHACA, NY 14850	\$15,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
128	HOLLY GRAY 25 RIVER DRIVE NORWALK, CT 06855-2518	\$14,636 .	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	ROY FAMILY CHARITABLE FUND / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$ 14,500.	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
130	THE BAVOR FAMILY FUND / VANGUARD CHARITABLE PO BOX 9509 WARWICK, RI 02889-9510	\$ 12,500.	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
131	CALLAHAM-HSU CHARITABLE FUND / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$12,000.	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
132	DA CAPO FUND 112 BAILEY RD WATERTOWN, MA 02472	\$ <u>12,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 DAVID ZUCKERMAN FAMILY TRUST GIFT FUND / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 SARA RANSFORD 1150 RIVER DRIVE ASPEN, CO 81611	\$ 12,000.	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
135	PALITZ CHARITABLE LEAD TRUST 4520 N. DROMEDARY ROAD PHOENIX, AZ 85018-2938	\$11,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
136	MARILYN AND RICHARD DOERR 9541 LAKE AVENUE CLEVELAND, OH 44102	\$10, 4 58.	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
137	JOHN AND MARGARET RUTTENBERG 1133 FIFTH AVENUE NEW YORK, NY 10128	\$10,454.	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
138	JEWISH COMMUNAL FUND 575 MADISON AVENUE NEW YORK, NY 10022	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	JANET LEWIS 1226 N PEGRAM STREET ALEXANDRIA, VA 22304	\$10,169 .	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
140	JESSICA CASE / ROCKEFELLER & CO 10 ROCKEFELLER PLAZA NEW YORK, NY 10111	\$10,159 .	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
141	CHRISTINE BOURDETTE, C/O US BANK 111 SW FIFTH AVENUE, SUITE 600 PORTLAND, OR 97204	\$10,112.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 142	Name, address, and ZIP + 4 ANONYMOUS 155 AVENUE OF THE AMERICAS NEW YORK, NY 10013	\$ 10,029.	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
143	A & J SAKS FOUNDATION, INC. PO BOX 471 NEW YORK, NY 10021-0033	\$ 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
144	ALEC CLOWES GIVING ACCOUNT / FIDELITY CHARITABLE PO BOX 770001 CINCINNATI, OH 45277	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
145	BEATRICE RENFIELD FOUNDATION 333 EAST 91ST STREET NEW YORK, NY 10128	\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	#700 611 MEREDITH ROAD NE CALGARY, AB T2E 2W5, CANADA	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
147	CAROLYN S. BUCKSBAUM REVOCABLE TRUST / MB INVESTMENTS, LLC 1 NORTH FRANKLIN STREET CHICAGO, IL 60606	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 CHRISTOPHER AND MICHELLE DELONG 15 DOLMA ROAD SCARSDALE, NY 10583	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
149	CONANT FAMILY FOUNDATION 445 N. WELLS STREET, SUITE 200 CHICAGO, IL 60654	\$\$	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
150	COXE FUND / SILICON VALLEY COMMUNITY FOUNDATION 2440 W EL CAMINO REAL MOUNTAIN VIEW, CA 94040	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>151</u>	DAS CHARITABLE FOUNDATION 3961 COBBLESTONE DRIVE DALLAS, TX 75229	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 DHANAM FOUNDATION, C/O ROSEWOOD FAMILY	Total contributions	Type of contribution
152	PALO ALTO, CA 94306	\$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
153	DOBSON-UNTERBRINK FUND / FIDELITY CHARITABLE PO BOX 770001 CINCINNATI, OH 45277	\$\$	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
	DROR BAR-ZIV 2443 FILLMORE STREET SAN FRANCISCO, CA 94115	\$ 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
155	GARDNER GROUT FOUNDATION / CAPITAL GROUP 50 WEST LIBERTY STREET RENO, NV 89501	\$\$	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
156	GARON FAMILY FUND / FIDELITY CHARITABLE PO BOX 770001 CINCINNATI, OH 45277	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a)	(b)	(c)	(d)
No. 157_	Name, address, and ZIP + 4 GEORGE KAISER FAMILY FOUNDATION 7030 SOUTH YALE AVENUE, SUITE 600 TULSA, OK 74136	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(0)	(b)	(c)	(d)
(a) No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
158	GILBERT FUND / THE BOSTON FOUNDATION 75 ARLINGTON STREET BOSTON, MA 02116	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
159	J. CRAYTON PRUITT FOUNDATION PO BOX 233 ST. PETERSBURG, FL 33731	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
160	JOHN EDER 86 ATKINS MAYO ROAD PROVINCETOWN, MA 02657	\$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
161	JUDY HARDEN P.O. BOX 199 CALAIS, VT 05648	\$\$	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
162	KEET FAMILY FUND / ADIRONDACK FOUNDATION P.O. BOX 288 LAKE PLACID, NY 12946	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 LAWRENCE A. RAND 15 CLARIDGE DRIVE WESTON, MA 02493	Total contributions \$ 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
164	SPERO FAMILY CHARITABLE FUND / AMERICAN ENDOWMENT FOUNDATION 5700 DARROW ROAD HUDSON, OH 44236	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
165	LEE AND NANCY KEET PO BOX 1199 SARANAC LAKE, NY 12983	\$	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 MANAAKI FOUNDATION / JPMORGAN CHASE BANK, N.A. PO BOX 227237 DALLAS, TX 75222	* 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
167	MARILYN LIPMAN 21 OLD BELLE MONTE ROAD CHESTERFIELD, MO 63107	\$	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
168	MARSHALL WACE 350 PARK AVENUE NEW YORK, NY 10022	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No. 169	Name, address, and ZIP + 4 NATIONAL ACADEMY OF SCIENCES ON BEHALF OF DR. JAY SHENDURE 500 FIFTH STREET N.W. WASHINGTON, DC 20001	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 PETER WELCH 1919 CLARENDON BLVD ARLINGTON, VA 22201	\$ 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
171	PHYLLIS GARDNER 527 NORTH AZUSA AVENUE COVINA, CA 91722	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 POLLAK/FISHER FAMILY FUND OF IMPACTASSETS, C/O CALVERT FOUNDATION 7315 WISCONSIN AVENUE BETHESDA, MD 20814	\$ 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
173	PRITZKER TRAUBERT FOUNDATION 444 WEST LAKE STREET, SUITE 3400 CHICAGO, IL 60606	\$\$	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
174	RATHMANN FAMILY FOUNDATION 148 10TH AVENUE S NAPLES, FL 34102	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 RENEE B. FISHER FOUNDATION / SILICON	Total contributions	Type of contribution
175	VALLEY COMMUNITY FOUNDATION		Person X Payroll
	2440 W EL CAMINO REAL	\$10,000.	Noncash
	MOUNTAIN VIEW, CA 94040		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 176</u>	RICHARD RAVITCH FOUNDATION		Person X Payroll
	1115 FIFTH AVENUE	\$ 10,000.	Noncash
	NEW YORK, NY 10128		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 177</u>	ROSALIND & ALFRED BERGER FOUNDATION		Person X Payroll
	6 WEST 77TH STREET	\$ 10,000.	Noncash
	NEW YORK, NY 10024		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
178	SCRIPPS HOWARD FOUNDATION		Person X
	P.O. BOX 5380	\$10,000.	Payroll Noncash
	CINCINNATI, OH 45201		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
179	THE BARAKAT-MARSEILLE FAMILY FUND / SCHWAB CHARITABLE		
113	211 MAIN STREET	\$10,000.	Person X Payroll Noncash
	SAN FRANCISCO, CA 94105		(Complete Part II for noncash contributions.)
(0)	(In)	(a)	(4)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
180	THE BDM FAMILY FOUNDATION / FOUNDATION SOURCE		Person X
	501 SILVERSIDE ROAD	\$10,000.	Payroll Noncash
	WILMINGTON, DE 19809		(Complete Part II for noncash contributions.)

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raiti	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
181	THE CAROLE EBERLY TRUST 414 WASHINGTON STREET TRAVERSE CITY, MI 49686	\$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
182	THE FERRON FAMILY CHARITABLE FUND / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
183	THE JIM COX, JR. FOUNDATION 3414 PEACHTREE ROAD, N.E. ATLANTA, GA 30326	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
184	THE NARARO FOUNDATION 30TH STREET TRAIN STATION, PO BOX 38613 PHILADELPHIA, PA 19104	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
185	THE POLANER FAMILY CHARITABLE FUND / VANGUARD CHARITABLE PO BOX 9509 WARWICK, RI 02889-9509	\$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
186	THE S. DECKER AND SHERRON ANSTROM FAMILY FOUNDATION / THE NATIONAL PHILA 165 TOWNSHIP LINE ROAD JENKINTOWN, PA 19046	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187	THE SKOLL FUND 250 UNIVERSITY AVENUE PALO ALTO, CA 94301	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 188	Name, address, and ZIP + 4 THE TIMOTHY M. ANDREWS CHARITABLE FUND / SCHWAB CHARITABLE PO BOX 628298 ORLANDO, FL 32862	\$ 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
189	THE U.S. CHARITABLE GIFT TRUST 1100 N MARKET STREET WILMINGTON, DE 19890	\$	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
	Name, address, and ZIP + 4 THE WITTRUP AND RHODES FAMILY CHARITABLE FUND / VANGUARD CHARITABLE PO BOX 9509 WARWICK, RI 02889	\$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
191	THOMSON VON STEIN 14216 CLAYTON STREET ASPEN HILL, MD 20853	\$	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
192	ZEH WEXLER CHARITABLE FUND / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
193	GLENCOE FAMILY FOUNDATION 10333 N MERIDIAN STREET	\$ 9,500.	Person X Payroll Noncash
	10555 N MERIDIAN SIREEI	\$9,500.	(Complete Part II for
	INDIANAPOLIS, IN 46290		noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
194	RENAISSANCE CHARITABLE FOUNDATION		Person X Payroll
	8910 PURDUE ROAD, SUITE 555	\$\$.	Noncash
	INDIANAPOLIS, IN 46268		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
195	PETER WIRINGA AND AMANDA HUMPAGE		Person Payroll
	1927 JAMES AVENUE	\$9,031.	Noncash X
	SAINT PAUL, MN 55105		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 JQW FUND / THE NEW YORK COMMUNITY	Total contributions	Type of contribution
196	TRUST		Person X
	000 MILED AVENUE 22ND BLOOD	0.000	Payroll
	909 THIRD AVENUE, 22ND FLOOR	\$\$	Noncash (Complete Part II for
	NEW YORK, NY 10022		noncash contributions.)
(-)	(1-)	(-)	(-1)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
197	WILLIAM P DUBOSE JR IRA, SOUTH STATE WEALTH		Person X
	PO BOX 1030	\$8,500.	Payroll Noncash (Complete Part II for
	COLUMBIA, SC 29202		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
198	MORGAN STANLEY GLOBAL IMPACT FUNDING TRUST, INC., C/O DRINKER BIDDLE & REAT		Person X
<u> </u>	1177 AVENUE OF THE AMERICAS, 41ST		Person X Payroll
	FLOOR	\$8,375.	Noncash
	NEW YORK, NY 10036-2714		(Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 HEYWOOD CHARITABLE FUND / FIDELITY	Total contributions	Type of contribution
199	CHARITABLE PO BOX 770001 CINCINNATI, OH 45277	\$8,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 THE HANAVAN FAMILY CHARITABLE FUND /	Total contributions	Type of contribution
200	VANGUARD CHARITABLE FUND /		Person X
	PO BOX 9509 WARWICK, RI 02889-9510	\$8,000.	Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
201	IMPACTASSETS, C/O CALVERT FOUNDATION 7315 WISCONSIN AVENUE BETHESDA, MD 20814	\$7,850.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
202	A. PATEL 27765 LUPINE ROAD LOS ALTOS HILLS, CA 94022	\$7,500.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No. 203	ALICE UNDERWOOD CHARITABLE FUND / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$7,500.	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
204	ANN CHERNICOFF		Person X Payroll
	4409 RIDGE STREET CHEVY CHASE, MD 20815	\$7,500.	Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
205	DANIEL CUSHER 6 LORDVALE BLVD NORTH GRAFTON, MA 01536-1120	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 LESLIE C. AND LEONARD A. SHAPIRO	Total contributions	Type of contribution
206	FAMILY FOUNDATION, C/O STOCK YARDS BAN 11450 NORTH MERIDIAN STREET	\$	Person X Payroll Noncash (Complete Part II for
	CARMEL, IN 46032		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
207	LINCOLN HEALTHCARE FOUNDATION 838 KENMORE DRIVE CHAPEL HILL, NC 27514	\$ 7,500.	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
208	THE SHAYNE FOUNDATION 2302 KENILWORTH AVENUE LOS ANGELES, CA 90039	\$ 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 THE T. ROWE PRICE PROGRAM FOR CHARITABLE GIVING PO BOX 17115 BALTIMORE, MD 21297	\$ 7,200.	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
210	EDWARD AND MARJORIE GOLDBERGER FOUNDATION, C/O KINZEL & CO., LLC		Person X Payroll
	195 FAIRFIELD AVENUE WEST CALDWELL, NJ 07006	\$ 7,000.	Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
211	MELVIN MILLER 150 WEST 79TH STREET NEW YORK, NY 10024	\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
212	NEW YORK COMMUNITY TRUST		Person X
	909 THIRD AVENUE	\$7,000.	Payroll Noncash
	NEW YORK, NY 10022		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
213	THE PAUL & MARIAN CONES CHARITABLE FUND / FIDELITY CHARITABLE		Person X
	PO BOX 770001	\$7,000.	Payroll Noncash
	CINCINNATI, OH 45277		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
214	SILICON VALLEY COMMUNITY FOUNDATION		Person X
	2440 W. EL CAMINO REAL	\$ 6,900.	Payroll Noncash
	MOUNTAIN VIEW, CA 94040		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
215	THE TUDOR FAMILY FOUNDATION		Person X
	121 GARFIELD AVENUE	\$6,500.	Payroll Noncash
	CHERRY HILL, NJ 08002		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
216	PAUL ASENTE AND RON JENKS		Person
	2538 BREWSTER AVENUE	\$6,476.	Payroll Noncash X
	REDWOOD CITY, CA 94062		(Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217	ALEXANDRA SIMONE GEORGE MEMORIAL FUND / CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUEROA STREET LOS ANGELES, CA 90012	\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
218	BANK OF AMERICA CHARITABLE GIFT FUND 100 FEDERAL STREET BOSTON, MA 02110	\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
219	HARRIS ABRAM GILBERT, C/O CHARLES SCHWAB 211 MAIN STREET SAN FRANCISCO, CA 94105	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
220	MARY SIVE / FIDELITY CHARITABLE PO BOX 770001 CINCINNATI, OH 45277-0053	\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
221	THE TEAMTRIO FUND / VANGUARD CHARITABLE P.O. BOX 9509 WARICK, RI 02889	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
222	YALE AND IRENE GOTSDINER FAMILY / JEWISH FEDERATION OF OMAHA FOUNDATION 333 SOUTH 132ND STREET OMAHA, NE 68154	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223	NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE ROAD	\$5,750.	Person X Payroll Noncash (Complete Part II for
	JENKINTOWN, PA 19046-3594		noncash contributions.)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
224	SUSAN NICKERSON		Person X Payroll
	8306 WILSHIRE BLVD	\$5,500.	Noncash (Complete Part II for
	BEVERLY HILLS, CA 90211		noncash contributions.)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
225	THE BOSTON FOUNDATION 75 ARLINGTON STREET	\$5,500.	Person X Payroll Noncash
	BOSTON, MA 02116		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
226	THEODORE RUBENSTEIN		Person X
	1714 ADOLPHUS AVENUE NE	\$5,500.	Payroll Noncash (Complete Part II for
	ATLANTA, GA 30307		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
227	JORDAN SWARTZ		Person X
	333 SCHERMERHORN STREET	\$5,410.	Payroll Noncash (Complete Part II for
	BROOKLYN, NY 11217		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
228	SURVEYMONKEY		Person X
	ONE CURIOSITY WAY	\$5,261.	Payroll Noncash
	SAN MATEO, CA 94403		(Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
229	ASHLEY TIMMER 1 CENTRAL PARK WEST NEW YORK, NY 10023	\$5,175.	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
230	MARIA GOTSCH 123 EAST 75TH STREET NEW YORK, NY 10021	\$5,175.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
231	TIAA CHARITABLE 8910 PURDUE ROAD, SUITE 500 INDIANAPOLIS, IN 46268	\$5,090.	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
232	JOANN MOON 120 WEST PARK DRIVE, SUITE 105 GRAND JUNCTION, CO 81505	\$5,070.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
233	BLISS HUFF FAMILY LIVING TRUST, C/O JOHNSTON, KINNEY, & ZULAICA, LLP 101 MONTGOMERY STREET, SUITE 1600 SAN FRANCISCO, CA 94104	\$5,050.	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
234	ANNE CHING / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$5,000.	Person X Payroll

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
235	ANNE PETERSON BARRY, MORGAN STANLEY GLOBAL IMPACT FUNDING TRUST, INC. 1177 AVENUE OF THE AMERICAS NEW YORK, NY 10036-2714	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
236	ANU KHOSLA 630 LOS TRANCOS ROAD PORTOLA VALLEY, CA 94028	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
237	ASLAN FUND / VANGUARD CHARITABLE PO BOX 9509 WARWICK, RI 02889	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
238	BEN BLEIKAMP / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
239	BRUCE SAGAN FUND / FIDELITY CHARITABLE PO 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
240	CARYL RATNER 8 WEST 40TH STREET NEW YORK, NY 10018	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
241	CHRIS WOODBURY 155 AVENUE OF THE AMERICAS NEW YORK, NY 10013	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
242	CYNTHEA GEERDES AND TODD MARTINEZ 26040 ELENA ROAD LOS ALTOS HILLS, CA 94022	\$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
243	DAVID AND PAIGE MORSE 1333 ASHLAND STREET HOUSTON, TX 77008	\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 244	Name, address, and ZIP + 4 DAVID TAYLOR 155 AVENUE OF THE AMERICAS NEW YORK, NY 10013	\$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
245	DEBORAH BUONASSISI 420 N. LOOMIS AVENUE FORT COLLINS, CO 80521	\$ 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
246	DEREK AND LEORA KAUFMAN CHARITABLE FUND / JEWISH COMMUNAL FUND 575 MADISON AVENUE NEW YORK, NY 10022	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
247	DIANA STARK 1325 HOWARD AVENUE BURLINGAME, CA 94010	\$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
248	DIANE HALLMAN 644 17TH STREET BROOKLYN, NY 11218	\$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
249	DWIGHT AND KIRSTEN POLER / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 250	Name, address, and ZIP + 4 ED FAKTOROVICH AND ELLIE SPEARE CHRITABLE FUND / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	* 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 251	Name, address, and ZIP + 4 ELEANOR WARNOCK, C/O CAMDEN PARTNERS HOLDINGS, LLC 500 EAST PRATT STREET BALTIMORE, MD 21202	Total contributions \$ 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
252	ELLEN P. TYKESON & KEN HIDAY / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 ERIC AND CATHERINE JONASH CHARITABLE ACCOUNT / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 FEINBERG FOUNDATION 415 E. NORTH WATER STREET CHICAGO, IL 60611	\$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
255	FINLEY FAMILY CHARITABLE FOUNDATION 631 SOQUILI TRAIL JASPER, GA 30143	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
256	FIRST DOLLAR FOUNDATION P.O. BOX 2335 NAPA, CA 94558	\$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
257	FOUNDATION SOURCE 501 SILVERSIDE ROAD WILMINGTON, DE 19809	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
258	GANEM-WEINTRUB FAMILY CHARITABLE FUND / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

PRO PUBLICA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
259	HEARTHSTONE CHARITABLE FOUNDATION PO BOX 171530 BOSTON, MA 02117	\$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
260	HELIANTHUS FUND / FIDELITY CHARITABLE PO BOX 770001 CINCINNATI, OH 45277	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	HISTORY ARTICLE FUND / NEW HAMPSHIRE CHARITABLE FOUNDATION 37 PLEASANT STREET CONCORD, NH 03301	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 HOLLYWOOD FOREIGN PRESS ASSOCIATION 646 NORTH ROBERTSON BOULEVARD WEST HOLLYWOOD, CA 90069	\$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
263	HOLZER FAMILY FOUNDATION 23 NORTH SADDLE BROOKE DRIVE HO HO KUS, NJ 07423	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
264	JANE TANNER 1427 WOODLAND DRIVE CHARLOTTE, NC 28205	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
265	JESSE AND JOAN KUPFERBERG FOUNDATION / FOUNDATION SOURCE 501 SILVERSIDE ROAD WILMINGTON, DE 19809	\$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
266	JESSE KELLER 145 PARK PLACE BROOKLYN, NY 11217	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
	JIM MASSON AND KATIE HEINRICH GIVING FUND / FIDELITY CHARITABLE PO BOX 770001 CINCINNATI, OH 45277	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 JOHN PADRNOS 35 WINGATE SQUARE LONDON, SW40AF, UNITED KINGDOM	* 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 JOSEPH S. AND DIANE H. STEINBERG CHARITABLE TRUST 84 REMSEN STREET BROOKLYN, NY 11201	* 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
270	JOSH DILLON 707 GRANT STREET BERKELEY, CA 94703	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

PRO PUBLICA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 KUTNICK FOUNDATION / BANK OF AMERICA,	Total contributions	Type of contribution
271	N.A. 1300 AMERICAN BOULEVARD, MSC 0303 PENNINGTON, NJ 08534-4127	\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
272	LAKE ROAD FOUNDATION 839 ORIENTA AVENUE	\$ 5,000.	Person X Payroll Noncash
	MAMARONECK, NY 10543	\$5,000.	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
273	LAUREN WECK / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
274	LISA ROE 709 CHERRY VALLEY ROAD PRINCETON, NJ 08540	\$ 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
275	MARY ANN STERNBERG, C/O MORGAN STANLEY	Total contributions	Person X Payroll
	1300 THAMES STREET WHARF, 4TH FLOOR BALTIMORE, MD 21231	\$5,000.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
276	MATTHEW AND KATHRYN KAMM 1434 E. BROWN DEER ROAD BAYSIDE, WI 53217	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
277	MAX KAGAN FAMILY FOUNDATION 102 FOREST AVENUE ORONO, ME 04473	\$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
278	MOLEDINA CHARITY / FIDELITY CHARITABLE PO BOX 770001 CINCINNATI, OH 45277	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
279	NAIDA S. WHARTON FOUNDATION 131 SOUTH WOODLAND STREET ENGELWOOD, NJ 07631	\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 280	Name, address, and ZIP + 4 NEALL FAMILY CHARITABLE FOUNDATION 4035 RIDGE TOP ROAD FAIRFAX, VA 22030	\$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
281	OPPENHEIMER & CO. INC 620 NEWPORT CENTER DRIVE NEWPORT BEACH, CA 92660	\$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
282	PIA AND JIMMY ZANKEL 20 WILLOW STREET BROOKLYN, NY 11201	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 R5 KLAU FAMILY FUND / FIDELITY	Total contributions	Type of contribution
283	CHARITABLE		Person X
	PO BOX 770001	\$5,000.	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
110.	RHODES CHARITABLE FUND / FIDELITY	Total contributions	Type of contribution
284	CHARITABLE		Person X
	PO BOX 770001	\$5,000.	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
	rume, address, and En 1 1	Total contributions	Type of contribution
285	ROBERT TRIPP		Person X
	1 RIDGLEY ROAD	\$5,000.	Payroll Noncash
	CHIDDINGFOLD , GU8 4QQ, UNITED KINGDOM		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
(a) No.	(b) Name, address, and ZIP + 4 ROCKER FAMILY FOUNDATION / JEWISH	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4	1	l ' '
No.	Name, address, and ZIP + 4 ROCKER FAMILY FOUNDATION / JEWISH	Total contributions	Type of contribution
No.	Name, address, and ZIP + 4 ROCKER FAMILY FOUNDATION / JEWISH COMMUNITY FOUNDATION OF GREATER METROW	Total contributions	Type of contribution Person X Payroll
No. 286	Name, address, and ZIP + 4 ROCKER FAMILY FOUNDATION / JEWISH COMMUNITY FOUNDATION OF GREATER METROW 901 ROUTE 10 PO BOX 929	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No.	Name, address, and ZIP + 4 ROCKER FAMILY FOUNDATION / JEWISH COMMUNITY FOUNDATION OF GREATER METROW 901 ROUTE 10 PO BOX 929	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 286	Name, address, and ZIP + 4 ROCKER FAMILY FOUNDATION / JEWISH COMMUNITY FOUNDATION OF GREATER METROW 901 ROUTE 10 PO BOX 929 WHIPPANY, NJ 07981 (b)	\$ 5,000.	Person X Payroll
No. 286 (a) No.	Name, address, and ZIP + 4 ROCKER FAMILY FOUNDATION / JEWISH COMMUNITY FOUNDATION OF GREATER METROW 901 ROUTE 10 PO BOX 929 WHIPPANY, NJ 07981 (b) Name, address, and ZIP + 4	\$ 5,000.	Person X Payroll
No. 286 (a) No.	Name, address, and ZIP + 4 ROCKER FAMILY FOUNDATION / JEWISH COMMUNITY FOUNDATION OF GREATER METROW 901 ROUTE 10 PO BOX 929 WHIPPANY, NJ 07981 (b) Name, address, and ZIP + 4 ROGER AND MARGOT MILLIKEN	\$ 5,000.	Person X Payroll
(a) No. 287	Name, address, and ZIP + 4 ROCKER FAMILY FOUNDATION / JEWISH COMMUNITY FOUNDATION OF GREATER METROW 901 ROUTE 10 PO BOX 929 WHIPPANY, NJ 07981 (b) Name, address, and ZIP + 4 ROGER AND MARGOT MILLIKEN 157 PINE STREET PORTLAND, ME 04102 (b)	\$ 5,000. (c) Total contributions \$ (c) Total contributions	Person X Payroll
(a) No. 287	Name, address, and ZIP + 4 ROCKER FAMILY FOUNDATION / JEWISH COMMUNITY FOUNDATION OF GREATER METROW 901 ROUTE 10 PO BOX 929 WHIPPANY, NJ 07981 (b) Name, address, and ZIP + 4 ROGER AND MARGOT MILLIKEN 157 PINE STREET PORTLAND, ME 04102 (b) Name, address, and ZIP + 4 ROSENBERG/SLAFSKY FAMILY FUND TRUST /	\$ 5,000.	Person X Payroll
(a) No. 287	Name, address, and ZIP + 4 ROCKER FAMILY FOUNDATION / JEWISH COMMUNITY FOUNDATION OF GREATER METROW 901 ROUTE 10 PO BOX 929 WHIPPANY, NJ 07981 (b) Name, address, and ZIP + 4 ROGER AND MARGOT MILLIKEN 157 PINE STREET PORTLAND, ME 04102 (b) Name, address, and ZIP + 4	\$ 5,000. (c) Total contributions \$ (c) Total contributions	Person X Payroll
(a) No. 287	Name, address, and ZIP + 4 ROCKER FAMILY FOUNDATION / JEWISH COMMUNITY FOUNDATION OF GREATER METROW 901 ROUTE 10 PO BOX 929 WHIPPANY, NJ 07981 (b) Name, address, and ZIP + 4 ROGER AND MARGOT MILLIKEN 157 PINE STREET PORTLAND, ME 04102 (b) Name, address, and ZIP + 4 ROSENBERG/SLAFSKY FAMILY FUND TRUST /	\$ 5,000. (c) Total contributions \$ (c) Total contributions	Person X Payroll
(a) No. 287	Name, address, and ZIP + 4 ROCKER FAMILY FOUNDATION / JEWISH COMMUNITY FOUNDATION OF GREATER METROW 901 ROUTE 10 PO BOX 929 WHIPPANY, NJ 07981 (b) Name, address, and ZIP + 4 ROGER AND MARGOT MILLIKEN 157 PINE STREET PORTLAND, ME 04102 (b) Name, address, and ZIP + 4 ROSENBERG/SLAFSKY FAMILY FUND TRUST / AMERICAN ENDOWMENT FOUNDATION	\$ 5,000. (c) Total contributions \$ (c) Total contributions	Person X Payroll

PRO PUBLICA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 SANDPIPER FUND, INC. 640 PELHAM ROAD NEW ROCHELLE, NY 10805	* 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
290	SILVIO CHIANESE 17520 FAYSMITH AVENUE TORRANCE, CA 90504	\$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
291	SUSAN BALFOUR 119 BOLDLEAF COURT CARY, NC 27513	\$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
292	SUSAN GILARDI 250 HAWTHORNE AVENUE LARKSPUR, CA 94939	\$	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
293	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
294	SUTTON FAMILY CHARITABLE FUND / VANGUARD CHARITABLE PO BOX 9509 WARWICK, RI 02889	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
295	THE BEN WILLIAMS RI/MBC FUND #3 / VANGUARD CHARITABLE PO BOX 9509 WARWICK, RI 02889	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
296	THE BETTNER FAMILY FUND / GOLDMAN SACHS PHILANTHROPY FUND PO BOX 15203 ALBANY, NY 12212-5203	\$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
297	THE CHARLIE FUND / VANGUARD CHARITABLE PO BOX 9509 WARWICK, RI 02889	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
298	THE EISNER FOUNDATION, INC. 9401 WILSHIRE BLVD. BEVERLY HILLS, CA 90212	\$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
299	THE GREAT ISLAND FOUNDATION 115 EAST 69TH STREET NEW YORK, NY 10021	\$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
300	THE HANEY FAMILY CHARITABLE FUND / VANGUARD CHARITABLE PO BOX 9509 WARWICK, RI 02889	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

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PRO PUBLICA, INC.

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
301	THE JAMIE AND DENISE JACOB FAMILY FOUNDATION 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
302	THE JOCELYN AND ALYSSA SPENCER CHARITABLE FUND / VANGUARD CHARITABLE P.O. BOX 9509 WARWICK, RI 02889-9509	\$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
303	THE MATTHEWS FAMILY CHARITABLE FUND / YHB CHARITABLE ENDOWMENT 29 SOUTH MAIN STREET WEST HARTFORD, CT 06107	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
304	THE PENOBSCOT FUND 262 CARROLL STREET BROOKLYN, NY 11231	\$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
305	THE SCHMALE FAMILY FUND / AYCO CHARITABLE FOUNDATION PO BOX 15203 ALBANY, NY 12212	\$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
306	THE SOLOMON FAMILY FUND / VANGUARD CHARITABLE PO BOX 9509 WARWICK, RI 02889	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

PRO PUBLICA, INC.

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No. 307	Name, address, and ZIP + 4 THE SOLSTICE FOUNDATION, INC. / FOUNDATION SOURCE 501 SILVERSIDE ROAD	Total contributions \$ 5,000.	Person X Payroll Noncash
	WILMINGTON, DE 19809		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
308	THE SUE AND MELVIN GRAY FOUNDATION TWO MID AMERICA PLAZA, SUITE 400 OAKBROOK TERRANCE, IL 60181	\$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
309	THE WEGE FOUNDATION 99 MONROE AVENUE NW GRAND RAPIDS, MI 49503	\$	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
310	THE WHITE FAMILY FOUNDATION 160 FEDERAL STREET BOSTON, MA 02110-1700	\$\$,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
311	TIGER BARON FOUNDATION 233 BROADWAY NEW YORK, NY 10279	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
312	TIMOTHY STUMPFF 2870 MILL CREEK TERRACE COLUMBIA, MO 65203	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization Employer identification number

PRO PUBLICA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
313	TRIANGLE COMMUNITY FOUNDATION PO BOX 12729 DURHAM, NC 27709	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4 WALNUT FUND / SAN FRANCISCO FOUNDATION	(c) Total contributions	(d) Type of contribution Person X
	ONE EMBARCADERO CENTER, SUITE 1400 SAN FRANCISCO, CA 94111	\$5,000.	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
315	ZANKEL FUND 102 SOUTH ROAD HOPKINTON, NH 03229	\$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
	Nume, address, and 2n + 4	\$	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.)

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Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
49	500 SHARES OF ANALOG DEVICES INC. (ADI)	-	
		\$ 53,480.	02/28/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
85	185 SHARES OF PEPSI (PEP) STOCK	-	
		\$ 25,247.	12/20/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
118	75 SHARES OF NORFOLK SOUTHERN CORP (NSC) STOCK	-	
		\$\$	_12/31/19_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
128	200 SHARES OF C S X CORP (CSX) STOCK	-	
		\$\$	12/20/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
137	51 SHARES OF ASML HOLDING NV (ASLM) STOCK	-	
		\$\$10,454.	_06/28/19_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
139	437 SHARES OF DENNY'S CORP (DENN) STOCK	-	
		\$ <u>10,169.</u>	12/31/19

Name of organization Employer identification number

PRO PUBLICA, INC.

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(a) No. Description of noncash property given FMV (or estimate) (d) Date received	Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
140	No. from			FMV (or estimate)	l .			
S		86 SHARES OF CHEVRON (CVX)						
(a) No. Part I	<u> 140</u>							
No.			\$_	10,159.	12/19/19			
Part	No.			FMV (or estimate)	l .			
141	Part I			(See instructions.)				
(a) No. from Part I 142 125 SHARES OF SIMPSON MANUFACTURING CO. (SSD) STOCK See instructions.) 10/31/19 125 SHARES OF SIMPSON MANUFACTURING CO. (SSD) STOCK See instructions.) 10/31/19 129 SHARES OF CARILLON EAGLE MID CAP GROWTH (HAGIX) STOCK See instructions.) 12/16/19 129 SHARES OF CARILLON EAGLE MID CAP GROWTH (HAGIX) STOCK See instructions.) 12/16/19 1	141	86 SHARES OF CHEVRON (CVX)						
No. from Part I 142 125 SHARES OF SIMPSON MANUFACTURING CO. (SSD) STOCK FMV (or estimate) (See instructions.)			\$_	10,112.	10/25/19			
142	No. from			FMV (or estimate)	•			
(a) No. from Part I		125 SHARES OF SIMPSON MANUFACTURING CO. (SSD) STOCK						
(a) No. from Part I 195 129 SHARES OF CARILLON EAGLE MID CAF GROWTH (HAGIX) STOCK See instructions.) See instructions. 12/16/19 (a) No. from Description of noncash property given See instructions. (c) FMV (or estimate) (See instructions.) (d) Date received (d) Date	142							
No. from Part I 195 (a) No. from Part I (b) Cor estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received 195 (a) No. from Part I 20 SHARES OF ADOBE (ADBE) STOCK 216 (a) No. from Part I 20 SHARES OF ADOBE (ADBE) STOCK (b) Cor FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (d) Date received (d) Date received (c) FMV (or estimate) (See instructions.) (d) Date received (d) Date received (e) FMV (or estimate) (See instructions.)			\$_	10,029.	10/31/19			
195	No. from			FMV (or estimate)	•			
(a) No. from Part I 216 (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received \$ 6,476. (d) Date received (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (See instructions.) (h) Date received (g) FMV (or estimate) (See instructions.) (h) Date received (g) FMV (or estimate) (See instructions.)	105	129 SHARES OF CARILLON EAGLE MID CAP GROWTH (HAGIX) STOCK						
(a) No. from Part I 216 (a) No. from Description of noncash property given Part I 216 (b) FMV (or estimate) (See instructions.) \$ 6,476.	195							
No. from Part I 216 (a) No. from Part I (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part I (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (C) (C) FMV (or estimate) (See instructions.) (d) Date received (d) Date received (e) FMV (or estimate) (See instructions.)			\$_	9,031.	12/16/19			
216 (a) No. from Part I Description of noncash property given \$ 6,476.	No. from			FMV (or estimate)	•			
(a) No. from Part I Description of noncash property given \$ 6,476. (c) FMV (or estimate) (See instructions.) Date received		20 SHARES OF ADOBE (ADBE) STOCK						
(a) No. from Part I Description of noncash property given See instructions.) (b) FMV (or estimate) (See instructions.) Date received \$	216							
No. from Description of noncash property given Part I See instructions.) (c) FMV (or estimate) (See instructions.) Date received \$			\$_	6,476.	12/17/19			
	No. from			FMV (or estimate)				
			\$_					

Name of organization

Employer identification number

PRO	PUBLICA,	INC.	14-2007220
Part	Exclusively r	eligious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10)	that total more than \$1,000 for the ye
	from any one	contributor. Complete columns (a) through (e) and the following line entry. For organizations	. .

No.	e duplicate copies of Part III if additional						
m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		/ \ -					
		(e) Transfer of gif	π				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
-							
No.							
m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
—							
$-\mid$ $_$							
		(e) Transfer of gif	ift				
		(e) Hansiel Of gil					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
No.	(1) D	()))	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
<u>"</u>	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	_						
_ _							
		(e) Transfer of gif	ift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
—							
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
t I	(4): 0pood 0. gt	(4, 555 5. g	(4, 2000) paos o non giro non				
_ _							
	(e) Transfer of gift						
	Transferee's name, address, a	ad 7 ID + 4	Delational in a farmandament a farmandament				
	transièree's name, address, al	14 41 + 4	Relationship of transferor to transferee				
	Transfer ee e name, ada ees, a						

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PRO PUBLICA, INC.

Employer identification number 14-2007220

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	• •	• •
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footne	•	ents that describes the
Da	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Aut Historical Transcures or Of	ther Cimiler Assets
Pai			ther Sillilar Assets.
	Complete if the organization answered "Yes" on Form		
па	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 958	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furti	nerance of public service,
	provide the following amounts relating to these items:		> 0
	(i) Revenue included on Form 990, Part VIII, line 1		
_			'
2	If the organization received or held works of art, historical trea		ai gain, provide
	the following amounts required to be reported under FASB AS	_	• •
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		🕨 \$

Par	t III Organizations Maintaining Co	ollections of Art	, Histo	orical Tre	easures, o	r Other	Similar .	Assets	(continu	red)
3	Using the organization's acquisition, accession								(OOTHIN	<i>100</i> /
	collection items (check all that apply):	•	•	,	Ŭ	J				
а	Public exhibition	d		_oan or exc	hange progra	am				
b	Scholarly research	e			9- 9					
c	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how the	ev further th	ne organizatio	on's exemi	nt purpose	in Part	XIII.	
5	During the year, did the organization solicit or							, iii i ai c	,	
	to be sold to raise funds rather than to be ma							[Yes	☐ No
Par	t IV Escrow and Custodial Arrang								ine 9, or	
	reported an amount on Form 990, Part							·		
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for c	ontribution	s or other ass	sets not in	cluded			
	on Form 990, Part X?							\square	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
									Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						y?	\square	Yes	O No
b	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete if	the organization and	swered '	'Yes" on Fo	orm 990, Part	IV, line 10).			
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three yea	ars back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g	, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment 9	%								
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organizat	tion that	are held a	nd administer	red for the	organizati	on	_	
	by:								`	Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Sc	hedule R?					3b	
4	Describe in Part XIII the intended uses of the		vment fu	ınds.						
Pai	t VI Land, Buildings, and Equipme									
	Complete if the organization answered									
	Description of property	(a) Cost or ot basis (investm			t or other (other)		cumulated reciation		(d) Book	value
1a	Land									
	Buildings									
С	Leasehold improvements				6,318.		99,87			,441.
	Equipment				6,155.		<u>19,18</u>			,973.
	Other			44	7,813.	2	22,23	6.		,577.
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part X	(, colum	n (B), line 1	0c.)				628	,991.

Schedule D (Form 990) 2019 PR	O PUBLICA,	INC.	14	l-2007220 Page 3
Part VII Investments - Other				
Complete if the organization	n answered "Yes" o	n Form 990. Part IV. line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (include		(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)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, o	col. (B) line 12.)			
Part VIII Investments - Progra	am Related.			
Complete if the organization	n answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investme		(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, of	col. (B) line 13.)			
Part IX Other Assets.				
Complete if the organization	n answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a) D	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.				
		n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description	n of liability			(b) Book value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				

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

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

(6) (7) (8) (9)

_	ule D (Form 990) 2019 PRO PUBLICA, INC.				2007220 Page 4
Part	μ		Revenue per Re	turn.	
4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total revenue, gains, and other support per audited financial statements			1	38,834,838.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-	30,034,030.
		20	-6,823.		
	Net unrealized gains (losses) on investments		0,023.	-	
	Donated services and use of facilities				
	Recoveries of prior year grants Other (Describe in Part XIII.)			-	
				2e	-6,823.
				3	38,841,661.
	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	30,011,001.
		4a			
			405,223.		
	Other (Describe in Part XIII.)		•	40	405,223.
	Add lines 4a and 4b			4c 5	39,246,884.
Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) XII Reconciliation of Expenses per Audited Financial Statem	nents With	Expenses per F		
· u. c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12.		Expended per i	.oca.	
1				1	28,225,363.
				-	20,225,505
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a			
	Donated services and use of facilities				
	Prior year adjustments Other losses			-	
_					
	Other (Describe in Part XIII.)	•		00	0
	Add lines 2a through 2d			2e 3	28,225,363.
	Subtract line 2e from line 1			3	20,223,303.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	45			
	Investment expenses not included on Form 990, Part VIII, line 7b		405,223.	-	
	Other (Describe in Part XIII.)		•	40	405,223.
	Add lines 4a and 4b			4c 5	28,630,586.
Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) *XIII Supplemental Information.			3	20,030,300
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV lines 1h	and 2h: Part V line 4	· Dort `	V line 2: Part VI
	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	•	•	, ran	A, III le 2, Part AI,
11165 2	d and 4b, and Fart Air, lines 2d and 4b. Also complete this part to provide any ad	uitional illioni	iation.		
PAR	Γ X, LINE 2:				
THE	ORGANIZATION RECOGNIZES THE EFFECT OF IN	COME TA	X POSITION	S O	NLY IF
гно	SE POSITIONS ARE MORE LIKELY THAN NOT OF	BEING S	SUSTAINED.	MAN	AGEMENT
					-
HAS	DETERMINED THAT THE ORGANIZATION HAD NO	UNCERTA	AIN TAX POS	ITI	ONS THAT
UOW	LD REQUIRE FINANCIAL STATEMENT RECOGNITIO	N OR DI	SCLOSURE.	THE	
	~~~				
ORG	ANIZATION IS NO LONGER SUBJECT TO EXAMINA	TIONS E	BY THE APPL	ICA:	BLE TAXING
JUR	ISDICTIONS FOR PERIODS PRIOR TO 2016.				
PAR'	T XI, LINE 4B - OTHER ADJUSTMENTS:				

REIMBURSEMENTS OF LEGAL DEFENSE EXPENSES REPORTED ON PART

405,223.

VIII

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

PRO PUBLIC	CA, INC.						14-2007220
Part I General Information on Grants ar	nd Assistance						
1 Does the organization maintain records to	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	
criteria used to award the grants or assist							X Yes No
2 Describe in Part IV the organization's pro-							_
Part II Grants and Other Assistance to D	=				anization answered "\	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$		1	T -		(f) Mathad of	Г	
1 (a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALABAMA MEDIA GROUP							PARTICIPATION IN LOCAL
1731 1ST AVENUE NORTH							REPORTING NETWORK
BIRMINGHAM, AL 35203	13-4123607		86,148.	0.			INITIATIVE
ANCHORAGE DAILY NEWS 300 W 31ST AVENUE ANCHORAGE, AK 99503	37-1869203		104,556.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK INITIATIVE
ARIZONA REPUBLIC 200 E. VAN BUREN STREET PHOENIX, AZ 85004	86-0937358		25,428.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK INITIATIVE
CAPITAL CITY PRESS, LLC 7290 BLUEBONNET BOULEVARD BATON ROUGE, LA 70810	72-0146160		30,650.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK INITIATIVE
CONNECTICUT NEWS PROJECT 1049 ASYLUM AVENUE HARTFORD, CT 06105	27-0583046	501(C)(3)	86,100.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK INITIATIVE
KENTUCKY CENTER FOR INVESTIGATIVE REPORTING - 619 S. FOURTH STREET - LOUISEVILLE, KY 40202	61-1259787	501(C)(3)	46,128.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK INITIATIVE
<ul> <li>Enter total number of section 501(c)(3) are</li> <li>Enter total number of other organizations</li> </ul>	listed in the line 1	l table					7. 12.

14-2007220

Part II Continuation of Grants and Other	Assistance to Gov	ernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIAMI HERALD							PARTICIPATION IN LOCAL
3511 NW 91 AVENUE							REPORTING NETWORK
MIAMI, FL 33172	20-5063905		41,930.	0.			INITIATIVE
NEW YORK PUBLIC RADIO							PARTICIPATION IN LOCAL
160 VARICK STREET							REPORTING NETWORK
NEW YORK, NY 10013	13-3015230	501(C)(3)	97,176.	0.			INITIATIVE
NOLA MEDIA GROUP							PARTICIPATION IN LOCAL
4013 N.I-10 SERVICE ROAD W							REPORTING NETWORK
METAIRIE, LA 70002	13-4123607		31,848.	0.			INITIATIVE
NPR UNIVERSITY OF ILLINOIS AT							PARTICIPATION IN LOCAL
SPRINGFIELD - 28396 NETWORK PLACE							REPORTING NETWORK
- CHICAGO, IL 60673	37-6000511	GOVERNMENT	51,548.	0.			INITIATIVE
OREGON PUBLIC BROADCASTING							PARTICIPATION IN LOCAL
7140 SW MACADAM AVENUE	00 0044600	F04 ( T) ( 0 )	46.400				REPORTING NETWORK
PORTLAND, OR 97219	93-0814638	501(C)(3)	46,128.	0.			INITIATIVE
THE BUSINESS JOURNAL							PARTICIPATION IN LOCAL
25 E BOARDMAN ST SUITE 306							REPORTING NETWORK
YOUNGSTOWN, OH 44503	34-1461521		23,063.	0.			INITIATIVE
MAID GADIMAL							DARWIGIDAMION IN LOCAL
THE CAPITAL							PARTICIPATION IN LOCAL
300 EAST CROMWELL STREET	36-3779720		21,528.	0.			REPORTING NETWORK INITIATIVE
BALTIMORE, MD 21230	30-3779720		21,528.	0.			INITIATIVE
THE CHARLESTON GAZETTE-MAIL							PARTICIPATION IN LOCAL
1001 VIRGINIA ST. E.							REPORTING NETWORK
CHARLESTON, WV 25301	46-3129352		53,652.	0.			INITIATIVE
THE COURIER-JOURNAL							PARTICIPATION IN LOCAL
525 W. BROADWAY	20 2010056		F2 624				REPORTING NETWORK
LOUISEVILLE, KY 40202	20-3918856		52,884.	0.			INITIATIVE

14-2007220

					l	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FRONTIER MEDIA GROUP							PARTICIPATION IN LOCAL
L2117 SOUTH 12TH COURT							REPORTING NETWORK
JENKS, OK 74037	81-4620550	501(C)(3)	29,520.	0.			INITIATIVE
THE POST AND THE COURIER							PARTICIPATION IN LOCAL
132 COLUMBUS STREET							REPORTING NETWORK
CHARLESTON, SC 29403	30-0537922		46,128.	0.			INITIATIVE
THE PUBLIC'S RADIO							DARWIGIDAMION IN LOGAL
							PARTICIPATION IN LOCAL REPORTING NETWORK
ONE UNION STATIONS PROVIDENCE, RI 02903	05-0498502	501/C\/3\	85,944.	0.			INITIATIVE
FROVIDENCE, RI 02903	03-0490302	501(0/(3/	03,944.	0.			INITIALIVE
THE SACRAMENTO BEE							PARTICIPATION IN LOCAL
PO BOX 15779							REPORTING NETWORK
SACRAMENTO, CA 95852	94-0666175		82,416.	0.			INITIATIVE
			,				

OF A GRANT RECEIVED BY PROPUBLICA. IN SUCH INSTANCES, THE GRANT

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EMERGING REPORTER STIPEND	10	45,000.	0.		
DIVERSITY STIPEND	18	13,500.	0.		
LOCAL REPORTING NETWORK GRANT	5	283,182.	0.		
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
A) STIPEND NARRATIVE FOR INDIVIDUAL	S RECEIV	ING ASSIST	'ANCE:		
STIPEND PAYMENTS REPRESENT A FORM C	F GRANT	ASSISTANCE	PROVIDED	TO	
PARTICIPANTS IN VARIOUS PROPUBLICA	OUTREACH	PROGRAMS.	PARTICIPA	NTS IN THE	
PROGRAMS ARE SELECTED VIA COMPETITI	VE APPLI	CATION PRO	CESS IN WH	ICH THE	
APPLICANTS ARE CHOSEN BASED ON THEI	R QUALIF	ICATIONS A	ND CAREER	PROSPECTS IN	
THE FIELD OF INVESTIGATIVE JOURNALI	SM. FUND	ING IS OFT	EN PROVIDE	D AS A PART	

REQUIREMENTS DETERMINE THE AMOUNT OF FUNDING AVAILABLE AND MAY INFORM THE

STIPEND PAYMENT PROCESS. IF THE FUNDING IS PROVIDED THROUGH PROPUBLICA'S

GENERAL OPERATING BUDGET, FUNDING AVAILABILITY IS DETERMINED BASED ON

OVERALL BUDGETARY CONCERNS. BASED ON THESE PARAMETERS, PROGRAM DIRECTORS

DETERMINE WHICH OF THE FOLLOWING SITUATIONS APPLY:

- ALL PARTICIPANTS RECEIVE EQUAL STIPEND AMOUNTS.
- ALL PARTICIPANTS RECEIVE SOME STIPEND, WITH THE AWARD AMOUNT VARYING BASED ON DETERMINATION OF NEED.
- SOME PARTICIPANTS RECEIVE STIPENDS, WITH THE AWARD AMOUNT VARYING BASED
  ON DETERMINATION OF NEED. IN THIS INSTANCE, APPLICANTS MUST APPLY FOR
  ASSISTANCE AS A SEPARATE PROCEDURE FROM THE GENERAL APPLICATION PROCESS AND
  ARE NOTIFIED THE AMOUNT OF THE TOTAL ASSISTANCE AVAILABLE BASED ON GRANT
  FUNDS AVAILABLE. APPLICATIONS FOR ASSISTANCE REQUIRE APPLICANTS TO ADDRESS
  THE FOLLOWING:
- EXPLICITLY ANSWER THE QUESTION OF WHETHER OR NOT THEY NEED FINANCIAL ASSISTANCE.
- PROVIDE THE AMOUNT OF ASSISTANCE THAT THEY ARE REQUESTING BASED ON PRE-DETERMINED FUND AVAILABILITY.
- EXPLAIN HOW THE FUNDING WOULD MAKE IT POSSIBLE FOR THEM TO ATTEND THE PROGRAM WHEN THEY OTHERWISE WOULD NOT BE ABLE TO.

IF THE CASE IS COMPELLING, THE REQUEST FOR ASSISTANCE IS GRANTED UP TO THE LIMITS OF THE FUNDS AVAILABLE. IF THE EXPLANATION OF NEED INCLUDES THE COST OF EXPENSES THAT ARE ALREADY COVERED FOR ALL ATTENDEES, THE AMOUNT OF THE GRANT MAY BE REDUCED ACCORDINGLY. FOR EXAMPLE, THE DATA INSTITUTE PROGRAM COVERS THE COST OF LODGING AND TRAVEL FOR ALL ATTENDEES. IF LODGING/TRAVEL ARE INCLUDED IN THE EXPLANATION OF NEED, THE AMOUNT AWARDED MAY BE REDUCED.

WHEN FUNDING IS PROVIDED VIA PASS-THROUGH GRANTS FROM OTHER ORGANIZATIONS,

MONITORING OF FUND USAGE AND FOLLOW-UP ARE BASED UPON ONGOING VERBAL

DIALOGUE, GRANT REPORTING REQUIREMENTS, AND WRITTEN GRANT REPORTS PROVIDED

TO GRANTING ORGANIZATIONS AT THE END OF THE GRANT PERIOD. WHEN FUNDING IS

PROVIDED THROUGH GENERAL OPERATING BUDGET DESIGNATION, PROPUBLICA MAINTAINS

RECORDS OF INDIVIDUALS RECEIVING AND BENEFITTING FROM GRANT FUNDS,

INCLUDING COMPLETED W-9 FORMS. AS THESE GRANTS ARE NEED-BASED, SUCH FUNDS

MAY BE USED FOR ANY PURPOSE.

B) NARRATIVE FOR ORGANIZATIONS & INDIVIDUALS RECEIVING ASSISTANCE THROUGH LOCAL REPORTING NETWORK:

THE OTHER TYPE OF FUNDING PROPUBLICA PROVIDES IS THROUGH REGRANTING FOR
ORGANIZATIONS AND INDIVIDUALS PARTICIPATING IN THE LOCAL REPORTING NETWORK
INITIATIVE. THROUGH THIS INITIATIVE, PROPUBLICA PARTNERS WITH LOCAL
NEWSROOMS THROUGHOUT THE UNITED STATES TO PROVIDE FUNDING FOR A REPORTER TO
WORK ON AN INVESTIGATIVE JOURNALISM PROJECT FOR ONE YEAR. MOST OFTEN, THE
GRANTEE IS THE NEWSROOM ORGANIZATION ITSELF; HOWEVER, OCCASIONALLY, FUNDING
MAY BE PROVIDED DIRECTLY TO A REPORTER WITH AN AFFILIATION TO THE SELECTED
NEWSROOM. NEWSROOMS ARE SELECTED TO PARTICIPATE IN LRN VIA A COMPETITIVE
APPLICATION PROCESS, AND IN ADDITION TO FUNDING, LRN PARTNERS RECEIVE
ACCESS TO PROPUBLICA RESOURCES INCLUDING EDITORS, TRAINING SESSIONS, AND
CO-PUBLISHING OPPORTUNITIES.

LRN GRANT AMOUNTS ARE DETERMINED BASED ON EACH REPORTER'S ANNUAL SALARY AND

A STANDARD BENEFITS PERCENT ALLOCATION, WHICH WAS 23% FOR GRANTS

ORIGINATING IN 2019, AND AMOUNTS ARE AGREED TO IN WRITING BY BOTH THE

Schedule I (Form 990) PRO PUBLICA, INC.	14-2007220 Page 2
Part IV Supplemental Information	
PARTICIPATING NEWSROOM AND PROPUBLICA. FUND USAGE FOR LRN IS	MONITORED BY
THE PROPUBLICA EDITORS WHO OVERSEE THE PROGRAM AND WORK DIRE	CTLY WITH THE
REPORTERS. ULTIMATELY, THE REPORTERS ARE EXPECTED TO PUBLISH	I A FULL-LENGTH
INVESTIGATIVE PIECE IN COORDINATION WITH PROPUBLICA. ALSO, F	PARTICIPATING
ORGANIZATIONS MUST PROVIDE A WRITTEN ACCOUNTING FOR FUNDS US	SAGE AT THE END
OF THE GRANT PERIOD, WHICH MOST OFTEN INCLUDES A COPY OF THE	FUNDED
REPORTER'S W2 FOR THE FUNDED GRANT YEAR.	

### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

➤ Attach to Form 990.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

PRO PUBLICA, INC.

**Questions Regarding Compensation** 

 $Employer\ identification\ number \\ 14-2007220$ 

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

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	perients	(B)(I)-(U)	reported as deferred on prior Form 990
(1) STEPHEN ENGELBERG	(i)	403,484.	0.	2,732.	14,000.	38,998.	459,214.	0.
CO-CEO & EDITOR-IN-CHIEF	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RICHARD TOFEL, PRESIDENT	(i)	413,321.	0.	2,732.	14,000.	15,543.	445,596.	0.
CO-CEO & TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROBIN FIELDS	(i)	298,972.	0.	952.	7,500.	11,738.	319,162.	0.
MANAGING EDITOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JESSE EISINGER	(i)	237,039.	0.	621.	12,288.	36,298.	286,246.	0.
SENIOR REPORTER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) RAGAN RHYNE, VICE PRESIDENT OF	(i)	255,994.	0.	456.	12,875.	1,514.	270,839.	0.
DEVELOPMENT & SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHARLES ORNSTEIN	(i)	213,700.	0.	621.	11,625.	43,797.	269,743.	0.
SENIOR EDITOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TRACY WEBER	(i)	227,018.	0.	1,780.	11,638.	24,886.	265,322.	0.
SENIOR EDITOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JOSEPH SEXTON	(i)	217,670.	0.	2,732.	11,275.	24,882.	256,559.	0.
SENIOR EDITOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2019	PRO PUBLICA	, INC.			14-2007220	Page 3
Part III Supplemental Informat						
Provide the information, explanation	on, or descriptions required	for Part I, lines 1a, 1b, 3	3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8,	and for Part II. Also complete this	s part for any additional information	on.

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

PRO PUBLICA, INC. Employer identification number 14-2007220

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de noncash contribu	termin		
		арріюавіс	items contributed	Form 990, Part VIII, line 1g	Tioriodori contribe	ition a		
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	34	203,384.	AVG. SELLIN	G PI	RIC	Ē
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other							
26	Other							
27	Other ()							
28	Other (							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions				
	for which the organization completed Form 82	83, Part IV, [	Donee Acknowledg	gement <b>29</b>			0	
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	quires the review o	of any nonstandard contribut	ions?	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is chec	ked,			
	describe in Part II							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

### SCHEDULE O

Internal Revenue Service

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

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

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

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

Open to Public

OMB No. 1545-0047

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: 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: OUR WORK SPURRED SIGNIFICANT IMPACT, INCLUDING THE SCRAPPING OF INDUSTRY-BACKED LEGISLATION THAT WOULD HAVE BARRED THE IRS FROM CREATING A FREE ELECTRONIC TAX FILING SYSTEM, MAJOR REFORMS TO CHICAGO'S AGGRESSIVE AND UNEQUAL TICKETING SYSTEM, MEDICAL DEBT CLEARED FOR SOME OF MEMPHIS', TENNESSEE'S POOREST PATIENTS, HATE GROUP MEMBERS SENTENCED TO PRISON, AN EMERGENCY BAN ON ISOLATED SECLUSION IN ILLINOIS

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization **Employer identification number** 14-2007220 PRO PUBLICA, INC. SCHOOLS, AND MILLIONS OF DOLLARS ALLOCATED TO IMPROVE PUBLIC SAFETY IN ALASKA. OUR JOURNALISM SHINED A LIGHT ON THREE OF THE MILITARY'S DEADLIEST ACCIDENTS IN DECADES AFTER SENIOR OFFICIALS IGNORED YEARS OF WARNINGS, A STUDENT AID LOOPHOLE IN WHICH WEALTHY PARENTS GAVE UP CUSTODY OF THEIR CHILDREN TO ACCESS NEED-BASED SCHOLARSHIPS, HOW THE INTENSE DEADLINE PRESSURE THAT AMAZON PUTS ON INDEPENDENT DELIVERY DRIVERS THREATENS PUBLIC SAFETY, A SECRET FACEBOOK PAGE WHERE CURRENT AND FORMER BORDER PATROL AGENTS SHARED JOKES ABOUT MIGRANT DEATHS, THE PERVASIVE USE OF JAILHOUSE INFORMANTS AND HOW THE PRACTICE CORRUPTS THE JUSTICE SYSTEM, POLITICALLY CONNECTED BILLIONAIRES BENEFITING FROM THE OPPORTUNITY ZONE TAX BREAK INTENDED AS AN ANTI-POVERTY MEASURE, AND HOW CARBON OFFSETS HAVE FAILED TO DELIVER THEIR PROMISED CLIMATE BENEFITS. IN 2019, PROPUBLICA EXPANDED ITS LOCAL REPORTING NETWORK TO 21 NEWSROOMS AROUND THE COUNTRY, WITH PROJECTS THAT EXPOSED HOW CALIFORNIA'S EFFORTS TO REDUCE THE POPULATION OF STATE PRISONS HAVE LED TO OVERCROWDED AND DANGEROUS CONDITIONS IN ITS COUNTY JAILS, THE PETROCHEMICAL INDUSTRY'S RAPID GROWTH IN LOUISIANA'S MOST POLLUTED COMMUNITIES, HOW THE LARGEST HOSPITAL SYSTEM IN MEMPHIS HAS SUED AND GARNISHED THE WAGES OF THOUSANDS OF POOR PATIENTS FOR UNPAID MEDICAL BILLS, AND HOW A LACK OF PUBLIC SAFETY RESOURCES AND GENERATIONS OF BROKEN GOVERNMENT PROMISES HAVE CREATED A SEXUAL ASSAULT AND CHILD-ABUSE CRISIS IN ALASKA. WE ALSO ANNOUNCED A NEW PARTNERSHIP WITH

THE TEXAS TRIBUNE FOR A JOINTLY OPERATED INVESTIGATIVE REPORTING UNIT

OPEN-SOURCE TOOL THAT MAKES IT EASIER FOR REPORTERS AND NEWSROOMS TO

SERVING TEXAS BEGINNING IN 2020 AND LAUNCHED COLLABORATE, AN

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization **Employer identification number** 14-2007220 PRO PUBLICA, INC. WORK TOGETHER ON DATA COLLABORATIONS. PROPUBLICA WON THE PULITZER PRIZE - OUR FIFTH - FOR FEATURE WRITING FOR A SERIES ON MS-13 CO-PUBLISHED WITH NEW YORK MAGAZINE, NEWSDAY AND THE NEW YORK TIMES MAGAZINE. OUR SERIES "ZERO TOLERANCE" WAS A FINALIST FOR THE PULITZER GOLD MEDAL FOR PUBLIC SERVICE, IN ADDITION TO WINNING THE FIRST-EVER PEABODY "CATALYST" AWARD AND THE GEORGE POLK AWARD FOR IMMIGRATION REPORTING. THE PROPUBLICA AND PBS FRONTLINE COLLABORATION "DOCUMENTING HATE" WON THE NEWS & DOCUMENTARY EMMY AWARD FOR OUTSTANDING INVESTIGATIVE DOCUMENTARY AND AN ALFRED I. DUPONT-COLUMBIA UNIVERSITY AWARD. OUR PUBLISHING PARTNERSHIPS CONTINUED TO GROW, WITH 70 IN 2019 ALONE. PARTNERS OVER THE PAST YEAR INCLUDED THE NEW YORK TIMES, THE WASHINGTON POST, NPR NEWS, FRONTLINE, UNIVISION, THE NEW YORKER AND THE ATLANTIC, AS WELL AS NEW NATIONAL PARTNERS AMERICAN BANKER, MILITARY TIMES AND THE TRACE. GROWING PLATFORM ACROSS ALL OUR DISTRIBUTION PLATFORMS, INCLUDING THIRD-PARTY DISTRIBUTORS SUCH AS APPLE NEWS, MICROSOFT NEWS, GOOGLE NEWS AND SMARTNEWS, MANY PROPUBLICA STORIES THIS YEAR RECORDED MORE THAN 1 MILLION PAGE VIEWS. OVERALL, TRAFFIC ON OUR OWN SITE ROSE 42%, WHILE NEWSLETTER SUBSCRIPTIONS NEARLY DOUBLED TO MORE THAN 250,000. IMPACT

THE MOST IMPORTANT TEST OF PROPUBLICA IS WHETHER OUR WORK IS MAKING AN IMPACT. WE MEASURE OUR IMPACT NOT IN TERMS OF AUDIENCE SIZE OR HONORS

Name of the organization PRO PUBLICA, INC.

Employer identification number 14-2007220

BUT IN REAL-WORLD CHANGE. IN 2019, OUR JOURNALISM SPURRED SUCH CHANGE IN A NUMBER OF IMPORTANT AREAS.

IRS REFORMS FREE TAX FILING PROGRAM

IN APRIL, PROPUBLICA DREW ATTENTION TO A PROVISION IN THE PROPOSED

TAXPAYER FIRST ACT THAT WOULD PERMANENTLY BAR THE IRS FROM CREATING A

FREE ELECTRONIC TAX FILING SYSTEM, A MOVE THAT INTUIT, THE MAKER OF

TURBOTAX;, H&R BLOCK;, AND OTHER TAX SOFTWARE COMPANIES HAVE SPENT

MILLIONS OF DOLLARS IN LOBBYING TO ENSURE. LATER THAT MONTH, WE SHOWED

HOW TURBOTAX USES DECEPTIVE DESIGN, MISLEADING ADS AND TECHNICAL TRICKS

TO GET PEOPLE TO PAY TO FILE THEIR TAXES, EVEN WHEN THEY ARE ELIGIBLE

TO FILE FOR FREE. IN RESPONSE TO OUR STORIES, SCORES OF READERS CALLED

TURBOTAX TO COMPLAIN - AND THE COMPANY AGREED TO REFUND THEIR MONEY.

INTUIT ALSO CHANGED THE CODE ON THE TURBOTAX FREE FILE PAGE SO THAT IT

IS NO LONGER HIDDEN FROM SEARCH ENGINES.

IN MAY, THE IRS AND ITS INSPECTOR GENERAL ANNOUNCED AN INVESTIGATION

INTO THE AGENCY'S FREE FILE PARTNERSHIP WITH THE TAX PREP INDUSTRY. THE

NEW YORK DEPARTMENT OF FINANCIAL SERVICES LAUNCHED ITS OWN

INVESTIGATION INTO INTUIT, H&R BLOCK AND TWO OTHER TAX PREP COMPANIES,

AND THE LOS ANGELES CITY ATTORNEY FILED A LAWSUIT AGAINST INTUIT AND

H&R BLOCK. IN JUNE, AMID GROWING PUBLIC OUTCRY FROM OUR INVESTIGATION,

THE HOUSE AND SENATE PASSED A NEW VERSION OF THE TAXPAYER FIRST ACT

THAT REMOVED THE INDUSTRY-BACKED PROVISION THAT WOULD HAVE ENSHRINED

THE CURRENT SYSTEM. BY DECEMBER, THE IRS AGREED TO MAJOR REFORMS WITH

THE TAX PREP SOFTWARE INDUSTRY, INCLUDING BARRING COMPANIES FROM HIDING

THEIR FREE PRODUCTS FROM SEARCH ENGINES. THE CHANGES ALSO SCRAPPED A

YEARS-OLD PROHIBITION ON THE IRS CREATING ITS OWN ONLINE FILING SYSTEM

Name of the organization PRO PUBLICA, INC.

Employer identification number 14-2007220

THAT WOULD ALLOW CITIZENS TO SIMPLY FILE THEIR TAXES FOR FREE.

DISCRIMINATORY FACEBOOK POLICIES TERMINATED IN 2016, PROPUBLICA REPORTED THAT FACEBOOK ALLOWED ADVERTISERS TO BUY CREDIT, HOUSING AND EMPLOYMENT ADS THAT EXCLUDE ANYONE WITH AFRICAN AMERICAN, ASIAN AMERICAN OR LATINO AFFINITIES FROM SEEING THEM. OUR 2017 FOLLOW-UP FOUND THAT THE SOCIAL NETWORK HAD NOT REMEDIED THE PROBLEM. IN MARCH, THE COMPANY ANNOUNCED THAT FACEBOOK ADVERTISERS CAN NO LONGER TARGET USERS BY AGE, GENDER AND ZIP CODE FOR HOUSING, EMPLOYMENT AND CREDIT OFFERS - SWEEPING CHANGES INCLUDED IN A MAJOR SETTLEMENT WITH CIVIL RIGHTS ORGANIZATIONS. A WEEK LATER, HOWEVER, THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT SUED FACEBOOK FOR VIOLATING THE FAIR HOUSING ACT, ALLEGING THAT THE SOCIAL NETWORK'S AD SYSTEM HAS THE EFFECT OF DISCRIMINATING EVEN WHEN ADVERTISERS DID NOT CHOOSE TO DO SO. IN A CIVIL RIGHTS AUDIT RELEASED IN JULY, FACEBOOK PLEDGED TO CREATE A NEW PORTAL SPECIFICALLY FOR ADVERTISERS BUYING HOUSING, EMPLOYMENT AND CREDIT ADS THAT WOULD LIMIT THE OPTIONS AVAILABLE AND REMOVE MORE THAN 5,000 CATEGORIES RELATED TO PROTECTED GROUPS OF PEOPLE. NEW YORK'S DEPARTMENT OF FINANCIAL SERVICES ALSO LAUNCHED ITS OWN INVESTIGATION INTO FACEBOOK AND WHETHER STATE-REGULATED ADVERTISERS ARE USING THE PLATFORM TO DISCRIMINATE. AND IN SEPTEMBER, THE U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION RULED THAT SEVEN EMPLOYERS, INCLUDING CAPITAL ONE, EDWARD JONES AND ENTERPRISE HOLDINGS, VIOLATED CIVIL RIGHTS LAW THROUGH THEIR USE OF FACEBOOK'S TARGETING ADVERTISING BEFORE 2019 TO EXCLUDE WOMEN AND OLDER WORKERS FROM JOB ADS.

CHICAGO MAYOR MOVES TO END CITY'S PUNITIVE TICKETING PRACTICES

IN 2018, A PROPUBLICA ILLINOIS AND WBEZ INVESTIGATION SHOWED THAT

Name of the organization
PRO PUBLICA, INC.
Employer identification number
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CHICAGO USES AGGRESSIVE TICKETING PRACTICES TO BOOST REVENUE,

DISPROPORTIONATELY TARGETING POOR, MINORITY RESIDENTS AND TRAPPING THEM

DISPROPORTIONATELY TARGETING POOR, MINORITY RESIDENTS AND TRAPPING THEM IN SPIRALING DEBT. THE CITY'S PUNITIVE COLLECTION MEASURES, INCLUDING BOOTING AND IMPOUNDING VEHICLES OR SUSPENDING DRIVER'S LICENSES AS A WAY TO PRESSURE DEBTORS TO PAY THEIR TICKETS, HAVE PUSHED TENS OF THOUSANDS OF MOSTLY BLACK MOTORISTS INTO CHAPTER 13 BANKRUPTCY. IN RESPONSE TO OUR REPORTING, A FEDERAL APPEALS COURT RULED THAT CHICAGO CAN NO LONGER HOLD IMPOUNDED CARS AFTER DRIVERS FILE FOR BANKRUPTCY. IN JULY, NEW MAYOR LORI LIGHTFOOT INTRODUCED A SERIES OF PROPOSALS TO REFORM THE CITY'S BROKEN TICKETING SYSTEM, INCLUDING NO LONGER ALLOWING LICENSE SUSPENSIONS OVER UNPAID PARKING TICKETS AND MAKING CITY PAYMENT PLANS MORE AFFORDABLE. IN SEPTEMBER, THE CHICAGO CITY COUNCIL APPROVED AN OVERHAUL OF ITS PUNITIVE SYSTEM, MAKING CHICAGO THE LARGEST U.S. CITY TO ENACT MAJOR REFORMS OF ITS SYSTEM OF FINES AND FEES; AND IN OCTOBER, ILLINOIS LAWMAKERS PASSED THE LICENSE TO WORK ACT, ENDING LICENSE SUSPENSIONS FOR A NUMBER OF NON-MOVING VIOLATIONS, INCLUDING UNPAID PARKING AND VEHICLE COMPLIANCE TICKETS.

TROUBLED CHARITY MORE THAN ME SHUTS DOWN

IN PARTNERSHIP WITH TIME MAGAZINE, PROPUBLICA LAUNCHED AN INVESTIGATION

IN 2018 INTO AN ACCLAIMED AMERICAN CHARITY CALLED MORE THAN ME

OPERATING IN LIBERIA. IT REVEALED HOW THE ORGANIZATION MISSED KEY

OPPORTUNITIES TO PREVENT THE RAPE OF GIRLS IN ITS CARE BY SENIOR STAFF

MEMBER MACINTOSH JOHNSON, MISLED DONORS AND THE PUBLIC ABOUT THE EXTENT

OF THE ABUSE AND FAILED TO ENSURE ALL OF HIS POTENTIAL VICTIMS WERE

TESTED AFTER IT CAME TO LIGHT HE HAD AIDS WHEN HE DIED. IN MAY, THE

NONPROFIT'S U.S. BOARD RELEASED AN INDEPENDENT REPORT THAT ECHOED OUR

FINDINGS, IDENTIFYING SIGNIFICANT DEFICITS IN MORE THAN ME'S POLICIES,

Name of the organization PRO PUBLICA, INC.

Employer identification number 14-2007220

GOVERNANCE AND ADMINISTRATION AND STRONGLY CRITICIZING THE ACTIONS OF FOUNDER AND EX-CEO KATIE MEYLER, WHO RESIGNED IN APRIL.

IN JUNE, A PANEL OF LIBERIAN CIVIL SOCIETY LEADERS HEADED BY A PROMINENT

LOCAL LAWYER ALSO PUBLISHED AN INDEPENDENT REPORT CALLING OUT MORE THAN

ME'S AMERICAN BOARD FOR AN "ASTONISHING FAILURE OF OVERSIGHT." LATER

THAT MONTH, MORE THAN ME SHUTTERED ITS OPERATIONS, CITING "SEVERE

FINANCIAL PRESSURE DUE TO OUR INABILITY TO FUNDRAISE."

NONPROFIT HOSPITAL STOPS SUING ITS OWN EMPLOYEES MLK50, A MEMBER OF OUR LOCAL REPORTING NETWORK, PARTNERED WITH PROPUBLICA FOR AN INVESTIGATION INTO METHODIST LE BONHEUR HEALTHCARE, THE LARGEST HOSPITAL SYSTEM IN MEMPHIS, AND HOW IT HAS SUED AND GARNISHED THE WAGES OF THOUSANDS OF ITS POOREST PATIENTS, INCLUDING ITS OWN EMPLOYEES, FOR UNPAID MEDICAL BILLS. AS A NONPROFIT, METHODIST PAYS VIRTUALLY NO LOCAL, STATE OR FEDERAL INCOME TAX AND IN RETURN IS SUPPOSED TO PROVIDE COMMUNITY BENEFITS. BUT ITS FINANCIAL ASSISTANCE POLICY ALL BUT IGNORED PATIENTS WITH ANY FORM OF HEALTH INSURANCE, NO MATTER THEIR OUT-OF-POCKET COSTS. ITS HEALTH PLAN ALSO DIDN'T ALLOW METHODIST EMPLOYEES TO SEEK CARE AT HOSPITALS WITH MORE GENEROUS FINANCIAL ASSISTANCE POLICIES. PROMPTED BY OUR REPORTING, METHODIST'S CEO PROMISED A 30-DAY REVIEW OF ITS COLLECTION POLICY AND SUSPENDED COURT COLLECTION ACTIVITIES OVER UNPAID MEDICAL BILLS DURING THAT PERIOD, IMMEDIATELY DROPPING MORE THAN TWO DOZEN CASES THAT WERE SET FOR INITIAL HEARINGS. ONCE THE REVIEW WAS COMPLETED AT THE END OF JULY, METHODIST ANNOUNCED A BROAD RANGE OF REFORMS, INCLUDING THAT IT WOULD RAISE ITS MINIMUM WAGE, DRAMATICALLY EXPAND ITS FINANCIAL ASSISTANCE POLICY FOR HOSPITAL CARE AND STOP SUING ITS OWN EMPLOYEES FOR UNPAID

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization **Employer identification number** 14-2007220 PRO PUBLICA, INC. MEDICAL DEBTS. IN SEPTEMBER, METHODIST FORGAVE NEARLY \$12 MILLION IN DEBTS OWED BY MORE THAN 6,500 PATIENTS, INCLUDING MORE THAN \$30,000 FROM A WOMAN FEATURED IN OUR STORY. EMERGENCY BAN ON "ISOLATED TIMEOUTS" ENACTED IN NOVEMBER, PROPUBLICA ILLINOIS PARTNERED WITH THE CHICAGO TRIBUNE ON AN INVESTIGATION INTO THE USE OF "ISOLATED TIMEOUT" ROOMS WITHIN ILLINOIS PUBLIC SCHOOLS. WE FOUND THAT CHILDREN AS YOUNG AS FIVE WERE SENT TO SECLUSION ROOMS, SOMETIMES FOR HOURS ON END, ALONE AND OFTEN TERRIFIED, FOR INFRACTIONS AS MINOR AS SPILLING MILK. THESE ISOLATED TIMEOUTS WERE ROUTINELY - AND ILLEGALLY - MISUSED ACROSS THE STATE. THE DAY AFTER OUR REPORT WAS PUBLISHED, GOV. J.B. PRITZKER CALLED THE PRACTICE "APPALLING" AND VOWED TO WORK WITH LEGISLATORS TO ENACT A PERMANENT BAN. IN ADDITION, HE DIRECTED THE STATE BOARD OF EDUCATION TO MAKE EMERGENCY RULES TO END ISOLATED SECLUSION IN ILLINOIS SCHOOLS. UNDER THESE RULES, CHILDREN ARE NOW PUT IN TIMEOUT ONLY IF A "TRAINED ADULT" IS IN THE ROOM AND THE DOOR IS UNLOCKED. TIMEOUTS MUST ALSO BE USED ONLY FOR THERAPEUTIC REASONS OR TO PROTECT THE SAFETY OF STUDENTS AND STAFF. POLICE CHARGED WITH MISCONDUCT THE SOUTH BEND TRIBUNE, A MEMBER OF OUR LOCAL REPORTING NETWORK, PARTNERED WITH PROPUBLICA FOR A 2018 INVESTIGATION THAT REVEALED DEEP FLAWS AND ABUSES OF POWER IN THE CRIMINAL JUSTICE SYSTEM IN ELKHART, INDIANA. AMONG OTHER REVELATIONS, THE SERIES REVEALED VIDEO SHOWING TWO ELKHART POLICE OFFICERS REPEATEDLY PUNCHING A HANDCUFFED MAN - AN

INCIDENT FOR WHICH THE OFFICERS HAD BEEN ISSUED ONLY REPRIMANDS AND

WHICH ONLY BECAME PUBLIC AFTER PROPUBLICA AND THE TRIBUNE BEGAN

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PRO PUBLICA, INC. 14-2007220

INVESTIGATING. IN MARCH, A FEDERAL GRAND JURY INDICTED THE TWO POLICE

OFFICERS ON CIVIL RIGHTS CHARGES. AN OUTSIDE STUDY OF THE ELKHART

POLICE DEPARTMENT ORDERED AFTER OUR INVESTIGATION FOUND THAT THE FORCE

LACKS ACCOUNTABILITY, WITH OFFICERS VIEWED IN THE COMMUNITY AS

"COWBOYS" WHO ENGAGE IN "ROUGH TREATMENT OF CIVILIANS." THE STUDY ALSO

OFFERED RECOMMENDATIONS TO MAKE OFFICER DISCIPLINE MORE CONSISTENT,

PROMOTIONS LESS POLITICAL, CITIZEN COMPLAINTS EASIER TO FILE AND THE

UNSAFE CHILDREN'S SHELTERS CLOSED

DEPARTMENT'S WORKINGS MORE TRANSPARENT.

PROPUBLICA ILLINOIS REPORTED EXTENSIVELY IN 2018 ON CONDITIONS INSIDE

THE STATE'S SHELTERS FOR IMMIGRANT CHILDREN, FINDING PROBLEMS INCLUDING

SEXUAL ABUSE, LAX SUPERVISION AND RUNAWAY CHILDREN. IN MARCH, HEARTLAND

HUMAN CARE SERVICES, WHICH MANAGED SOME OF THE SHELTERS FEATURED IN

THIS REPORTING, ANNOUNCED PLANS TO CLOSE FOUR OF ITS SHELTERS IN

SUBURBAN CHICAGO AND ADD STAFF, TRAINING AND OTHER RESOURCES AT ITS

REMAINING FIVE FACILITIES.

IN PARTNERSHIP WITH THE NEW YORKER, PROPUBLICA PUBLISHED AN

INVESTIGATION INTO HEIRS' PROPERTY, A LEGAL MEANS FOR LAND TO BE PASSED

DOWN TO FAMILY WITHOUT A WILL, WHICH HAS MADE PROPERTY OWNERS

VULNERABLE TO LOSING THEIR LAND AND PROHIBITS THEM FROM RECEIVING THE

FULL BENEFITS OF LAND OWNERSHIP. THIS HAD LED TO BILLIONS OF DOLLARS IN

LAND LOSS, PRIMARY BY BLACK LANDOWNERS IN THE SOUTHERN U.S. WITHIN DAYS

OF OUR REPORTING, SENS. DOUG JONES OF ALABAMA AND TIM SCOTT OF SOUTH

CAROLINA SENT A LETTER URGING THE U.S. DEPARTMENT OF AGRICULTURE TO

IMMEDIATELY IMPLEMENT HEIRS' PROPERTY PROVISIONS THAT WERE SECURED IN

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Name of the organization 14-2007220 PRO PUBLICA, INC. THE AGRICULTURE IMPROVEMENT ACT OF 2018. SHORTLY AFTER, THE USDA ANNOUNCED TWO LISTENING SESSIONS ON HEIRS' PROPERTY TO ASSIST WITH A RELENDING PROGRAM TO CLEAR TITLES AND ADDRESS OBSTACLES TO GAINING

ACCESS TO CERTAIN GOVERNMENT PROGRAMS. IN OCTOBER, THE U.S. SENATE PASSED AN AMENDMENT TO HELP HEIRS' PROPERTY OWNERS CLEAR THEIR TITLES.

THE AMENDMENT, WHICH ALSO PASSED IN THE HOUSE, INCLUDES \$5 MILLION IN FUNDING FOR LENDING ORGANIZATIONS TO PROVIDE LOANS TO LANDOWNERS WHO

ARE SEEKING TO CLEAR UP OR CONSOLIDATE OWNERSHIP, HELPING THEM PAY FOR

LEGAL ASSISTANCE OR OBTAIN NECESSARY DOCUMENTATION.

BORDER PATROL FACEBOOK GROUP SPURS MULTIPLE INVESTIGATIONS IN JULY, PROPUBLICA UNCOVERED A SECRET FACEBOOK GROUP WHERE CURRENT AND FORMER BORDER PATROL AGENTS WERE CAUGHT SHARING VULGAR AND DEROGATORY POSTS, INCLUDING JOKES ABOUT MIGRANT DEATHS AND DEPICTIONS OF REP. ALEXANDRIA OCASIO-CORTEZ BEING SEXUALLY ASSAULTED. IN RESPONSE TO OUR STORY, U.S. CUSTOMS AND BORDER PROTECTION INFORMED INVESTIGATORS WITH THE DEPARTMENT OF HOMELAND SECURITY'S OFFICE OF INSPECTOR GENERAL AND OPENED AN INQUIRY. THE HOUSE COMMITTEE ON OVERSIGHT AND REFORM LAUNCHED ITS OWN PROBE WITH A HEARING THAT INCLUDED OCASIO-CORTEZ QUESTIONING THE DEPARTMENT OF HOMELAND SECURITY CHIEF AT THE TIME. CBP ALSO PLACED SEVERAL EMPLOYEES ON RESTRICTED DUTY AND ISSUED LETTERS TO THOSE CONFIRMED AS BEING ACTIVE IN THE FACEBOOK GROUP, INSTRUCTING THEM TO STOP POSTING OBJECTIONABLE MATERIAL. WITHIN WEEKS, TOP CBP OFFICIALS ANNOUNCED THE AGENCY HAD OPENED INVESTIGATIONS INTO 70 INDIVIDUALS, INCLUDING 62 CURRENT AND EIGHT FORMER EMPLOYEES, WITH CONNECTIONS TO THE GROUP.

Name of the organization **Employer identification number** PRO PUBLICA, INC. 14-2007220 PROPUBLICA ILLINOIS WAS THE FIRST TO REPORT THAT DOZENS OF WELL-OFF PARENTS ARE GIVING UP CUSTODY OF THEIR CHILDREN TO ACCESS NEED-BASED SCHOLARSHIPS AND COLLEGE FINANCIAL AID THAT THEY WOULDN'T BE ELIGIBLE FOR OTHERWISE. SHORTLY AFTER WE PUBLISHED, THE U.S. DEPARTMENT OF EDUCATION'S INSPECTOR GENERAL SAID IT WANTS TO CLOSE THIS LEGAL LOOPHOLE AND RECOMMENDED MODIFYING THE LANGUAGE ON FEDERAL FINANCIAL AID FORMS; THE ILLINOIS GOVERNOR VOWED TO ROOT OUT PARENTS WHO WERE SCAMMING THE SYSTEM AND DIRECTED HIS STAFF TO FURTHER INVESTIGATE THE ISSUE; AND THE UNIVERSITY OF MISSOURI STARTED EXAMINING ITS STUDENTS, SAYING IT WOULD PULL FINANCIAL AID FROM ANYONE CAUGHT EXPLOITING GUARDIANSHIP FOR THEIR OWN PERSONAL GAIN. MEMBERS OF THE ILLINOIS HOUSE HIGHER EDUCATION AND APPROPRIATIONS COMMITTEES ALSO HELD HEARINGS ON THE SCANDAL TO EXPLORE THE POTENTIAL DRAFTING OF A NEW LAW. THREE WHITE SUPREMACISTS SENTENCED TO PRISON IN 2018, PROPUBLICA AND PBS FRONTLINE PUBLISHED A SERIES OF INVESTIGATIONS, INCLUDING TWO FULL-LENGTH DOCUMENTARIES, IDENTIFYING SOME OF THE MOST VIOLENT FIGURES WITHIN AMERICA'S RESURGENT WHITE SUPREMACIST MOVEMENT AND THEIR INVOLVEMENT IN THE DEADLY 2017 "UNITE THE RIGHT" RALLY IN CHARLOTTESVILLE, VIRGINIA. BY MAY 2019, FOUR MEMBERS OR ASSOCIATES OF THE HATE GROUP RISE ABOVE MOVEMENT PLEADED GUILTY TO FEDERAL CHARGES FOR THEIR ROLE IN THE VIOLENCE. IN JULY, THREE OF THE MEN WERE SENTENCED TO MORE THAN TWO YEARS IN PRISON. THE FOURTH MAN IS STILL AWAITING SENTENCE. FEDERAL FUNDS PULLED FROM HARMFUL PSYCHIATRIC HOSPITAL IN 2018, PROPUBLICA ILLINOIS UNCOVERED NUMEROUS ALLEGATIONS OF SEXUAL

ABUSE AND ASSAULT AGAINST CHILDREN WHO WERE PATIENTS AT CHICAGO

Name of the organization **Employer identification number** PRO PUBLICA, INC. 14-2007220 LAKESHORE HOSPITAL, A PSYCHIATRIC FACILITY. IN RESPONSE TO THE REPORT, IN 2019 THE CENTERS FOR MEDICARE AND MEDICAID SERVICES TERMINATED AN AGREEMENT WITH LAKESHORE AND PULLED FEDERAL FUNDING FROM THE HOSPITAL. THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH ALSO ANNOUNCED IT IS MOVING FORWARD WITH PLANS TO REVOKE THE HOSPITAL'S LICENSE. MILLIONS ALLOCATED TO IMPROVE ALASKA PUBLIC SAFETY THE ANCHORAGE DAILY NEWS, A MEMBER OF THE PROPUBLICA LOCAL REPORTING NETWORK, PARTNERED WITH US FOR A PROJECT THAT UNCOVERED DISTURBING LEVELS OF SEXUAL ABUSE IN ALASKA'S REMOTE, RURAL VILLAGES. ALMOST ALL OF THESE COMMUNITIES ARE PRIMARILY ALASKA NATIVE AND OFTEN HAVE NO LOCAL LAW ENFORCEMENT. IN THE WAKE OF OUR INVESTIGATION, U.S. ATTORNEY GENERAL WILLIAM BARR VISITED ALASKA TO LEARN MORE ABOUT THE PROBLEMS HIGHLIGHTED IN OUR REPORT. IN JUNE, HE DECLARED AN EMERGENCY FOR PUBLIC SAFETY IN RURAL ALASKA AND ANNOUNCED MORE THAN \$10 MILLION IN FUNDS AS PART OF A SWEEPING PLAN TO BETTER SUPPORT LAW ENFORCEMENT IN ALASKA NATIVE VILLAGES, INCLUDING THREE NEW FEDERAL PROSECUTORS TO FOCUS ON RURAL ALASKA, THE HIRING OF 20 MORE OFFICERS AND UPGRADING PUBLIC SAFETY INFRASTRUCTURE FOR ALASKA VILLAGES. IN OCTOBER, BARR ANNOUNCED AN ADDITIONAL \$42 MILLION TOWARD MORE VILLAGE LAW ENFORCEMENT AND TRIBAL VICTIM SERVICES. ERROR-RIDDLED IMMIGRATION RULE CORRECTED IN AUGUST, PROPUBLICA REVEALED THAT A SWEEPING IMMIGRATION POLICY RUSHED BY THE TRUMP ADMINISTRATION - INTENDED TO MAKE IT HARDER FOR

LOW-INCOME IMMIGRANTS TO COME TO OR REMAIN IN THE UNITED STATES  ${ extstyle -}$ 

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization **Employer identification number** 14-2007220 PRO PUBLICA, INC. INCLUDED A PROVISION TREATING THE FAMILIES OF U.S. CITIZENS IN THE MILITARY MORE HARSHLY THAN FAMILIES OF NONCITIZENS IN THE MILITARY. SIX WEEKS LATER, THE ADMINISTRATION ANNOUNCED THAT IT WOULD CORRECT THESE SUBSTANTIVE ERRORS. RHODE ISLAND MOVES TO CERTIFY 911 CALL TAKERS IN CPR PROPUBLICA'S LOCAL REPORTING NETWORK SERIES WITH THE PUBLIC'S RADIO EXAMINED RHODE ISLAND'S 911 SYSTEM AND HOW A LACK OF TRAINING AND RESOURCES HAS LEFT OPERATORS ILL-PREPARED FOR THE MOST URGENT MEDICAL EMERGENCIES, INCLUDING CARDIAC ARREST, AND IS RESULTING IN UNNECESSARY DEATHS. UNLIKE EVERY OTHER NEW ENGLAND STATE, RHODE ISLAND DOESN'T REQUIRE ITS 911 OPERATORS TO BE TRAINED IN HOW TO PROVIDE CPR INSTRUCTIONS BY PHONE - A CRUCIAL STEP THAT CAN POTENTIALLY PREVENT HUNDREDS OF UNNECESSARY DEATHS EACH YEAR. IN RESPONSE TO OUR INVESTIGATION, RHODE ISLAND'S LEGISLATURE INCREASED THE TRAINING BUDGET FOR 911 CALL TAKERS TO CERTIFY THEM IN EMERGENCY MEDICAL DISPATCH AND TO COLLECT DATA TRACKING THEIR PERFORMANCE. THE STATE POLICE SUPERINTENDENT PLEDGED TO CONDUCT A THOROUGH REVIEW OF PROCEDURES AND TRAINING PROVIDED TO 911 CALL TAKERS, AND IN APRIL, GOV. GINA RAIMONDO SUPPORTED THE SUPERINTENDENT'S RECOMMENDATION TO HAVE ALL OF THE STATE'S 911 CALL TAKERS TRAINED TO PROVIDE EMERGENCY MEDICAL INSTRUCTIONS OVER THE PHONE BEFORE FIRST RESPONDERS ARRIVE. BIASED POLICE PRACTICE ABANDONED IN 2018, PROPUBLICA AND THE PHILADELPHIA INQUIRER REPORTED ON TACTICS USED BY STATE AND LOCAL POLICE OFFICERS IN PENNSYLVANIA TO HELP U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT ROUND UP IMMIGRANTS FOR

DEPORTATION. IN FEBRUARY, THE PENNSYLVANIA STATE POLICE IMPLEMENTED A

Name of the organization **Employer identification number** 14-2007220 PRO PUBLICA, INC. NEW POLICY THAT BANS SOME OF THE MOST EGREGIOUS BEHAVIORS PROFILED IN OUR REPORTING, INCLUDING QUESTIONING LATINO MOTORISTS ABOUT IMMIGRATION ISSUES DURING ROUTINE TRAFFIC STOPS. UNDER THE NEW POLICY, STATE TROOPERS ARE ALSO PROHIBITED FROM DETAINING OR ARRESTING FOREIGN NATIONALS SIMPLY FOR BEING IN THE COUNTRY ILLEGALLY. IN ADDITION, THE ACLU FILED A FEDERAL LAWSUIT IN JUNE ALLEGING THAT PENNSYLVANIA TROOPERS WERE PROFILING PEOPLE WHO APPEARED TO BE LATINX, REGARDLESS OF THEIR CITIZENSHIP STATUS, AND ILLEGALLY STOPPING THEN WITHOUT CAUSE. FLAWED "VOTER FRAUD" SYSTEM SUSPENDED IN 2017, PROPUBLICA AND GIZMODO REPORTED THAT A KANSAS SYSTEM SUPPOSEDLY MEANT TO IDENTIFY VOTER FRAUD WAS RIDDLED WITH ERRORS AND DATA SECURITY FLAWS THAT COULD IMPERIL THE SAFETY OF MILLIONS OF PEOPLE'S RECORDS. IN DECEMBER, KANSAS SECRETARY OF STATE SCOTT SCHWAB ANNOUNCED THAT THE STATE WILL ABANDON THE USE OF THE CONTROVERSIAL TECHNOLOGY. VIOLENT VIGILANTE SENTENCED TO PRISON IN ONE OF PROPUBLICA'S EARLY INVESTIGATIONS FROM 2010, EXPLORING NEW ORLEANS POLICE VIOLENCE IN THE CHAOTIC AFTERMATH OF HURRICANE KATRINA, WE REPORTED THAT WHITE VIGILANTES ORGANIZED AN ARMED GROUP TO KEEP AFRICAN AMERICANS FROM ENTERING THE NEIGHBORHOOD OF ALGIERS POINT.

WHILE THE ENCLAVE WAS SUPPOSED TO SERVE AS AN OFFICIAL EVACUATION ZONE

FOR FLOOD VICTIMS, VIGILANTES SHOT AFRICAN AMERICANS WHO APPROACHED

SEEKING TRANSPORTATION. IN FEBRUARY 2019, A FEDERAL JUDGE SENTENCED

ROLAND BOURGEOIS JR., WHOM PROPUBLICA IDENTIFIED AS A PARTICIPANT IN

THE INCIDENT, TO 10 YEARS IN PRISON FOR HIS ROLE IN THE SHOOTINGS.

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

## MEDICAL CONFLICTS OF INTEREST CURTAILED

IN SEPTEMBER 2018, PROPUBLICA PUBLISHED A SERIES OF INVESTIGATIONS WITH

THE NEW YORK TIMES DETAILING UNDISCLOSED RELATIONSHIPS BETWEEN MEMORIAL

SLOAN KETTERING CANCER CENTER AND FOR-PROFIT HEALTH CARE COMPANIES,

HIGHLIGHTING CONFLICTS OF INTEREST. IN JANUARY, MSK ANNOUNCED THAT IT

WOULD BAR ITS TOP EXECUTIVES FROM SERVING ON CORPORATE BOARDS OF DRUG

AND HEALTH CARE COMPANIES. HOSPITAL OFFICIALS ALSO TOLD THE CENTER'S

STAFF THAT THE EXECUTIVE BOARD HAD FORMALIZED A SERIES OF REFORMS 
INCLUDING PROHIBITING BOARD MEMBERS FROM INVESTING IN STARTUP COMPANIES

THAT MSK HELPED FOUND AND PREVENTING HOSPITAL EMPLOYEES WHO REPRESENT

MSK ON CORPORATE BOARDS FROM ACCEPTING EQUITY STAKES OR STOCK OPTIONS

FROM THE COMPANIES.

## ELECTION BOARD RESTRUCTURED

REOPUBLICA, IN PARTNERSHIP WITH THE LEXINGTON HERALD-LEADER, DETAILED

KENTUCKY SECRETARY OF STATE ALISON LUNDERGAN GRIMES' USE OF THE VOTER

REGISTRATION SYSTEM TO LOOK UP THE VOTING RECORDS OF STATE EMPLOYEES,

JOB APPLICANTS AND POLITICAL RIVALS. THE NEWS ORGANIZATIONS ALSO DUG

INTO A NO-BID ELECTION SECURITY CONTRACT THAT GRIMES GAVE TO AN

INEXPERIENCED CAMPAIGN DONOR AND ALLEGATIONS THAT SHE INTENTIONALLY

FAILED TO COMPLY WITH A FEDERAL CONSENT DECREE TO IMPROVE THE STATE'S

VOTER ROLLS. IN MARCH, THE KENTUCKY LEGISLATURE PASSED A BILL, WHICH

THE GOVERNOR SIGNED INTO LAW, THAT STRIPPED GRIMES OF HER AUTHORITY

OVER THE STATE BOARD OF ELECTIONS, RESTRUCTURED THE SBE AND MADE

MISUSING THE VOTER REGISTRATION SYSTEM A MISDEMEANOR CRIME. THE

SECRETARY OF STATE IS NOW A NONVOTING MEMBER OF THE SBE, AND THE BOARD

WILL INCLUDE TWO FORMER COUNTY CLERKS, ONE FROM EACH PARTY.

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization **Employer identification number** 14-2007220 PRO PUBLICA, INC. HOSPITAL'S MANAGEMENT TEAM REPLACED IN 2018, PROPUBLICA COLLABORATED WITH THE HOUSTON CHRONICLE TO REPORT ON PERVASIVE PROBLEMS WITH ST. LUKE'S MEDICAL CENTER'S ONCE-RENOWNED HEART TRANSPLANT PROGRAM, WHICH IN RECENT YEARS HAD SOME OF THE WORST OUTCOMES IN THE COUNTRY. IN JANUARY, THE CENTERS FOR MEDICARE AND MEDICAID SERVICES SENT A TEAM OF 11 FEDERAL AND STATE INSPECTORS TO CONDUCT A COMPREHENSIVE INVESTIGATION OF THE HOSPITAL. ALSO IN JANUARY, ST. LUKE'S BOARD REPLACED THE HOSPITAL'S PRESIDENT, CHIEF NURSING OFFICER AND SENIOR VICE PRESIDENT OF OPERATIONS AFTER YET ANOTHER

PATIENT DIED, THIS TIME AFTER RECEIVING A TRANSFUSION WITH THE WRONG

OVERSIGHT FOR PRIVATE GARBAGE COLLECTION TIGHTENED IN 2018, PROPUBLICA PROFILED DANGEROUS PRACTICES AND CONDITIONS IN THE WORLD OF PRIVATE COMMERCIAL GARBAGE COLLECTION IN NEW YORK CITY, INCLUDING FATAL ACCIDENTS, "SHAM" UNIONS AND CHECKERED OVERSIGHT. IN FEBRUARY, THE NEW YORK CITY COUNCIL PASSED A BILL AUTHORIZING THE BUSINESS INTEGRITY COMMISSION TO DIRECTLY POLICE THE LABOR UNIONS AT PRIVATE TRASH COMPANIES ACROSS THE CITY, EMPOWERING THE AGENCY TO REMOVE OFFICIALS WITH CRIMINAL CONVICTIONS, AS WELL AS OFFICIALS WHO ASSOCIATE WITH MEMBERS OF ORGANIZED CRIME OR ANYONE CONVICTED OF A RACKETEERING ACTIVITY. IN MARCH, COMMISSIONER DANIEL BROWNELL OF THE BIC - AFTER MONTHS OF EMBARRASSING NEWS COVERAGE AND CALLS FOR THE AGENCY TO STEP UP ITS OVERSIGHT - RESIGNED. IN OCTOBER, THE NEW YORK CITY COUNCIL PASSED LEGISLATION TO OVERHAUL THE SANITATION INDUSTRY AND HOLD HAULERS TO STRICT LABOR AND ENVIRONMENTAL STANDARDS. AND IN NOVEMBER, MAYOR BILL DE BLASIO SIGNED A SERIES OF BILLS TO REORGANIZE THE TRASH COLLECTION BUSINESS INTO ZONES, WHICH IS EXPECTED TO IMPROVE

BLOOD TYPE.

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization **Employer identification number** 14-2007220 PRO PUBLICA, INC. SAFETY AND REDUCE TRUCK TRAFFIC BY UP TO 50%. INACCURATE GANG DATABASE ASSAILED IN 2018, PROPUBLICA ILLINOIS INVESTIGATED CHICAGO'S GANG DATABASE -WHICH HAS BEEN ACCESSED MORE THAN 1 MILLION TIMES OVER THE LAST DECADE BY IMMIGRATION OFFICIALS, THE FBI AND SCORES OF OTHER AGENCIES - AND FOUND THAT IT IS RIDDLED WITH DUBIOUS ENTRIES, DISCREPANCIES AND OUTRIGHT ERRORS. PROPUBLICA WAS THE FIRST NEWS ORGANIZATION TO OBTAIN AND PUBLISH THE CONTENTS OF THE DATABASE. IN APRIL, CHICAGO'S INSPECTOR GENERAL RELEASED A 159-PAGE REPORT CONFIRMING THE ERRORS AND FINDING THAT THE CHICAGO POLICE DEPARTMENT HAS DONE LITTLE TO MAKE SURE THE INFORMATION IS ACCURATE. IN A LETTER TO THE INSPECTOR GENERAL'S OFFICE, THEN POLICE SUPERINTENDENT EDDIE JOHNSON WROTE THAT THE DEPARTMENT IS RETOOLING ITS DATA SYSTEM TO CREATE CLEARER STANDARDS, IMPROVE OFFICER TRAINING, PERFORM REGULAR AUDITS AND IMPLEMENT AN APPEALS PROCESS FOR THOSE WRONGLY LISTED IN THE DATABASE. UNIVERSITY REFORMS POLICIES THAT PROTECTED SEXUAL HARASSERS PROPUBLICA AND NPR ILLINOIS, A LOCAL REPORTING NETWORK PARTNER, PUBLISHED AN INVESTIGATION INTO THE UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN'S HANDLING OF SEXUAL MISCONDUCT ALLEGATIONS AGAINST FACULTY AND STAFF, REVEALING THAT SEVERAL PROFESSORS WHO VIOLATED THEIR POLICIES WERE ALLOWED TO STAY ON STAFF OR QUIETLY RESIGN AND TAKE PAID LEAVE WITH THEIR REPUTATIONS INTACT.

SINCE OUR REPORTING, STATE AND NATIONAL LAWMAKERS, VICTIMS' RIGHTS ADVOCATES AND STUDENTS CALLED FOR A REVIEW OF THE UNIVERSITY'S SEXUAL HARASSMENT POLICIES. THE UNIVERSITY PLEDGED TO END THE USE OF

Name of the organization **Employer identification number** 14-2007220 PRO PUBLICA, INC. CONFIDENTIALITY CLAUSES WHEN PROFESSORS ARE FIRED AND IS SEEKING TO CHANGE POLICY TO PREVENT FACULTY AND ADMINISTRATORS FROM ARGUING THAT ACADEMIC FREEDOM SHIELDS THEM IN SEXUAL MISCONDUCT CASES. IN ADDITION, ONE OF THE PROFESSORS WHO VIOLATED THE SEXUAL MISCONDUCT POLICY RESIGNED FROM A NEWER POSITION AT THE UNIVERSITY OF ALABAMA A MONTH AFTER WE REQUESTED DOCUMENTS ABOUT HIS HIRING. ROLE OF SCHOOL-BASED POLICE OFFICERS LIMITED IN A 2018 ARTICLE CO-PUBLISHED WITH THE NEW YORK TIMES MAGAZINE, PROPUBLICA TOLD THE STORY OF ALEX, A LONG ISLAND HIGH SCHOOL STUDENT WHO WAS ACCUSED OF GANG MEMBERSHIP AND DEPORTED TO HONDURAS FOR DRAWING A DEVIL, HIS SCHOOL MASCOT BUT ALSO AN MS-13 SYMBOL. A SCHOOL-BASED POLICE OFFICER REPORTED THE DOODLE, CIRCUMVENTING PRIVACY PROTECTIONS. IN RESPONSE TO THE STORY, IN JANUARY THE HUNTINGTON SCHOOL DISTRICT, WHICH ALEX HAD ATTENDED, REMOVED POLICE FROM SCHOOL BUILDINGS. ALONG WITH OTHER LONG ISLAND DISTRICTS, IT ALSO SOUGHT A FORMAL AGREEMENT WITH THE POLICE LIMITING OFFICERS' ROLES IN SCHOOLS. HOSPITAL REPORTS CHILD ABUSE SKEPTIC TO STATE MEDICAL BOARD LAST SEPTEMBER, PROPUBLICA AND THE NEW YORKER PUBLISHED AN IN-DEPTH PROFILE ON DR. MICHAEL HOLICK, A RENOWNED SCIENTIST TURNED EXPERT WITNESS WHO HAS HELPED ALLEGED CHILD ABUSERS AVOID PRISON AND EVEN REGAIN CUSTODY OF THE BABIES THEY WERE ACCUSED OF HARMING BY ATTRIBUTING THE INFANT'S INJURIES TO A RARE GENETIC CONDITION. OVER THE COURSE OF SEVEN YEARS, HOLICK HAS CONSULTED OR TESTIFIED IN MORE THAN 300 CHILD ABUSE CASES AND REPEATEDLY POINTED TO HYPERMOBILE EHLERS-DANLOS SYNDROME, EVEN THOUGH THE CONDITION ONLY OCCURS, AT MOST,

IN 0.02\$ OF THE POPULATION. IN THE WAKE OF THE ARTICLE, BOSTON MEDICAL

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization **Employer identification number** 14-2007220 PRO PUBLICA, INC. CENTER, WHERE HOLICK PRACTICES, NOTIFIED THE MASSACHUSETTS MEDICAL BOARD OF EARLIER DISCIPLINARY ACTION IT HAD TAKEN AGAINST HIM. HIS PROFILE PAGE ON THE BOARD'S WEBSITE NOW ALERTS MEMBERS OF THE PUBLIC OF HIS RESTRICTED PRIVILEGES. HUGE MEDICAL CHARGES CLEARED

IN NOVEMBER, PROPUBLICA PUBLISHED A STORY ABOUT LAUREN BARD, AN EMERGENCY ROOM NURSE WHO WAS CHARGED ALMOST \$900,000 FOR THE BIRTH OF HER PREMATURE BABY AFTER THE HOSPITAL WHERE SHE WORKS REJECTED HER APPLICATION FOR INSURANCE COVERAGE FOR THE NEWBORN. THE HOSPITAL FALSELY TOLD HER IT WAS UNABLE TO REVERSE THE DECISION BECAUSE OF FEDERAL REGULATIONS. AS PART OF THE REPORTING PROCESS, OUR REPORTER CONTACTED THE HOSPITAL TO CONFIRM THE DETAILS AND SOLICIT ITS RESPONSE. THE HOSPITAL IMMEDIATELY REVERSED ITS DECISION AND RETROACTIVELY ENROLLED BARD'S DAUGHTER IN THE PLAN, REMOVING THE DEBT.

INVESTIGATIONS INTO UNETHICAL HOSPITAL PROGRAM LAUNCHED IN OCTOBER, PROPUBLICA PUBLISHED AN INVESTIGATION OF THE TRANSPLANT TEAM AT NEWARK BETH ISRAEL MEDICAL CENTER THAT REVEALED ATTEMPTS TO ARTIFICIALLY INCREASE THE PROGRAM'S SURVIVAL RATE, AN IMPORTANT INDICATOR USED BY FEDERAL REGULATORS. IN ONE EGREGIOUS CASE, FOR A FULL YEAR IT KEPT A PATIENT ALIVE IN A VEGETATIVE COMA WHO HAD NO CHANCE OF RECOVERY - WITHOUT INFORMING HIS FAMILY OF HIS DIRE PROGNOSIS -APPARENTLY TO BOOST ITS SURVIVAL RATE. SINCE OUR REPORTING, THE FEDERAL AGENCY RESPONSIBLE FOR TRANSPLANT OVERSIGHT ANNOUNCED THAT IT WOULD INVESTIGATE THE HOSPITAL, THE HOSPITAL BEGAN AN AUDIT OF ITS OWN AND IT PLACED THE DIRECTOR OF THE HEART TRANSPLANT PROGRAM ON ADMINISTRATIVE LEAVE. IN NOVEMBER, THE FBI OPENED ITS OWN INVESTIGATION INTO THE UNIT

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TO DETERMINE IF THE HOSPITAL COMMITTED MEDICARE OR MEDICAID FRAUD BY KEEPING PATIENTS IN HOSPITAL BEDS TO RAISE SURVIVAL RATES.

QUESTIONABLE TAX BREAKS PUT ON HOLD

PROPUBLICA PARTNERED WITH WNYC AS PART OF THE LOCAL REPORTING NETWORK

TO INVESTIGATE GEORGE NORCROSS, AN INSURANCE BROKER WIDELY REGARDED AS

THE MOST POWERFUL UNELECTED OFFICIAL IN NEW JERSEY. WE FOUND THAT A

LUCRATIVE TAX INCENTIVE BILL LED TO AT LEAST \$1.1 BILLION IN TAX BREAKS

FOR HIS COMPANY, PARTNERS AND CLIENTS OF HIS BROTHER. SHORTLY AFTER WE

PUBLISHED THE STORY, GOV. PHIL MURPHY ISSUED A STATEMENT SAYING HE IS

"DEEPLY TROUBLED" BY THE FINDINGS AND THAT A TASK FORCE HE APPOINTED

WILL FURTHER SCRUTINIZE PROJECTS TIED TO NORCROSS. IN JUNE, STATE

OFFICIALS FROZE A \$260 MILLION TAX BREAK GIVEN TO HOLTEC INTERNATIONAL

(NORCROSS SERVES ON ITS BOARD OF DIRECTORS), PENDING FURTHER

INVESTIGATION OF INACCURACIES IN ITS APPLICATION. IN AUGUST, MURPHY

VETOED LEGISLATION THAT WOULD HAVE EXTENDED THE TAX BREAKS SPOTLIGHTED

BY OUR REPORTING.

JUDGE ORDERS EXPANDED OVERSIGHT FOR MENTALLY ILL NEW YORKERS

IN 2018, PROPUBLICA AND PBS FRONTLINE INVESTIGATED HOW A NEW YORK

POLICY TO MOVE PEOPLE WITH MENTAL ILLNESS OUT OF INSTITUTIONS AND INTO

PRIVATE APARTMENTS HAS PROVEN PERILOUS AND SOMETIMES EVEN DEADLY FOR

THE CITY'S MOST VULNERABLE. THE STORY PROMPTED U.S. DISTRICT JUDGE

NICHOLAS GARAUFIS TO COMMISSION A REPORT FROM CLARENCE SUNDRAM, THE

INDEPENDENT COURT MONITOR ASSIGNED TO OVERSEE THE TRANSITION TO

SUPPORTED HOUSING. IN JULY, THE FINDINGS WERE RELEASED AND REVEALED A

NUMBER OF SHORTCOMINGS, INCLUDING LENGTHY DELAYS IN FILING INCIDENT

REPORTS AND AN OVERALL FAILURE BY THE STATE TO SUFFICIENTLY INVESTIGATE

Name of the organization PRO PUBLICA, INC.

Employer identification number 14-2007220

PROBLEMS AND SHARE RESULTS. MOST NOTABLY, SUNDRAM FOUND THAT THE

INCIDENT REPORTING SYSTEM MEANT TO SAFEGUARD RESIDENTS ONLY TRACKED A

FRACTION OF THEM AND ONLY THROUGH THEIR FIRST SIX MONTHS IN SUPPORTED

HOUSING, EVEN THOUGH SERIOUS INCIDENTS OFTEN OCCUR WELL AFTER THAT

PERIOD. GARAUFIS HAS SINCE DEMANDED THAT THE INCIDENT REPORTING SYSTEM

BE EXPANDED AND THAT GOVERNMENT OFFICIALS PRESENT A PLAN IN SEPTEMBER

TO IMPROVE OVERSIGHT.

TEXAS LEGISLATORS CREATE TASK FORCE ON SEXUAL ASSAULT IN NOVEMBER 2018, PROPUBLICA - IN PARTNERSHIP WITH NEWSY AND REVEAL FROM THE CENTER FOR INVESTIGATIVE REPORTING - EXAMINED HOW THE AUSTIN POLICE DEPARTMENT AND DOZENS OF OTHER LAW ENFORCEMENT AGENCIES ACROSS THE COUNTRY USE WHAT'S KNOWN AS "EXCEPTIONAL CLEARANCE" TO CLOSE A SIGNIFICANT SHARE OF THEIR RAPE CASES WITHOUT ACTUALLY SOLVING THEM. THE STORY PROMPTED THE AUSTIN POLICE DEPARTMENT TO REQUEST AN INDEPENDENT AUDIT BY TEXAS OFFICIALS, WHICH FOUND THAT AUSTIN POLICE HAD IMPROPERLY CLEARED NEARLY A THIRD OF SEXUAL ASSAULT CASES FROM 2017, A MISCLASSIFICATION THAT MADE THE DEPARTMENT'S RATE OF SOLVING RAPE CASES APPEAR HIGHER. IN JANUARY, THE POLICE DEPARTMENT ANNOUNCED IT HAD CALLED ON A THIRD PARTY TO EXAMINE HOW IT HANDLES RAPE INVESTIGATIONS FROM THE INITIAL CALL TO THE CLOSE OF THE CASE. BY EARLY MAY, THE TEXAS HOUSE OF REPRESENTATIVES UNANIMOUSLY VOTED TO CREATE THE SEXUAL ASSAULT SURVIVORS' TASK FORCE, BRINGING MONEY AND SUPPORT AT THE HIGHEST LEVELS OF STATE GOVERNMENT TO REFORM HOW RAPES ARE TRACKED, INVESTIGATED AND PROSECUTED ACROSS TEXAS. THE LEAD SPONSOR OF THE BIPARTISAN MEASURE CREDITED THE SERIES FOR SPURRING TEXAS LAWMAKERS TO ACT.

Name of the organization **Employer identification number** 14-2007220 PRO PUBLICA, INC. SENATORS PROPOSE CRACKDOWN ON BENEFITS BROKERS A PROPUBLICA INVESTIGATION IN FEBRUARY DETAILED HOW HEALTH INSURERS PROVIDE LUCRATIVE COMMISSIONS AND GIFTS TO BROKERS, THE MIDDLEMEN THAT HELP COMPANIES SELECT EMPLOYEE BENEFITS, AND SHOWED HOW THESE HIDDEN SIDE DEALS INDIRECTLY INCREASE THE COST OF HEALTH PLANS. IN MAY, SENS. LAMAR ALEXANDER, R-TENN., AND SEN. PATTY MURRAY, D-WASH., LEADERS OF THE HEALTH, EDUCATION, LABOR AND PENSIONS COMMITTEE, INCLUDED NEW REQUIREMENTS FOR BROKERS IN THEIR DRAFT BILL, THE LOWER HEALTH CARE COSTS ACT. THE PROPOSAL WOULD SPECIFICALLY FORCE BROKERS TO REVEAL COMPENSATION THEY'VE RECEIVED FROM INSURERS AND OTHER VENDORS, IN WRITING, AT THE TIME AN EMPLOYER SIGNS UP FOR BENEFITS. SETTLEMENT REACHED WITH CHINESE DRYWALL MAKER IN 2010, PROPUBLICA AND THE SARASOTA HERALD-TRIBUNE INVESTIGATED HOW COMPANIES HAD USED TAINTED CHINESE-MADE DRYWALL IN NEARLY 7,000 HOMES ACROSS THE U.S. - AND IMPORTED ENOUGH OF THE MATERIAL TO BE USED IN AT LEAST 100,000 HOUSES - DESPITE CONCERNS THAT THE DRYWALL WAS DEFECTIVE AND GAVE OFF SULFUR FUMES CAPABLE OF CORRODING WIRING, DAMAGING APPLIANCES AND EVEN CONTRIBUTING TO SERIOUS RESPIRATORY PROBLEMS. IN AUGUST, A PROPOSED \$248 MILLION SETTLEMENT WAS FILED BETWEEN PROPERTY OWNERS AND TAISHAN GYPSUM CO., THE DRYWALL MAKER. CLOSER SCRUTINY APPLIED TO USE OF CARBON CREDITS FOR FOREST PRESERVATION A PROPUBLICA STORY PUBLISHED IN MAY UNCOVERED MOUNTING EVIDENCE THAT USING CARBON CREDITS FOR FOREST PRESERVATION HAS FAILED TO PRODUCE THEIR PROMISED CLIMATE BENEFITS. IN JUNE, A SENIOR OFFICIAL AT THE UNITED NATIONS SAID PROPUBLICA'S FINDINGS INFLUENCED THE UN'S NEWS

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization **Employer identification number** 14-2007220 PRO PUBLICA, INC. RELEASE QUESTIONING THE USE OF CARBON OFFSETS, AN ENVIRONMENTAL STRATEGY THE UN HAD LONG SUPPORTED. LATER THAT MONTH, WHILE GREENLIGHTING A PLAN THAT COULD LEAD TO THE WIDESPREAD USE OF FOREST PRESERVATION OFFSETS IN CALIFORNIA, STATE LEGISLATORS CAUTIONED REGULATORS ON CALIFORNIA'S AIR RESOURCES BOARD TO CONDUCT "VIGOROUS AND PROACTIVE MONITORING" TO ENSURE EMISSIONS CUTS, IN RECOGNITION OF WHAT WE FOUND IN OUR REPORTING. OPPORTUNITY ZONE ABUSES TARGETED PROPUBLICA REPORTED ON SEVERAL EXAMPLES OF POLITICALLY CONNECTED BILLIONAIRES BENEFITING FROM THE OPPORTUNITY ZONE TAX BREAK, A 2017 ANTI-POVERTY MEASURE MEANT TO ATTRACT BUSINESSES TO LOW-INCOME COMMUNITIES. IN NOVEMBER, SEN. RON WYDEN INTRODUCED A BILL THAT WOULD SIGNIFICANTLY NARROW THE SCOPE OF THE PROGRAM BY REMOVING HUNDREDS OF OPPORTUNITY ZONES OUTSIDE LOW-INCOME AREAS, NARROWING THE KINDS OF ELIGIBLE INVESTMENTS AND REQUIRING INCREASED REPORTING FOR RECIPIENTS OF THE TAX BREAK. LATER IN THE MONTH, REP. RASHIDA TLAIB INTRODUCED A BILL TO REPEAL THE OPPORTUNITY ZONE TAX BREAK FROM THE TAX CODE. UNPROVEN STEM CELL TREATMENTS PUT ON NOTICE

## IN MAY, PROPUBLICA PARTNERED WITH THE NEW YORKER FOR AN INVESTIGATION INTO THE VIRTUALLY UNREGULATED STEM CELL INDUSTRY, WHICH USES PSEUDOSCIENCE AND, IN MANY CASES, DISREPUTABLE MEDICAL STAFF TO SELL STEM CELL THERAPY AS A MIRACLE CURE FOR EVERYTHING FROM ALZHEIMER'S TO ARTHRITIC KNEES. WEEKS AFTER OUR INVESTIGATION, THE FDA NOTIFIED THE COMPANY R3 STEM CELL, A MAJOR DISTRIBUTOR OF UNAPPROVED BIRTH TISSUE PRODUCTS, THAT THEIR PRODUCTS ARE CONSIDERED DRUGS AND MUST HAVE FDA

APPROVAL IN ORDER TO BE SOLD LEGALLY.

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SEXUAL HARASSMENT INVESTIGATION LAUNCHED

FOLLOWING PROPUBLICA'S INVESTIGATION WITH THE NEW YORK TIMES INTO

PHILANTHROPIST MICHAEL STEINHARDT'S SEXUAL HARASSMENT OF WOMEN SEEKING

HIS SUPPORT, NYU HIRED A LAW FIRM TO INVESTIGATE WHETHER STEINHARDT -

THE NAMESAKE OF ITS STEINHARDT SCHOOL OF CULTURE, EDUCATION AND HUMAN

DEVELOPMENT - HAD ENGAGED IN INAPPROPRIATE CONDUCT WITH STUDENTS,

FACULTY OR STAFF.

SENATORS INTRODUCE BILL TO FIX CRUMBLING PUBLIC HOUSING

IN 2018 AND EARLY 2019, PROPUBLICA PARTNERED WITH THE SOUTHERN

ILLINOISAN AS PART OF OUR LOCAL REPORTING NETWORK TO INVESTIGATE HUD'S

FLAWED OVERSIGHT OF LIVING CONDITIONS IN FEDERALLY SUBSIDIZED HOUSING

IN SMALL AND MID-SIZED CITIES, REVEALING CRUMBLING BUILDINGS RIDDLED

WITH RATS, COCKROACHES, MOLD AND LEAD. CITING OUR REPORTING, IN

NOVEMBER SENS. DICK DURBIN, TAMMY DUCKWORTH AND KAMALA HARRIS

INTRODUCED THE HOUSING IS INFRASTRUCTURE ACT, ADDING \$70 BILLION TO THE

PUBLIC HOUSING CAPITAL FUND, WHICH WOULD AID IN BUILDING, MODERNIZING

AND REHABILITATING THE PUBLIC HOUSING STOCK THROUGHOUT ILLINOIS.

LAWMAKERS MOVE TO OVERHAUL TROUBLED JUDGE SELECTION SYSTEM

IN NOVEMBER, PROPUBLICA AND THE POST AND COURIER, A LOCAL REPORTING

NETWORK PARTNER, EXPOSED HOW SOUTH CAROLINA'S SYSTEM FOR SELECTING

MAGISTRATE JUDGES IS RIFE WITH POLITICS AND FLAWED OVERSIGHT, PROVIDING

FERTILE GROUND FOR INCOMPETENCE AND CORRUPTION ON THE BENCH. THE

INVESTIGATION FOUND THAT MAGISTRATES, WHO HANDLE HUNDREDS OF THOUSANDS

OF LOWER COURT CASES A YEAR, ARE OFTEN POLITICALLY CONNECTED INSIDERS,

MOST OF WHOM HAVE NEVER PRACTICED LAW IN THEIR LIFE. FOLLOWING THE

Name of the organization **Employer identification number** PRO PUBLICA, INC. 14-2007220 REPORT, STATE SEN. TOM DAVIS FILED LEGISLATION THAT WOULD BOLSTER THE REQUIRED LEGAL TRAINING FOR MAGISTRATES WHO AREN'T LAWYERS, INCREASE PROTECTIONS FOR THE MANY CRIMINAL DEFENDANTS WHO APPEAR BEFORE THEM, AND ADD A LAYER OF SCRUTINY TO MAGISTRATE APPOINTMENTS. TRANSPARENCY ON POLITICAL APPOINTEES CHAMPIONED IN 2018, PROPUBLICA LAUNCHED TRUMP TOWN, A SEARCHABLE DATABASE OF THE PRESIDENT'S POLITICAL APPOINTEES, ALONG WITH THEIR FEDERAL LOBBYING AND FINANCIAL RECORDS. IN MARCH 2019, THE GOVERNMENT ACCOUNTABILITY OFFICE URGED CONGRESS TO CONSIDER LEGISLATION THAT WOULD REQUIRE THE FEDERAL GOVERNMENT TO MAKE KEY INFORMATION ABOUT POLITICAL APPOINTEES -INCLUDING THEIR NAMES, TITLES AND FINANCIAL DISCLOSURES - PUBLIC. THE GAO CITED TRUMP TOWN AS THE ONLY PLACE TO CURRENTLY FIND MUCH OF THIS DATA AND ARGUED THAT THE INFORMATION IS CRUCIAL TO HOLDING APPOINTEES TO HIGH STANDARDS AND ENSURING THE INTEGRITY OF ACTIONS TAKEN ON THE PUBLIC'S BEHALF. RECOGNITION FOR OUR WORK PROPUBLICA'S WORK WAS HONORED IN 2019 AS FOLLOWS: THREE ARTICLES IN OUR "TRAPPED IN GANGLAND" SERIES ON MS-13 BY REPORTER HANNAH DREIER - CO-PUBLISHED WITH NEW YORK MAGAZINE, NEWSDAY AND THE NEW YORK TIMES MAGAZINE - WON THE PULITZER PRIZE FOR FEATURE WRITING. THE SERIES ALSO WON THE MOLLY NATIONAL JOURNALISM PRIZE, THE JOHN BARTLOW MARTIN AWARD FOR PUBLIC INTEREST MAGAZINE JOURNALISM, BOTH EWA'S NATIONAL AWARD FOR EDUCATION REPORTING IN THE FEATURE STORIES CATEGORY AND ITS OVERALL TOP HONOR, THE FRED M. HECHINGER GRAND PRIZE

FOR DISTINGUISHED EDUCATION REPORTING, THE SOCIETY OF PROFESSIONAL

Name of the organization **Employer identification number** 14-2007220 PRO PUBLICA, INC. JOURNALISTS' ETHICS IN JOURNALISM AWARD, THE HILLMAN PRIZE FOR MAGAZINE JOURNALISM, THE JOHN JAY COLLEGE/HARRY FRANK GUGGENHEIM AWARD FOR EXCELLENCE IN CRIMINAL JUSTICE JOURNALISM IN THE SERIES CATEGORY, THE FAIR MEDIA COUNCIL'S FOLIO AWARD FOR STORY OF THE YEAR, THE DANIEL SCHORR JOURNALISM PRIZE, THE MORLEY SAFER AWARD FOR OUTSTANDING REPORTING AND THE SHORTY AWARD FOR SOCIAL MEDIA. THE SERIES WAS A FINALIST FOR THE PEABODY AWARD FOR RADIO/PODCAST, THE NATIONAL MAGAZINE AWARD FOR PUBLIC INTEREST, THE ANTHONY SHADID AWARD FOR JOURNALISM ETHICS, THE NEWS LEADERS ASSOCIATION'S BATTEN MEDAL FOR COURAGE IN JOURNALISM AND THE ANCIL PAYNE AWARD FOR ETHICS IN JOURNALISM. DREIER WAS RECOGNIZED AS A FINALIST FOR THE MICHAEL KELLY AWARD, AS WELL AS THE LIVINGSTON AWARD IN LOCAL REPORTING, FOR HER WORK ON THE SERIES. STORIES FROM OUR SERIES EXAMINING THE IMPACT OF TRUMP'S "ZERO TOLERANCE" IMMIGRATION POLICY AT THE BORDER WERE A FINALIST FOR THE PULITZER GOLD MEDAL FOR PUBLIC SERVICE. THE SERIES WON THE FIRST-EVER PEABODY "CATALYST" AWARD, THE GEORGE POLK AWARD FOR IMMIGRATION REPORTING, THE PAUL TOBENKIN MEMORIAL AWARD, THE INVESTIGATIVE REPORTERS AND EDITORS AWARD FOR BREAKING NEWS, THE EDWARD R. MURROW AWARD FOR EXCELLENCE IN SOUND AND THE CHICAGO JOURNALISM AWARD FOR INVESTIGATIONS, AND WERE A FINALIST FOR THE GOLDSMITH PRIZE FOR INVESTIGATIVE REPORTING AND THE CHICAGO HEADLINE CLUB'S PETER LISAGOR AWARD FOR BEST INVESTIGATIVE REPORTING AND BEST ILLUSTRATION. SENIOR REPORTER GINGER THOMPSON, WHO LED THIS COVERAGE, WON THE 2019 JOHN CHANCELLOR AWARD FOR EXCELLENCE IN JOURNALISM, WHICH RECOGNIZES ONE JOURNALIST EACH YEAR FOR THEIR CUMULATIVE ACCOMPLISHMENTS. THOMPSON'S WORK HAS LARGELY COVERED THE HUMAN CONSEQUENCES OF FEDERAL POLICY ON BOTH SIDES OF THE U.S.-MEXICO BORDER, FROM THE WAR ON DRUGS TO

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IMMIGRATION.

PROPUBLICA AND PBS FRONTLINE'S COLLABORATION "DOCUMENTING HATE" WON THE

NEWS & DOCUMENTARY EMMY AWARD FOR OUTSTANDING INVESTIGATIVE DOCUMENTARY

AND AN ALFRED I. DUPONT-COLUMBIA UNIVERSITY AWARD. FOR HIS WORK ON THE

TWO-PART SPECIAL, REPORTER A.C. THOMPSON WON THE WALTER CRONKITE AWARD

FOR EXCELLENCE IN TELEVISION POLITICAL JOURNALISM IN THE CATEGORY OF

INDIVIDUAL ACHIEVEMENT BY A NATIONAL JOURNALIST. THE FILMS WERE ALSO

NOMINATED FOR THE NEWS & DOCUMENTARY EMMY AWARD FOR OUTSTANDING

WRITING, THE SCRIPPS HOWARD NATIONAL JOURNALISM AWARD IN THE CATEGORY

OF BROADCAST - NATIONAL/INTERNATIONAL COVERAGE, AND THE NATIONAL

MAGAZINE AWARD FOR SOCIAL MEDIA.

PROPUBLICA WON AN ONLINE JOURNALISM AWARD FOR GENERAL EXCELLENCE IN ONLINE JOURNALISM, OUR FIFTH SUCH AWARD.

"UNPROTECTED," AN INVESTIGATION CO-PUBLISHED WITH TIME MAGAZINE, AS
WELL AS A PROPUBLICA DOCUMENTARY ON ABUSE AT AN AMERICAN CHARITY FOR
VULNERABLE GIRLS IN LIBERIA, WON THE SOCIETY OF AMERICAN BUSINESS
EDITORS AND WRITERS' BEST IN BUSINESS AWARD IN THE INTERNATIONAL
CATEGORY, THE EDWARD R. MURROW AWARD FOR BEST NEWS DOCUMENTARY IN THE
SMALL DIGITAL NEWS ORGANIZATION DIVISION, A NATIONAL PRESS
PHOTOGRAPHERS ASSOCIATION AWARD FOR ONLINE VIDEO STORYTELLING, AND THE
WORLD PRESS PHOTO DIGITAL STORYTELLING PRIZE AND PICTURES OF THE YEAR
AWARD FOR DOCUMENTARY JOURNALISM. PHOTOJOURNALIST KATHLEEN FLYNN WON
THE NATIONAL PRESS PHOTOGRAPHERS ASSOCIATION HUMANITARIAN AWARD FOR HER
WORK ON THE PROJECT. THE INVESTIGATION WAS A FINALIST FOR THE NATIONAL
MAGAZINE AWARD FOR REPORTING, THE GERALD LOEB AWARD FOR VIDEO, THE NEWS

Name of the organization **Employer identification number** PRO PUBLICA, INC. 14-2007220 LEADERS ASSOCIATION'S DORI MAYNARD AWARD FOR JUSTICE IN JOURNALISM, THE OVERSEAS PRESS CLUB'S MADELINE DANE ROSS AWARD FOR BEST INTERNATIONAL REPORTING ON HUMAN RIGHTS, THE TAYLOR FAMILY AWARD FOR FAIRNESS IN JOURNALISM, WORLD PRESS PHOTO'S ONLINE VIDEO OF THE YEAR AND THE WEBBY AWARD FOR LONGFORM DOCUMENTARY, AND RECEIVED HONORABLE MENTION FOR THE NATIONAL PRESS PHOTOGRAPHERS ASSOCIATION AWARD FOR ONLINE VISUAL PRESENTATION. REPORTER FINLAY YOUNG WAS NAMED A FINALIST FOR THE LIVINGSTON AWARD IN INTERNATIONAL REPORTING FOR HIS WORK ON THE SERIES AND, WITH FLYNN, RECEIVED AN HONORABLE MENTION FROM THE JUDGES FOR THE JAMES FOLEY MEDILL MEDAL FOR COURAGE IN JOURNALISM. "CASE CLEARED: HOW RAPE GOES UNPUNISHED IN AMERICA," A JOINT PROPUBLICA, NEWSY AND REVEAL SERIES, WON THE ONLINE NEWS ASSOCIATION'S AL NEUHARTH INNOVATION IN INVESTIGATIVE JOURNALISM AWARD AND THE SOCIETY OF PROFESSIONAL JOURNALISTS' SIGMA DELTA CHI AWARD FOR ONLINE INVESTIGATIVE REPORTING, AND WAS NOMINATED FOR A NEWS & DOCUMENTARY EMMY AWARD IN OUTSTANDING INVESTIGATIVE REPORT IN A NEWSMAGAZINE. OUR INVESTIGATION ON AGE DISCRIMINATION IN THE WORKPLACE WON A GERALD LOEB AWARD IN BEAT REPORTING. "BLOOD WILL TELL," A COLLABORATION WITH THE NEW YORK TIMES MAGAZINE, WON THE SCRIPPS HOWARD AWARD FOR HUMAN INTEREST STORYTELLING AND RECEIVED AN HONORABLE MENTION FOR THE MOLLY NATIONAL JOURNALISM PRIZE. PROPUBLICA'S "FLOOD THY NEIGHBOR" SERIES IN PARTNERSHIP WITH REVEAL AND VOX WON THE NATIONAL ACADEMIES OF SCIENCES, ENGINEERING AND MEDICINE'S

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COMMUNICATIONS AWARD IN THE ONLINE CATEGORY AND WAS A FINALIST FOR

ONA'S ONLINE JOURNALISM AWARD IN EXCELLENCE AND INNOVATION IN VISUAL

LEVEES INCREASE FLOODING, WE BUILT OUR OWN," WAS NAMED A FINALIST FOR A
GEN DATA JOURNALISM AWARD FOR DATA VISUALIZATION OF THE YEAR.

DIGITAL STORYTELLING. THE INTERACTIVE FROM THE SERIES, "TO SEE HOW

"I DON'T WANT TO SHOOT YOU, BROTHER," PROPUBLICA'S MULTIMEDIA REPORT
WITH FRONTLINE DISPATCH, WON NABJ'S SALUTE TO EXCELLENCE AWARD IN THE
DIGITAL MEDIA - SINGLE STORY: FEATURE CATEGORY AND WAS A FINALIST FOR
THE NEWS LEADERS ASSOCIATION'S DEBORAH HOWELL AWARD FOR WRITING
EXCELLENCE.

"STUCK KIDS," A PROPUBLICA ILLINOIS SERIES ON CHILDREN HELD IN

PSYCHIATRIC HOSPITALS AFTER THEY'VE BEEN CLEARED FOR RELEASE, WON THE

AWARD FOR EXCELLENCE IN HEALTH CARE JOURNALISM FOR HEALTH POLICY AND

THE SOCIETY OF PROFESSIONAL JOURNALISTS' SIGMA DELTA CHI AWARD FOR

ONLINE NON-DEADLINE REPORTING. IT WAS A FINALIST FOR ONA'S ONLINE

JOURNALISM AWARD IN THE FEATURE, SMALL NEWSROOM CATEGORY, THE BETTER

GOVERNMENT ASSOCIATION'S RICHARD H. DRIEHAUS FOUNDATION AWARD FOR

INVESTIGATIVE REPORTING AND THE CHICAGO HEADLINE CLUB'S PETER LISAGOR

AWARD FOR BEST NON-DEADLINE REPORTING SERIES.

A LOCAL REPORTING NETWORK PROJECT WITH THE CHARLESTON GAZETTE-MAIL ON

THE EFFECTS OF THE NATURAL GAS INDUSTRY ON COMMUNITIES WON THE ONLINE

JOURNALISM AWARD FOR EXPLANATORY REPORTING AND WAS A FINALIST FOR THE

SCRIPPS HOWARD NATIONAL JOURNALISM AWARD FOR ENVIRONMENTAL REPORTING.

THE PROJECT WAS ALSO RECOGNIZED WITH FOUR AWARDS FROM THE WEST VIRGINIA

PRESS ASSOCIATION'S ANNUAL EDITORIAL CONTEST.

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"HEALTH INSURANCE HUSTLE" WON THE SOCIETY OF AMERICAN BUSINESS EDITORS

AND WRITERS' BEST IN BUSINESS AWARD FOR HEALTH/SCIENCE, WAS A FINALIST

FOR THE GERALD LOEB AWARD IN EXPLANATORY REPORTING AND RECEIVED AN

HONORABLE MENTION FROM THE NATIONAL PRESS CLUB AWARDS IN THE CONSUMER

JOURNALISM - PERIODICALS CATEGORY.

THE PROPUBLICA ILLINOIS AND WBEZ SERIES "DRIVEN INTO DEBT" WON THE

SOCIETY OF PROFESSIONAL JOURNALISTS' SIGMA DELTA CHI AWARD FOR ONLINE

INVESTIGATIVE REPORTING (INDEPENDENT), AS WELL AS TWO OF THE CHICAGO

HEADLINE CLUB'S PETER LISAGOR AWARDS IN BEST INVESTIGATIVE REPORTING

AND BEST DATA JOURNALISM. THE SERIES RECEIVED HONORABLE MENTION IN THE

SOCIETY OF AMERICAN BUSINESS EDITORS AND WRITERS' BEST IN BUSINESS

AWARD IN THE INVESTIGATIVE CATEGORY, AND WAS A FINALIST FOR THE BETTER

GOVERNMENT ASSOCIATION'S RICHARD H. DRIEHAUS FOUNDATION AWARD FOR

INVESTIGATIVE REPORTING AND THE PETER LISAGOR AWARDS FOR BEST

INVESTIGATIVE/PUBLIC SERVICE AND BEST USE OF FEATURES VIDEO.

"THE BILLION-DOLLAR LOOPHOLE," PROPUBLICA'S REPORT CO-PUBLISHED WITH

FORTUNE ON CONSERVATION EASEMENTS, WON THE NATIONAL PRESS CLUB'S LEE

WALCZAK AWARD FOR POLITICAL ANALYSIS AND WAS A FINALIST FOR THE

DEADLINE CLUB AWARD FOR BUSINESS FEATURE.

OUR COLLABORATION WITH WNYC, "TRUMP, INC.," WON THE SOCIETY OF THE

SILURIANS EXCELLENCE IN JOURNALISM MEDALLION FOR RADIO FEATURE NEWS AND

THE PUBLIC RADIO NEWS DIRECTORS INCORPORATED'S AWARD FOR BEST

COLLABORATIVE EFFORT. THE JOINT PODCAST WAS ALSO SELECTED AS A FINALIST

FOR A GERALD LOEB AWARD IN THE AUDIO CATEGORY.

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization **Employer identification number** 14-2007220 PRO PUBLICA, INC. OUR LOCAL REPORTING NETWORK COLLABORATION WITH THE SANTA FE NEW MEXICAN ON NUCLEAR WORKER SAFETY WON THE AWARD FOR EXCELLENCE IN HEALTH CARE JOURNALISM FOR PUBLIC HEALTH AND THE NATIONAL HEADLINER AWARD IN THE TELEVISION/ENVIRONMENTAL CATEGORY. "INSIDE TRUMP'S VA" WON THE NATIONAL PRESS CLUB'S SANDY HUME AWARD FOR EXCELLENCE IN POLITICAL JOURNALISM AND RECEIVED HONORABLE MENTION IN THE TONER PRIZE FOR EXCELLENCE IN POLITICAL REPORTING. ELECTIONLAND, OUR COLLABORATION COVERING THE 2018 MIDTERMS, WON ONA'S ONLINE JOURNALISM AWARDS FOR EXCELLENCE IN COLLABORATION AND PARTNERSHIPS. JESSICA HUSEMAN, PROPUBLICA'S LEAD REPORTER ON THE PROJECT, WAS NAMED A WINNER OF THE SOCIETY OF PROFESSIONAL JOURNALISTS' SUNSHINE AWARD. OUR REPORTING ON THE UNDERREPRESENTATION OF AFRICAN AMERICAN PATIENTS IN CLINICAL TRIALS OF NEW CANCER DRUGS WON THE AMERICAN ASSOCIATION FOR CANCER RESEARCH'S JUNE L. BIEDLER PRIZE FOR CANCER JOURNALISM FOR ONLINE/MULTIMEDIA AND WAS A FINALIST FOR THE SOCIETY OF AMERICAN BUSINESS EDITORS AND WRITERS' BEST IN BUSINESS AWARD FOR HEALTH/SCIENCE. "THE RIGHT TO FAIL," A PROJECT WITH PBS FRONTLINE ON PROBLEMS WITH A NEW YORK CITY POLICY TO MOVE MENTALLY ILL PEOPLE INTO PRIVATE APARTMENTS, WON THE FOLIO AWARDS' ROBERT W. GREENE AWARD IN

INVESTIGATIVE REPORTING AND THE DEADLINE CLUB AWARD IN NEWSPAPER OR

DIGITAL LOCAL NEWS REPORTING.

Schedule O (Form 990 or 990-EZ) (2019) Page 2 **Employer identification number** Name of the organization 14-2007220 PRO PUBLICA, INC. "DR. DEATH," A COLLABORATION WITH WONDERY, WON THE AMERICAN SOCIETY OF JOURNALISTS AND AUTHORS' JUNE ROTH MEMORIAL AWARD FOR AN OUTSTANDING MEDICAL ARTICLE AND WON THIRD PLACE FOR THE AWARD FOR EXCELLENCE IN HEALTH CARE JOURNALISM IN THE INVESTIGATIVE CATEGORY. "FUEL TO THE FIRE," CO-PUBLISHED WITH THE NEW YORK TIMES MAGAZINE, WON THE OVERSEAS PRESS CLUB'S WHITMAN BASSOW AWARD FOR BEST INTERNATIONAL ENVIRONMENTAL REPORTING. THE COLLABORATION WAS NAMED A FINALIST FOR THE JOHN B. OAKES AWARD FOR DISTINGUISHED ENVIRONMENTAL JOURNALISM AND RECEIVED AN HONORABLE MENTION FROM THE SOCIETY OF ENVIRONMENTAL JOURNALISTS AWARDS IN THE OUTSTANDING FEATURE STORY CATEGORY. "SLOAN KETTERING CANCER CENTER'S CRISIS," A COLLABORATION WITH THE NEW YORK TIMES, WON THE DEADLINE CLUB AWARD FOR BUSINESS INVESTIGATIVE REPORTING. THE SERIES WAS ALSO A FINALIST FOR A GERALD LOEB AWARD IN LOCAL REPORTING. OUR LOCAL REPORTING NETWORK COLLABORATION WITH AL.COM ON ALABAMA SHERIFFS' RELEASE OF SICK INMATES TO AVOID THE COST OF MEDICAL CARE WON THE SIDNEY AWARD FOR OCTOBER. OUR LOCAL REPORTING NETWORK COLLABORATION WITH THE SOUTH BEND TRIBUNE, "ACCUSED IN ELKHART," WON THE INDIANA SOCIETY OF PROFESSIONAL JOURNALISTS' BEST IN INDIANA CONTEST FOR STORY OF THE YEAR, AND IT WAS A FINALIST FOR THE GOLDSMITH PRIZE FOR INVESTIGATIVE REPORTING, THE

NEWS LEADERS ASSOCIATION'S FRANK BLETHEN AWARD FOR LOCAL ACCOUNTABILITY

REPORTING AND THE INDIANA ASSOCIATED PRESS MEDIA AWARDS FOR

Name of the organization **Employer identification number** 14-2007220 PRO PUBLICA, INC. INVESTIGATIVE REPORTING AND ENTERPRISE REPORTING. OUR LOCAL REPORTING NETWORK COLLABORATION WITH THE SOUTHERN ILLINOISAN ON PUBLIC HOUSING FAILURES IN SOUTHERN ILLINOIS WON THE ILLINOIS PRESS ASSOCIATION'S KNIGHT CHAIR AWARD FOR SUSTAINED INVESTIGATIVE JOURNALISM AND THE ILLINOIS PRESS ASSOCIATION AWARD FOR INVESTIGATIVE REPORTING. THE INVESTIGATION WON SECOND PLACE FOR THE ILLINOIS PRESS ASSOCIATION AWARD FOR ENTERPRISE SERIES AND WAS A FINALIST FOR THE ILLINOIS ASSOCIATED PRESS MEDIA AWARD FOR INVESTIGATIVE REPORTING. PROPUBLICA ILLINOIS' MULTIMEDIA REPORT "WE WILL KEEP ON FIGHTING FOR HIM, " ON THE IMPACT OF A TROUBLING CLINICAL DRUG TRIAL FOR CHILDREN WITH BIPOLAR DISORDER, WON THE CHICAGO HEADLINE CLUB'S PETER LISAGOR AWARD IN BEST FEATURE STORY. "LOUISIANA'S ETHICAL SWAMP," PROPUBLICA'S LOCAL REPORTING NETWORK SERIES WITH THE ADVOCATE, WON THE LOUISIANA PRESS ASSOCIATION'S GIBBS ADAMS AWARD FOR BEST INVESTIGATIVE REPORTING. THE PROPUBLICA ILLINOIS SERIES "THE \$3 MILLION RESEARCH BREAKDOWN," INVESTIGATING HOW A STAR PSYCHIATRIST AT THE UNIVERSITY OF ILLINOIS AT CHICAGO VIOLATED PROTOCOLS AND PUT CHILDREN AT RISK, WAS A FINALIST FOR THE NATIONAL AWARD FOR EDUCATION REPORTING IN THE SINGLE-TOPIC NEWS CATEGORY AND FOR THE CHICAGO HEADLINE CLUB'S PETER LISAGOR AWARD FOR BEST FEATURE STORY, BEST MULTIMEDIA FEATURE PRESENTATION AND BEST SERIES.

Name of the organization **Employer identification number** 14-2007220 PRO PUBLICA, INC. TWO OF THE CHICAGO HEADLINE CLUB'S PETER LISAGOR AWARDS IN THE CATEGORIES OF BEST INDIVIDUAL BLOG POST AND BEST CONTINUING BLOG. PROPUBLICA PRESIDENT RICHARD TOFEL WAS HONORED WITH THE CUNY SCHOOL OF JOURNALISM NEWMARK JOURNALISM AWARD. PROPUBLICA EDITOR-IN-CHIEF STEPHEN ENGELBERG WON THE NEW ENGLAND FIRST AMENDMENT COALITION'S STEPHEN HAMBLETT FIRST AMENDMENT AWARD. "THE WAITING GAME," AN IMMERSIVE NEWS GAME BY PROPUBLICA AND WNYC, WAS A FINALIST FOR THE NATIONAL MAGAZINE AWARD FOR DIGITAL INNOVATION AND THE NEWS LEADERS ASSOCIATION'S PUNCH SULZBERGER AWARD FOR INNOVATIVE STORYTELLING. PROPUBLICA ILLINOIS WAS A FINALIST FOR THE CHICAGO HEADLINE CLUB'S PETER LISAGOR AWARD FOR GENERAL EXCELLENCE IN ONLINE JOURNALISM. OUR COLLABORATION WITH THE INVESTIGATIVE FUND, "TRASHED: INSIDE THE DEADLY WORLD OF PRIVATE GARBAGE COLLECTION, " WAS A FINALIST FOR THE NEWS LEADERS ASSOCIATION'S FRANK BLETHEN AWARD FOR LOCAL ACCOUNTABILITY REPORTING AND THE INVESTIGATIVE REPORTERS AND EDITORS TOM RENNER AWARD, AND IT RECEIVED AN HONORABLE MENTION FOR THE JOHN BARTLOW MARTIN AWARD FOR PUBLIC INTEREST MAGAZINE JOURNALISM. OUR "TRUMP TOWN" NEWS APP, TRACKING EX-LOBBYISTS AND WASHINGTON INSIDERS WHO HAVE BEEN APPOINTED ACROSS THE FEDERAL GOVERNMENT, WAS A FINALIST FOR THE NEWS LEADERS ASSOCIATION'S FIRST AMENDMENT AWARD. PROPUBLICA'S AL SHAW, CLAIRE PERLMAN, ALEX MIERJESKI AND DEREK KRAVITZ

**Employer identification number** Name of the organization PRO PUBLICA, INC. 14-2007220 WERE FINALISTS FOR THE LIVINGSTON AWARD IN NATIONAL REPORTING FOR THEIR WORK ON THE PROJECT. OUR COLLABORATION WITH THE NEW YORK TIMES ON THE TRUMP ADMINISTRATION'S PULLBACK ON CIVIL RIGHTS IN EDUCATION WAS A FINALIST FOR THE NATIONAL AWARD FOR EDUCATION REPORTING IN THE SINGLE-TOPIC NEWS CATEGORY. OUR "MISEDUCATION" PROJECT EXAMINING RACIAL DISPARITIES IN EDUCATIONAL OPPORTUNITIES AND SCHOOL DISCIPLINE WAS A FINALIST FOR THE NATIONAL AWARD FOR EDUCATION REPORTING FOR PUBLIC SERVICE, THE GEN DATA JOURNALISM AWARD FOR INVESTIGATION OF THE YEAR, AND NABJ'S SALUTE TO EXCELLENCE AWARD IN THE DIGITAL MEDIA ONLINE PROJECT: NEWS CATEGORY. OUR REPORTING ON THE TROUBLING WAY THAT POLICE INVESTIGATE THE MURDERS OF TRANS WOMEN WAS A FINALIST FOR THE GLAAD MEDIA AWARD OUTSTANDING DIGITAL JOURNALISM. PROPUBLICA AND THE HOUSTON CHRONICLE'S "HEART FAILURE" INVESTIGATION WON A SHOWCASE SILVER AWARD FROM THE HEADLINERS FOUNDATION OF TEXAS, AND WAS A FINALIST FOR THE NATIONAL INSTITUTE FOR HEALTH CARE MANAGEMENT FOUNDATION'S HEALTH CARE PRINT JOURNALISM AWARD. OUR LOCAL REPORTING NETWORK COLLABORATION WITH WMFE-FM ON PTSD IN FIRST RESPONDERS WAS A FINALIST IN THE FLORIDA ASSOCIATED PRESS PROFESSIONAL BROADCASTERS CONTEST. OUR NEWS APPLICATIONS AND DATA VISUALIZATIONS WON 22 SOCIETY FOR NEWS DESIGN AWARDS OF EXCELLENCE FOR FEATURES, COVERAGE, MULTIMEDIA,

PRO PUBLICA, INC.

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GRAPHICS, STORY PAGE DESIGN, MAPS, NEW TOOLS, USE OF DATA, NATIONAL,

LOCAL ISSUES, SOCIAL MEDIA AND THE INDIVIDUAL PORTFOLIO OF NEWS

APPLICATIONS DEVELOPER AL SHAW; SIX MALOFIEJ AWARDS FOR INFOGRAPHICS;

AND PROPUBLICA'S NEWS APPLICATIONS DEPARTMENT AS A WHOLE WAS RECOGNIZED

AS A FINALIST FOR THE GEN COMPETITION'S BEST DATA JOURNALISM TEAM

PORTFOLIO (LARGE NEWSROOM). SHAW WAS ALSO A FINALIST FOR THE GEN DATA

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

JOURNALISM AWARD FOR BEST INDIVIDUAL PORTFOLIO.

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 THE PRESIDENT AND VICE PRESIDENT OF FINANCE & ADMINISTRATION 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

DIRECTORS (BOARD MEMBERS), OFFICERS, AND EMPLOYEES. 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 DIRECTOR OR OFFICER IS UNCERTAIN ABOUT WHETHER A CONFLICT

Name of the organization PRO PUBLICA, INC.

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EXISTS, HE/SHE SHOULD REPORT THE POSSIBLE CONFLICT IN ALL CASES IN WHICH A
CRITICAL EXTERNAL OBSERVER MIGHT REASONABLY PERCEIVE A CONFLICT TO EXIST.

THE BOARD COMMITTEE WILL DETERMINE IF A CONFLICT OF INTEREST EXISTS. IN THE
EVENT THAT A CONFLICT OF INTEREST ARISES, THE DIRECTOR OR OFFICER WITH WHOM
THE CONFLICT PERTAINS TO IS EXCLUDED FROM VOTING ON THE ISSUE. HE/SHE WILL
LEAVE THE ROOM AND THE OTHER DIRECTORS 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 DIRECTOR 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 INTERESTED PARTY WHO IS NOT A DIRECTOR 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 CANNOT PARTICIPATE IN THE DECISION MAKING OF THE CONFLICTED

TRANSACTION.

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

SALARIES FOR THE CEOS 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 CEO COMPENSATION. THE BOARD REVIEWS PROPOSED

COMPENSATION INCREASES FOR THE CEOS IN RELATION TO THEIR PERFORMANCE, RATES

OF INFLATION, COMPENSATION PRACTICES AND PLANS FOR OTHER PROPUBLICA

EMPLOYEES, AND COMPARABLE DATA. COMPARABLE DATA MAY INCLUDE INFORMATION

ABOUT JOURNALISM OUTLETS AS WELL AS OTHER NOT FOR PROFIT ORGANIZATIONS.

APPROVED SALARY CHANGES ARE DOCUMENTED IN HUMAN RESOURCES FILES AND REQUIRE

THE SIGNATURE OF BOTH THE EMPLOYEE AND THE HR DIRECTOR. THE BOARD'S

CONSIDERATION OF THIS MATTER IS ALSO DOCUMENTED IN THE MINUTES OF THE

Name of the organization PRO PUBLICA, INC.	Employer identification number 14-2007220
EXECUTIVE SESSION. THIS PROCESS WAS LAST COMPLETED IN 2019	
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, M	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 1	NSPECTION AS
REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE.	THE RETURN IS
POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITE	ES. IN ADDITION,
THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ART	CICLES OF
INCORPORATION, FORM 990, FORM 1023, AND BY-LAWS ARE ALSO A	VAILABLE UPON
WRITTEN REQUEST, AND ON THE ORGANIZATION'S WEBSITE (WWW.PF	ROPUBLICA.ORG).
FORM 990, PART XII, LINE 2C:	
PRO PUBLICA HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBI	LITY FOR THE
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND FOR THE	
SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED	
FROM THE PRIOR YEAR.	