

# Return of Organization Exempt From Income Tax

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

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the **2022** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>PRO PUBLICA, INC.</b>		<b>D</b> Employer identification number <b>14-2007220</b>
	Doing business as		<b>E</b> Telephone number <b>212-514-5250</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>155 AVE OF THE AMERICAS, 13 FL</b>		<b>G</b> Gross receipts \$ <b>45,109,087.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10013</b>		
<b>F</b> Name and address of principal officer: <b>ROBIN SPARKMAN</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.PROPUBLICA.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: **2007** **M** State of legal domicile: **DE**

<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO EXPOSE ABUSES OF POWER AND BETRAYALS OF THE PUBLIC TRUST. BY GOVERNMENT, BUSINESS, AND OTHER</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>204</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>14</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>117,388.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>42,794.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>35,406,294.</b>	<b>43,284,166.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>5,250.</b>	<b>194,838.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>162,432.</b>	<b>590,894.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>431,324.</b>	<b>460,863.</b>
		<b>36,005,300.</b>	<b>44,530,761.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,343,169.</b>	<b>1,828,529.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>26,863,869.</b>	<b>30,592,359.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>13,700.</b>	<b>51,625.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>2,035,104.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>5,932,383.</b>	<b>7,849,996.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>34,153,121.</b>	<b>40,322,509.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>1,852,179.</b>	<b>4,208,252.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>60,782,681.</b>	<b>63,355,096.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>855,582.</b>	<b>5,640,618.</b>
	<b>59,927,099.</b>	<b>57,714,478.</b>	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	<b>ROBIN SPARKMAN, PRESIDENT, CO-CEO &amp; TREASURER</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>EVA MRUK</b>	<b>EVA MRUK</b>	<b>09/18/23</b>		<b>P00543254</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN	Phone no.		
	<b>PKF O'CONNOR DAVIES ADVISORY, LLC</b> <b>245 PARK AVENUE, 12TH FLOOR</b> <b>NEW YORK, NY 10167</b>	<b>87-3231666</b>	<b>212-286-2600</b>		

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20\_\_\_\_

# 2022

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

**PRO PUBLICA, INC.**

EIN or SSN

**14-2007220**

Name and title of officer or person subject to tax **ROBIN SPARKMAN  
PRESIDENT**

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>14</b> <u>4,530,761.</u>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) Robin Sparkman, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize PKF O'CONNOR DAVIES ADVISORY, LLC to enter my PIN 21231  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 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 will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Robin Sparkman Date 09/12/23

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**13562854711**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return 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.

ERO's signature PKF O'CONNOR DAVIES ADVISORY, LLC Date 09/12/23

**ERO Must Retain This Form - See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  <b>PRO PUBLICA, INC.</b>	Taxpayer identification number (TIN)  <b>14-2007220</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>155 AVE OF THE AMERICAS, 13 FL</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10013</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**STEPHANIE N. LITTLE, CHIEF FINANCIAL & ADMIN. OFFICER**

• The books are in the care of ▶ **155 AVE OF THE AMERICAS, 13 FL - NEW YORK, NY 10013**

Telephone No. ▶ **212-514-5250** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2022** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: PRO PUBLICA IS AN INDEPENDENT, NON-PROFIT, PULITZER PRIZE-WINNING NEWSROOM THAT PRODUCES INVESTIGATIVE JOURNALISM IN THE PUBLIC INTEREST. OUR WORK FOCUSES EXCLUSIVELY ON TRULY IMPORTANT STORIES. WE PRODUCE JOURNALISM THAT SHINES A LIGHT ON EXPLOITATION OF THE WEAK BY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 33,982,640. including grants of \$ 1,828,529. ) (Revenue \$ 214,817. ) PROPUBLICA PUBLISHES STORIES THAT MAKE A DIFFERENCE, SPUR REFORM AND CHANGE LIVES. OUR WORK IN 2022 WAS STRIKING IN ITS SCOPE, FROM GROUNDBREAKING WORK THAT REVEALED THE ALGORITHMS THAT MAY BE CONTRIBUTING TO SPIKING RENTAL PRICES TO A PROJECT THAT RECOUNTED THE LEGACY OF THE NIGHT RAIDS CARRIED OUT BY CIA-BACKED ZERO UNITS, WHICH KILLED COUNTLESS CIVILIANS IN AFGHANISTAN.

[SEE CONTINUATION ON SCHEDULE O]

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 33,982,640.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		<b>X</b>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		<b>X</b>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>X</b>	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		<b>X</b>
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		<b>X</b>
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	<b>X</b>	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>X</b>	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	<b>23</b> X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 202	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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>1a</b> 14		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 14		
<b>2</b>	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?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
- 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) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**STEPHANIE N. LITTLE, CHIEF FINANCIAL & ADMIN. OFFICER - 212-514-5250**  
**155 AVE OF THE AMERICAS, 13 FL, NEW YORK, NY 10013**



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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEPHEN ENGELBERG CO-CEO & EDITOR-IN-CHIEF	40.00			X			432,950.	0.	53,837.	
(2) ROBIN SPARKMAN, PRESIDENT CO-CEO & TREASURER	40.00			X			415,060.	0.	56,401.	
(3) CHARLES ORNSTEIN MANAGING EDITOR, LOCAL	40.00				X		290,008.	0.	50,002.	
(4) RAGAN RHYNE SVP, DEVELOPMENT & SECRETARY	40.00			X			321,761.	0.	17,582.	
(5) STEPHANIE LITTLE, CHIEF FINANCIAL & ADMINISTRATIVE OFFICER	40.00			X			252,989.	0.	56,605.	
(6) TRACY WEBER MANAGING EDITOR	40.00				X		272,555.	0.	35,959.	
(7) JESSE EISINGER SENIOR EDITOR & REPORTER	40.00				X		255,997.	0.	51,669.	
(8) JEREMY KUTNER GENERAL COUNSEL	40.00			X			256,655.	0.	29,450.	
(9) ROBIN FIELDS MANAGING EDITOR	40.00				X		241,389.	0.	17,500.	
(10) GINGER THOMPSON CHIEF OF CORRESPONDENTS	40.00				X		230,306.	0.	26,513.	
(11) PAUL SAGAN CHAIRMAN	2.00	X		X			0.	0.	0.	
(12) CLAIRE BERNARD DIRECTOR	1.00	X					0.	0.	0.	
(13) TOMIKO BROWN-NAGIN DIRECTOR	1.00	X					0.	0.	0.	
(14) MARK COLODNY DIRECTOR	1.00	X					0.	0.	0.	
(15) STEVE DAETZ DIRECTOR	1.00	X					0.	0.	0.	
(16) ANGELA FILO DIRECTOR	1.00	X					0.	0.	0.	
(17) HENRY LOUIS GATES, JR. DIRECTOR	1.00	X					0.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CLAIRE HOFFMAN DIRECTOR	1.00	X						0.	0.	0.
(19) ANU KHOSLA DIRECTOR	1.00	X						0.	0.	0.
(20) CARRIE LOZANO DIRECTOR	1.00	X						0.	0.	0.
(21) KATIE MCGRATH DIRECTOR	1.00	X						0.	0.	0.
(22) ROBERT C.S. MONKS DIRECTOR	1.00	X						0.	0.	0.
(23) RONALD OLSON DIRECTOR	1.00	X						0.	0.	0.
(24) JAMES STONE DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,969,670.	0.	395,518.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,969,670.	0.	395,518.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 113

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
VELOCITY GLOBAL, 3858 WALNUT STREET, SUITE 107, DENVER, CO 80205	REPORTING SERVICES	227,687.
AMAZON WEB SERVICES P.O. BOX 84023, SEATTLE, WA 98124-8423	WEBSITE HOSTING SERVICES	219,218.
AEA CONSULTING LLC, 380 MAIN STREET, SUITE 300, BEACON, NY 12508	STRATEGIC PLANNING SERVICES	149,943.
HAYNES AND BOONE, LLP P.O. BOX 841399, DALLAS, TX 75284-1399	LEGAL SERVICES	143,961.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	43,284,166.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 562,816.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		43,284,166.			
Program Service Revenue	<b>2 a</b>	JOURNALISM AND EDITORIAL FEES	<b>Business Code</b>				
			513190	194,838.	194,838.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .....					
<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		194,838.				
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		607,791.		607,791.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....		201,527.	19,979.	181,548.	
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real			
				(ii) Personal			
	<b>b</b>	Less: rental expenses ...	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss) .....					
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	561,429.		
				(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	578,326.			
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	-16,897.			
	<b>d</b>	Net gain or (loss) .....		-16,897.		-16,897.	
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
<b>b</b>	Less: direct expenses .....	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events .....						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b>	Less: direct expenses .....	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b>	ADVERTISING REVENUE	<b>Business Code</b>				
			541800	117,388.	117,388.		
	<b>b</b>	INSURANCE REIMB. OF LEGAL FEES		900099	72,918.	72,918.	
	<b>c</b>	HONORARIA AND OTHER REVENUE		900099	66,446.	66,446.	
	<b>d</b>	All other revenue .....		900099	2,584.	2,584.	
<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		259,336.				
<b>12</b>	<b>Total revenue.</b> See instructions .....		44,530,761.	214,817.	117,388.	914,390.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,634,029.	1,634,029.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	194,500.	194,500.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,893,290.	486,786.	1,067,161.	339,343.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	23,199,627.	21,036,659.	1,586,578.	576,390.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	947,605.	881,814.	52,391.	13,400.
<b>9</b> Other employee benefits .....	2,714,937.	2,446,798.	188,494.	79,645.
<b>10</b> Payroll taxes .....	1,836,900.	937,524.	585,317.	314,059.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	201,662.	177,024.	9,666.	14,972.
<b>c</b> Accounting .....	70,769.		70,769.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17	51,625.			51,625.
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	946,476.	880,865.	46,858.	18,753.
<b>12</b> Advertising and promotion .....	365,584.	265,337.	85,858.	14,389.
<b>13</b> Office expenses .....	686,925.	313,154.	42,121.	331,650.
<b>14</b> Information technology .....	1,536,425.	1,206,881.	176,321.	153,223.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,568,965.	1,366,236.	137,071.	65,658.
<b>17</b> Travel .....	1,033,363.	965,131.	55,761.	12,471.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	109,054.	87,002.	11,923.	10,129.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	260,641.	221,545.	26,064.	13,032.
<b>23</b> Insurance .....	488,621.	366,226.	108,438.	13,957.
<b>24</b> 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 O.)				
<b>a</b> PUBLIC REC. COPIES/SUBS	296,894.	296,894.		
<b>b</b> RECRUITMENT/PROF DEVEL.	150,551.	122,784.	20,657.	7,110.
<b>c</b> REPAIRS AND MAINTENANCE	112,866.	95,451.	12,117.	5,298.
<b>d</b> UBIT TAX EXPENSE	21,200.		21,200.	
<b>e</b> All other expenses .....				
<b>25</b> Total functional expenses. Add lines 1 through 24e	40,322,509.	33,982,640.	4,304,765.	2,035,104.
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	7,676,182.	<b>1</b>	5,901,937.
	<b>2</b> Savings and temporary cash investments .....	7,804,311.	<b>2</b>	11,169,409.
	<b>3</b> Pledges and grants receivable, net .....	11,587,301.	<b>3</b>	13,591,754.
	<b>4</b> Accounts receivable, net .....	11,184.	<b>4</b>	59,705.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	730,833.	<b>9</b>	790,782.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,729,951.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,282,414.	446,292.	<b>10c</b> 447,537.
	<b>11</b> Investments - publicly traded securities .....	32,458,969.	<b>11</b>	28,176,428.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	67,609.	<b>15</b>	3,217,544.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	60,782,681.	<b>16</b>	63,355,096.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	473,080.	<b>17</b>	505,792.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	382,502.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	0.	<b>25</b>	5,134,826.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	855,582.	<b>26</b>	5,640,618.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	42,999,335.	<b>27</b>	38,988,806.
	<b>28</b> Net assets with donor restrictions .....	16,927,764.	<b>28</b>	18,725,672.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	59,927,099.	<b>32</b>	57,714,478.
	<b>33</b> Total liabilities and net assets/fund balances .....	60,782,681.	<b>33</b>	63,355,096.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	44,530,761.
2	Total expenses (must equal Part IX, column (A), line 25)	2	40,322,509.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,208,252.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	59,927,099.
5	Net unrealized gains (losses) on investments	5	-4,778,925.
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	-1,641,948.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	57,714,478.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c 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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the organization <b>PRO PUBLICA, INC.</b>	Employer identification number <b>14-2007220</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	25576127.	37366751.	36816824.	35406294.	41644166.	176810162
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	25576127.	37366751.	36816824.	35406294.	41644166.	176810162
<b>5</b> 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) .....						18575034.
<b>6 Public support.</b> Subtract line 5 from line 4.						158235128

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	25576127.	37366751.	36816824.	35406294.	41644166.	176810162
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	449,799.	635,480.	200,509.	282,576.	789,339.	2357703.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	36,395.	68,949.	137,708.	76,285.	42,794.	362,131.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	230,179.	454,278.	146,125.	132,233.	141,948.	1104763.
<b>11 Total support.</b> Add lines 7 through 10						180634759
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,446,942.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	87.60	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	87.78	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>



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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

**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:

HONORARIA AND OTHER REVENUE

2018 AMOUNT: \$ 77,346.

2019 AMOUNT: \$ 49,055.

2020 AMOUNT: \$ 29,589.

2021 AMOUNT: \$ 15,755.

2022 AMOUNT: \$ 66,446.

INSURANCE REIMB. OF LEGAL FEES

2018 AMOUNT: \$ 152,833.

2019 AMOUNT: \$ 405,223.

2020 AMOUNT: \$ 116,536.

2021 AMOUNT: \$ 116,478.

2022 AMOUNT: \$ 72,918.

REFUNDS

2022 AMOUNT: \$ 2,584.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

PRO PUBLICA, INC.

Employer identification number

14-2007220

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 ..... \$ \_\_\_\_\_

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

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

Schedule B (Form 990) (2022)

Name of organization <b>PRO PUBLICA, INC.</b>	Employer identification number <b>14-2007220</b>
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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
1	HOLLYHOCK FOUNDATION 888 7TH AVENUE NEW YORK, NY 10019	\$ 5,368,305.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE PEW CHARITABLE TRUSTS 2005 MARKET STREET, SUITE 2800 PHILADELPHIA, PA 19103	\$ 5,072,242.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	YELLOW CHAIR FOUNDATION 1660 BUSH STREET, SUITE 300 SAN FRANCISCO, CA 94109	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	SANDLER FOUNDATION 121 STEUART STREET SAN FRANCISCO, CA 94105	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BUILDING A STRONGER FUTURE 155 AVENUE OF THE AMERICAS NEW YORK, NY 10013	\$ 1,640,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ROBERT WOOD JOHNSON FOUNDATION 50 COLLEGE ROAD EAST PRINCETON, NJ 08540	\$ 1,501,898.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>PRO PUBLICA, INC.</b>	Employer identification number <b>14-2007220</b>
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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
7	ABRAMS FOUNDATION 222 BERKELEY STREET BOSTON, MA 02116	\$ 1,250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	EMERSON COLLECTIVE / SILICON VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMINO REAL MOUNTAIN VIEW, CA 94040	\$ 1,003,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	KERFUFFLE FOUNDATION / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	THE LAURA AND JOHN ARNOLD FOUNDATION 1717 WEST LOOP SOUTH, SUITE 1800 HOUSTON, TX 77027	\$ 853,017.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	TRELLIS FUND 3150 SOUTH STREET NORTHWEST WASHINGTON, DC 20007	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	PAUL AND ANN SAGAN FAMILY FUND / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PRO PUBLICA, INC.</b>	Employer identification number <b>14-2007220</b>
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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
13	JOHN D. AND CATHERINE T. MACARTHUR FOUNDATION  140 SOUTH DEARBORN STREET  CHICAGO, IL 60603	\$ 550,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	ESTATE OF VALERIE PAYNE  155 AVENUE OF THE AMERICAS, 13TH FLOOR  NEW YORK, NY 10013	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	JONATHAN LOGAN FAMILY FOUNDATION  6114 OCEAN VIEW DRIVE  OAKLAND, CA 94618	\$ 461,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	TEXAS TRIBUNE  919 CONGRESS AVENUE  AUSTIN, TX 78701	\$ 403,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	MARISLA FOUNDATION  668 NORTH COAST HIGHWAY  LAGUNA BEACH, CA 92651	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	THE JOYCE FOUNDATION  321 NORTH CLARK STREET  CHICAGO, IL 60654	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PRO PUBLICA, INC.</b>	Employer identification number <b>14-2007220</b>
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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
19	ESTATE OF STEVEN GARY HOFFMAN 155 AVENUE OF THE AMERICAS, 13TH FLOOR NEW YORK, NY 10013	\$ 390,943.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 315,397.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	KAPHAN FOUNDATION C/O MCCUTCHEN GROUP LLC 925 FOURTH AVENUE SEATTLE, WA 98104	\$ 314,172.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
22	CARNEGIE CORPORATION OF NEW YORK NEW YORK, NY 10022 437 MADISON AVENUE NEW YORK, NY 10022	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	ANONYMOUS / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	ANU KHOSLA 630 LOS TRANCOS ROAD PORTOLA VALLEY, CA 94028	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PRO PUBLICA, INC.</b>	Employer identification number <b>14-2007220</b>
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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
25	STEPHEN M. SILBERSTEIN FOUNDATION 1 CLIFF ROAD BELVEDERE, CA 94920	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	JAMES M. AND CATHLEEN D. STONE FAMILY FOUNDATION, INC. / BOSTON FOUNDATION 75 ARLINGTON STREET BOSTON, MA 02116	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	MARIPOSA FOUNDATION 522 NORTH AVENUE FORT LEE, NJ 07024	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	PARK FOUNDATION 140 SENECA WAY ITHACA, NY 14850	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	THE COMMONWEALTH FUND 1 EAST 75TH STREET NEW YORK, NY 10021	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	FERRIS DONOR ADVISED FUND / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PRO PUBLICA, INC.</b>	Employer identification number <b>14-2007220</b>
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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
31	POSNER FOUNDATION 381 MANSFIELD AVENUE PITTSBURGH, PA 15220	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$ 210,567.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	JACOBS FAMILY FUND / JEWISH COMMUNITY FOUNDATION OF SAN DIEGO 4950 MURPHY CANYON ROAD SAN DIEGO, CA 92123	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	HENRY L. KIMELMAN FAMILY FOUNDATION / FOUNDATION SOURCE 501 SILVERSIDE ROAD WILMINGTON, DE 19809	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	THE GOLDHIRSH FOUNDATION, INC. C/O CAPTRUST ONE LIBERTY SQUARE BOSTON, MA 02109	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	PANONICA FOUNDATION P.O. BOX 30673 LAUGHLIN, NV 89029	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PRO PUBLICA, INC.</b>	Employer identification number <b>14-2007220</b>
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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
37	LASKY-BARAJAS FAMILY FUND / GOLDMAN SACHS PHILANTHROPY FUND  P. O. BOX 15203  ALBANY, NY 12212	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	THE HEARTH LAND FOUNDATION / FIDELITY CHARITABLE  P.O. BOX 770001  CINCINNATI, OH 45277	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	CHARLES H. REVSON FOUNDATION  55 EAST 59TH STREET  NEW YORK, NY 10022	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	THE WARBURG PINCUS FOUNDATION  450 LEXINGTON AVENUE  NEW YORK, NY 10017	\$ 170,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	DEBORAH SIMON  950 LAURELWOOD  CARMEL, IN 46032	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	ANONYMOUS / BMO CHARITABLE FUND PROGRAM, NATIONAL PHILANTHROPIC TRUST  165 TOWNSHIP LINE ROAD  JENKINTOWN, PA 19046	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PRO PUBLICA, INC.</b>	Employer identification number <b>14-2007220</b>
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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
43	ANONYMOUS / BMO CHARITABLE FUND PROGRAM, NATIONAL PHILANTHROPIC TRUST  165 TOWNSHIP LINE ROAD  JENKINTOWN, PA 19046	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	JOEL SPOLSKY & JARED SAMET CHARITABLE GIFT FUND / FIDELITY CHARITABLE  P.O. BOX 770001  CINCINNATI, OH 45277	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	BRIAN M. MCINERNEY  304 COUNTY ROAD 438  ROCHEPORT, MO 65279	\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	MARTY AND DOROTHY SILVERMAN FOUNDATION C/O SC GROUP  130 EAST 59TH STREET  NEW YORK, NY 10022	\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	SONG FOUNDATION  8181 E TUFTS AVE, SUITE 600  DENVER, CO 80237	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	S. DONALD SUSSMAN C/O CAREMI PARTNERS, LTD.  888 EAST LAS OLAS BOULEVARD  FORT LAUDERDALE, FL 33301	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PRO PUBLICA, INC.</b>	Employer identification number <b>14-2007220</b>
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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	IRVING & ROBERTA LEWIS CHARITABLE FOUNDATION  2640 GREY OAKS DRIVE NORTH  NAPLES, FL 34105	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	GEORGE D. SMITH FUND  1525 EAST 53RD STREET  CHICAGO, IL 60615	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	CATHERINE HAWKINS FOUNDATION C/O WILMINGTON TRUST, N.A.  280 CONGRESS STREET  BOSTON, MA 02210	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	COMMUNITY FOUNDATION FOR SOUTHEAST MICHIGAN  333 WEST FORT STREET, SUITE 2010  DETROIT, MI 48226	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	THE DAVID R. AND PATRICIA D. ATKINSON FOUNDATION  100 OVERLOOK CENTER  PRINCETON, NJ 08540	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	THE DYSON FOUNDATION  25 HALCYON ROAD  MILLBROOK, NY 12545	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>PRO PUBLICA, INC.</b>	Employer identification number <b>14-2007220</b>
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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
55	THE KOHLBERG FOUNDATION 84 BUSINESS PARK DRIVE ARMONK, NY 10504	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	3 SUMMERS FUND / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	SOLIDARITY GIVING / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	MICHELLE MERCER AND BRUCE GOLDEN C/O NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE ROAD JENKINTOWN, PA 19046	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	THE JEANNIE TSENG AND COLIN RUST CHARITABLE FUND / VANGUARD CHARITABLE P.O. BOX 9509 WARWICK, RI 02889	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	ROBERT C.S. MONKS ONE CITY CENTER PORTLAND, ME 04101	\$ 98,727.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PRO PUBLICA, INC.</b>	Employer identification number <b>14-2007220</b>
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	SPLUNK 270 BRANNAN STREET SAN FRANCISCO, CA 94107	\$ 90,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	VANGUARD CHARITABLE P.O. BOX 9509 WARWICK, RI 02889	\$ 86,760.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	MARK COLODNY GIVING FUND / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	THE SELZ FOUNDATION / T. ROWE PRICE CHARITABLE P.O. BOX 17115 BALTIMORE, MD 21297	\$ 83,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	KAUTZ FAMILY FOUNDATION 3481 EAST FINGER ROCK ROAD TUCSON, AZ 85718	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	ANONYMOUS / SCHWAB CHARITABLE 311 MAIN STREET SAN FRANCISCO, CA 94105	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	SUNRISE FOUNDATION 7906 SPRINGER ROAD BETHESDA, MD 20817	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	THE PETER AND CARMEN LUCIA BUCK FOUNDATION 633 THIRD AVENUE NEW YORK, NY 10017	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	THE PGB FUND / VANGUARD CHARITABLE P.O. BOX 9509 WARWICK, RI 02889	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	SELECT EQUITY GROUP, L.P. 380 LAFAYETTE STREET NEW YORK, NY 10003	\$ 56,055.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	BAKER STREET FOUNDATION 135 MAIN STREET SAN FRANCISCO, CA 94105	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	BECKER & GREANEY FAMILY FUND / GREATER WASHINGTON COMMUNITY FOUNDATION 1325 G STREET NORTHWEST WASHINGTON, DC 20005	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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73	PRESENT PROGRESSIVE FUND / SCHWAB CHARITABLE  P.O. BOX 628298  ?ORLANDO, FL 32862	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	NANCY M. WIRTH CHARITABLE FUND / THE U.S. CHARITABLE GIFT TRUST  8910 PURDUE ROAD, SUITE 500  INDIANAPOLIS, IN 46268	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	HUEBNER WALLER FAMILY FUND / BESSEMER TRUST  100 WOODBRIDGE CENTER DRIVE  WOODBIDGE, NJ 07095	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	LEON LEVY FOUNDATION  ONE ROCKEFELLER PLAZA  NEW YORK, NY 10020	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	THE TURNBULL-BURNSTEIN FAMILY CHARITABLE FUND / VANGUARD CHARITABLE  P.O. BOX 9509  WARWICK, RI 02889	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	THE ONE EARTH FUND / VANGUARD CHARITABLE  P.O. BOX 9509  WARWICK, RI 02889	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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79	ROBERTS FAMILY FOUNDATION 2542 12TH AVENUE WEST SEATTLE, WA 98119	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	SADIA LATIFI'S GIVING FUND / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 47,818.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	ANONYMOUS / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	THE HEARTSPRUNG FUND WA / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	THE ROGOVY FOUNDATION / FOUNDATION SOURCE 501 SILVERSIDE ROAD WILMINGTON, DE 19809	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	BARBRA STREISAND FOUNDATION, INC. 2173 VENTURA BOULEVARD WOODLAND HILLS, CA 91364	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	ANONYMOUS / NORTHERN TRUST CHARITABLE GIVING PROGRAM AT THE CHICAGO COMMUNIT  33 SOUTH STATE STREET  CHICAGO, IL 60603	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	THE KATAHDIN FUND / VANGUARD CHARITABLE  P.O. BOX 9509  WARWICK, RI 02889	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	MANAAKI FOUNDATION C/O JPMORGAN CHASE BANK, N.A.  P.O. BOX 227237  DALLAS, TX 75222	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	HOLLY GRAY  25 RIVER DRIVE  NORWALK, CT 06855	\$ 29,588.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
89	BROAD REACH FUND / MAINE COMMUNITY FOUNDATION  245 MAIN STREET  ELLSWORTH, ME 04605	\$ 27,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	FUND FOR NONPROFIT NEWS / THE MIAMI FOUNDATION  40 NORTHWEST THIRD STREET  MIAMI, FL 33128	\$ 26,215.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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91	331 ROSES TRUST / MERRILL LYNCH 2029 CENTURY PARK EAST LOS ANGELES, CA 90067	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	ANONYMOUS / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	RONALD OLSON / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	TOM AND JANET UNTERMAN FAMILY GIFT FUND CALIFORNIA COMMUNITY FOUNDATION 221 SOUTH FIGUEROA STREET LOS ANGELES, CA 90012	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	THE ARDEA FUND / BANK OF AMERICA CHARITABLE GIFT FUND 100 FEDERAL STREET BOSTON, MA 02110	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	ROBERT AND MAURINE ROTHSCHILD FUND, INC. C/O PETER ROTHSCHILD 963 PENDLETON POINT ROAD ISLESBORO, ME 04848	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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97	ERIC AND COLEEN SLOSBERG 2560 EMERALD AVENUE ANN ARBOR, MI 48104	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	THE LONGHILL CHARITABLE FOUNDATION 200 OAK HILL ROAD ITHACA, NY 14850	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	DENNIS LEVITT AND JANE GORDON DONOR ADVISED FUND / MORGAN STANLEY GLOBAL I 2000 WESTCHESTER AVENUE, FLOOR 2 PURCHASE, NY 10577	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	MARC HAAS FOUNDATION C/O ZAPKEN & LOEB LLP 3 CROSSWAYS WEST PARK DRIVE WEST WOODBURY, NY 11797	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	THEODORE CROSS FAMILY CHARITABLE FOUNDATION C/O CROSS ASSOCIATES, LLC 185 MERRICK ROAD, SUITE 2B LYNBROOK, NY 11563	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	RHODES CHARITABLE FUND / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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103	MORCOS FAMILY FUND / FIDELITY CHARITABLE  P.O. BOX 770001  CINCINNATI, OH 45277	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	ALLEN BLUE AND KIRA SNYDER FUND / FIDELITY CHARITABLE  P.O. BOX 770001  CINCINNATI, OH 45277	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	ANONYMOUS / FIDELITY CHARITABLE  P.O. BOX 770001  CINCINNATI, OH 45277	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	JUDY DUBOW  130 HILLENDALE DRIVE  DOYLESTOWN, PA 18901	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	KONZEN FAMILY FOUNDATION  2155 112TH AVENUE, NORTHEAST  BELLEVUE, WA 98004	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	THE LU FOUNDATION  820 SOUTH MONACO PARKWAY  DENVER, CO 80224	\$ 23,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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109	MJ CHELSEA FUND LLC 7 COLUMBIA TURNPIKE FLORHAM PARK, NJ 07932	\$ 23,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	AMERICAN ENDOWMENT FOUNDATION HUDSON, OH 44236 5700 DARROW ROAD HUDSON, OH 44236	\$ 22,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	UNC HUSSMAN SCHOOL OF JOURNALISM & MEDIA FDN. / IDA B. WELLS SOCIETY 155 AVENUE OF THE AMERICAS NEW YORK, NY 10013	\$ 22,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	MARILYN AND RICHARD DOERR 9541 LAKE AVENUE CLEVELAND, OH 44102	\$ 21,404.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	ANONYMOUS / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	THE DELLOAKES FOUNDATION / FOUNDATION SOURCE P.O. BOX 2332 HEALDSBURG, CA 95448	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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115	SUSAN NICKERSON 1976 SOUTH LA CIENEGA ANGELES, CA 90034	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	THE JIM COX, JR. FOUNDATION 3414 PEACHTREE ROAD, NORTHEAST ATLANTA, GA 30326	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	CARTON FAMILY FUND / THE CHICAGO COMMUNITY FOUNDATION 225 NORTH MICHIGAN AVENUE CHICAGO, IL 60601	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	THE SHIFTING FOUNDATION 2 SALT WALL LANE SALEM, MA 01970	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	POLLAK/FISHER FAMILY FUND / IMPACTASSETS 4340 EAST WEST HIGHWAY BETHESDA, MD 20814	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	JAMES FOUNDATION INC. P.O. BOX 456 HADDONFIELD, NJ 08033	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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121	A & J SAKS FOUNDATION, INC. 471 LENNOX HILL STATION NEW YORK, NY 10021	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	DONGJU SONG 345 WEST 13TH STREET NEW YORK, NY 10014	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	THE RICE FAMILY FOUNDATION 256 BEDFORD BANKSVILLE ROAD BEDFORD, NY 10506	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	JOHN AND MARGARET RUTTENBERG 1133 FIFTH AVENUE NEW YORK, NY 10128	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	THE SUDARSKY FAMILY FOUNDATION C/O JPMORGAN PRIVATE BANK, PRIVATE FOUNDAT 270 PARK AVENUE NEW YORK, NY 10017	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	THE NARARO FOUNDATION / J.P. MORGAN CHARITABLE GIVING FUND 165 TOWNSHIP LINE ROAD JENKINTOWN, PA 19046	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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127	WILLIAM & ELLEN DORSCH 70 EAST SHORE NORTH GRAND ISLE, VT 54858	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	THE HUCKLEBERRY FOUNDATION / THE SEATTLE FOUNDATION 1601 FIFTH AVENUE SEATTLE, WA 98101	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	SARAH WRIGHT 155 AVENUE OF THE AMERICAS NEW YORK, NY 10013	\$ 18,040.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
130	GLOBAL VILLAGE CHARITABLE TRUST 4000 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33146	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	BEVERLY SOWERS 408 DUNLIN COURT MIDLOTHIAN, VA 23114	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	POICEPHALUS FUND / THE SEATTLE FOUNDATION WESTLAKE TOWER 1601 FIFTH AVENUE, SUITE 1900 SEATTLE, WA 98101	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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133	HEYWOOD CHARITABLE FUND / FIDELITY CHARITABLE  P.O. BOX 770001  CINCINNATI, OH 45277	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	ALICE AND BEN REITER / SCHWAB CHARITABLE  211 MAIN STREET  SAN FRANCISCO, CA 94105	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	CRANALEITH FOUNDATION INC.  5910 SOUTH WATSON LANE  LITTLETON, CO 80123	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	ANN BLINKHORN  23 GRANT AVENUE  OLD GREENWICH, CT 06870	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	LISA A. SEIGEL CHARITABLE FUND / SCHWAB CHARITABLE  P.O. BOX 628298  ORLANDO, FL 32862	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	BRUCE WINTMAN AND JONNA GABERMAN  100 ASHFORD ROAD  LONGMEADOW, MA 01106	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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139	KEITH KUHLEMEIER 4315 ERICSON ROAD ELLICOTT, MD 21043	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140	THE CLAY AND KELLY BAVOR FAMILY FUND / GOLDMAN SACHS PHILANTHROPY FUND P.O. BOX 15203 ALBANY, NY 12212	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	ANONYMOUS / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	MARTHA AND SPENCER LOVE FOUNDATION C/O THE FOUNDATION OFFICE FIFTH THIRD BAN 38 FOUNDATION SQUARE PLAZA CINCINNATI, OH 45202	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143	KEY FOUNDATION P.O. BOX 798 CAMP HILL, PA 17001	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144	JENTES FAMILY FOUNDATION 1500 NORTH LAKE SHORE DRIVE CHICAGO, IL 60610	\$ 14,961.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145	BRAD AND KATHRYN KERCHOF 641 WHITE OAK ROAD, SOUTHWEST ROANOKE, VA 24014	\$ 13,916.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
146	LILLIAN S. WHITE LIVING TRUST 12301 PALMS BOULEVARD LOS ANGELES, CA 90066	\$ 12,571.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	ISAAC ROSE-BERMAN 935 PRESIDENT STREET BROOKLYN, NY 11215	\$ 12,504.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	THE RAMASWAMY FAMILY FUND / GOLDMAN SACHS PHILANTHROPY FUND P.O. BOX 15203 ALBANY, NY 12212	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149	TOPHER LIN DAF / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150	JANET L. LEWIS TRUST / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151	EDWARD DANNENBERG 610 DUNBROOKE COURT FRANKLIN, TN 37064	\$ 10,400.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
152	AARON BLUM 65 HAWK LANE SCHUYLKILL HAVEN, PA 17972	\$ 10,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153	MICHAEL ROTHMAN 394 BROADWAY NEW YORK, NY 10013	\$ 10,119.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
154	VANITHA SINGH 7819 BENTON STREET SOUTHEAST HUNTSVILLE, AL 35802	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155	KIVEL-GOLDSTEIN FAMILY FUND / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156	SKB FOUNDATION 1257 ELKO DRIVE SUNNYVALE, CA 94089	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157	DAVID STERN 918 SANTA FE AVENUE ALBANY, CA 94706	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158	IVY BETH LEWIS 340 PALLADIO PARKWAY FOLSOM, CA 95630	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159	MARC MANGER 1913 ALICE STREET SANTA CRUZ, CA 95062	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160	DHANAM FOUNDATION C/O ROSEWOOD FAMILY ADVISORS LLP P.O. BOX 61239 PALO ALTO, CA 94306	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161	COXE FUND / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162	STAN AND ELISSA FINK / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163	THE TIMOTHY M. ANDREWS CHARITABLE FUND / SCHWAB CHARITABLE  211 MAIN STREET  SAN FRANCISCO, CA 94105	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164	SHELLEY AND GORDON GEBALLE  19 FLYING POINT ROAD  BRANFORD, CT 06405	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165	VICA  P.O. BOX 1089  MADISON, CT 06443	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166	GIANT'S CAUSEWAY / FOUNDATION SOURCE  501 SILVERSIDE ROAD  WILMINGTON, DE 19809	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167	THE BDM FAMILY FOUNDATION / FOUNDATION SOURCE  501 SILVERSIDE ROAD  WILMINGTON, DE 19809	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168	THE BARRY AND MIMI STERNLICHT FOUNDATION  501 SILVERSIDE ROAD, SUITE 123  WILMINGTON, DE 19809	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PRO PUBLICA, INC.</b>	Employer identification number <b>14-2007220</b>
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169	CHEESECAKE BROOK CHARITABLE FUND / SCHWAB CHARITABLE  P.O. BOX 628298  ORLANDO, FL 32862	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170	JANN BELLAMY  509 VINNEDGE RIDGE  TALLAHASSEE, FL 32303	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171	JEFFREY HAYES  495 BRICKELL AVENUE  MIAMI, FL 33131	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172	JAMES C. KENNEDY JR.  992 HIGHLAND VIEW NORTHEAST  ATLANTA, GA 30306	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173	MARCIA RUBENSTEIN FAMILY FUND / JEWISH FEDERATION OF METROPOLITAN CHICAGO  30 SOUTH WELLS STREET  CHICAGO, IL 60606	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174	THE JAMES HUNTINGTON FOUNDATION  4320 WINFIELD ROAD  WARRENVILLE, IL 60555	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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175	LESLIE C. AND LEONARD A. SHAPIRO FAMILY FOUNDATION / STOCK YARDS BANK  11450 NORTH MERIDIAN STREET  CARMEL, IN 46032	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176	GILBERT FUND/ THE BOSTON FOUNDATION  75 ARLINGTON STREET  BOSTON, MA 02116	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177	ROGER AND MARGOT MILLIKEN  157 PINE STREET  PORTLAND, ME 04102	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178	MARILYN LIPMAN  21 OLD BELLE MONTE ROAD  CHESTERFIELD, MO 63107	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179	GARDNER GROUT FOUNDATION C/O CAPITAL BANK & TRUST COMPANY  50 WEST LIBERTY STREET  RENO, NV 89501	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180	KING WON  6192 CARRIAGE HOUSE WAY  RENO, NV 89519	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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181	ALAN P. WINTERS FUND / JEWISH COMMUNAL FUND 575 MADISON AVENUE NEW YORK, NY 10022	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182	SANDPIPER FUND, INC. 640 PELHAM ROAD NEW ROCHELLE, NY 10805	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183	DJ MCMANUS FOUNDATION INC. 420 WEST BROADWAY NEW YORK, NY 10012	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
184	GREGORY AND KATHRYN SOLOMON 899 LEXINGTON AVENUE NEW YORK, NY 10065	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
185	PATRICIA KARETZKY 150 EAST 69TH STREET NEW YORK, NY 10021	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
186	SANDRA GARFUNKEL 36 SUTTON PLACE SOUTH NEW YORK, NY 10022	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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187	FINISTERE CHARITABLE FOUNDATION 8 EAST 80TH STREET NEW YORK, NY 10075	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188	AJG FUND / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189	ANONYMOUS / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190	JOHNSON FAMILY CHARITABLE FUND / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
191	KATAMA FUND / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
192	SPERO CHARITABLE FUND / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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193	GARON FAMILY FUND / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
194	WORMSER GIVING FUND / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
195	LAYTON-LAZO SONS FUND / J.P. MORGAN CHARITABLE GIVING FUND 165 TOWNSHIP LINE ROAD JENKINTOWN, PA 19046	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
196	ROSEHILL CHARITABLE FUND / VANGUARD CHARITABLE P.O. BOX 9509 WARWICK, RI 02889	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
197	DEL AND HELEN KRAEMER CHARITABLE FUND / VANGUARD CHARITABLE P.O. BOX 9509 WARWICK, RI 02889	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
198	THE HUMANIST FUND P.O. BOX 9509 WARWICK, RI 02889	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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199	THE PIRSIG FAMILY FUND / VANGUARD CHARITABLE  P.O. BOX 9509  WARWICK, RI 02889	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
200	LAUGHLIN-BEERS FOUNDATION  12221 MERIT DRIVE, SUITE 640  DALLAS, TX 75251	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
201	DAS CHARITABLE FOUNDATION  3961 COBBLESTONE DRIVE  DALLAS, TX 75229	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
202	PENELOPE AND ED PESKOWITZ EOLP INC. C/O PWC LLP  1800 TYSONS BOULEVARD  MCLEAN, VA 22102	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
203	KATHERINE K MABIE TRUST  11517 GRAVELLY LAKE DRIVE SOUTHWEST  LAKEWOOD, WA 08499	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
204	AROUND THE TABLE FOUNDATION / FOUNDATION SOURCE  501 SILVERSIDE ROAD  WILMINGTON, DE 19809	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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205	IMPACTASSETS 4340 EAST WEST HIGHWAY BETHESDA, MD 20814	\$ 9,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
206	MORGAN STANLEY GLOBAL IMPACT FUNDING TRUST 2000 WESTCHESTER AVENUE, FLOOR 2 PURCHASE, NY 10577	\$ 9,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
207	WILLIAM HARLEY 51 MALVERN ROAD STAMFORD, CT 06905	\$ 9,301.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
208	GRABER FAMILY FOUNDATION 21350 WEST LAKEVIEW PARKWAY MUNDELEIN, IL 60060	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
209	HARRIET DANN 41 ROSEMARY STREET NEEDHAM HEIGHTS, MA 02494	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
210	JEWISH COMMUNAL FUND 575 MADISON AVENUE NEW YORK, NY 10022	\$ 8,872.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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211	THE MARSYAS FUND 1133 CONTRA COSTA DRIVE EL CERRITO, CA 94530	\$ 8,830.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
212	JEWISH COMMUNITY FEDERATION AND ENDOWMENT FUND 121 STEUART STREET SAN FRANCISCO, CA 94105	\$ 8,530.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
213	BANK OF AMERICA CHARITABLE GIFT FUND 100 FEDERAL STREET BOSTON, MA 02110	\$ 8,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
214	SUSAN BALFOUR 119 BOLDFEAF COURT CARY, NC 27513	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
215	HOLZER FAMILY FOUNDATION 23 NORTH SADDLE BROOKE DRIVE HO-HO-KUS, NJ 07423	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
216	ARISTEDES CAPITAL CHARITABLE FUND / GREATER TOLEDO COMMUNITY FOUNDATION 300 MADISON AVENUE TOLEDO, OH 43604	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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217	JAMES COHEN 8130 CEDAR ROAD PARK, PA 19027	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
218	JOSH DILLON 707 GRANT STREET BERKELEY, CA 94703	\$ 7,510.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
219	JOHN ZEDLEWSKI AND EMILY MURPHY / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
220	THE ABER D. UNGER FOUNDATION ONE SOUTH STREET BALTIMORE, MD 21202	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
221	KUTNICK FOUNDATION P.O. BOX 1532 PENNINGTON, NJ 08534	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
222	ZEH WEXLER CHARITABLE FUND / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45281	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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223	THE DAVE AND NICOLE BERGER FAMILY FUND / VANGUARD CHARITABLE  P.O. BOX 9509  WARWICK, RI 02889	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
224	CHRIS AND JAMES COWDEN  1604 LEIGH STREET  AUSTIN, TX 78703	\$ 7,070.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
225	THE U.S. CHARITABLE GIFT TRUST  8910 PURDUE ROAD, SUITE 500  INDIANAPOLIS, IN 46268	\$ 6,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
226	PAUL ASENTE AND RON JENKS  2538 BREWSTER AVENUE  REDWOOD CITY, CA 94062	\$ 6,534.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
227	M. PIUZE FOUNDATION  5627 KANAN ROAD, SUITE 436  AGOURA HILLS, CA 91301	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
228	DAVE YOUNG  725 SOUTH FIGUEROA STREET  LOS ANGELES, CA 90017	\$ 6,210.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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229	ROGER BERKLEY 9275 MENAGIO COURT NAPLES, FL 03411	\$ 6,210.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
230	ALEXANDRA SIMONE GEORGE MEMORIAL FUND / CALIFORNIA COMMUNITY FOUNDATION 221 SOUTH FIGUEROA STREET LOS ANGELES, CA 90012	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
231	MARIA FRASE 2274 FORT STOCKON DRIVE SAN DIEGO, CA 92103	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
232	SILICON VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMINO REAL MOUNTAIN VIEW, CA 94040	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
233	TODD VOGEL AND KAREN HUST / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
234	ROY FAMILY CHARITABLE FUND / SCHWAB CHARITABLE P.O. BOX 628298 ORLANDO, FL 32862	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
235	JOANN MOON / WELLS FARGO ADVISORS ONE NORTH JEFFERSON STREET LOUIS, MO 63103	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
236	EDWARD AND MARJORIE GOLDBERGER FOUNDATION C/O KINZEL & CO., LLC 195 FAIRFIELD AVENUE WEST CALDWELL, NJ 07006	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
237	OPEN SOCIETY INSTITUTE 224 WEST 57TH STREET NEW YORK, NY 10019	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
238	M. G. GOTSCH FUND / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
239	THE WEINREICH FAMILY CHARITABLE FUND / J.P. MORGAN CHARITABLE GIVING FUND 165 TOWNSHIP LINE ROAD, SUITE 1200 JENKINTOWN, PA 19046	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
240	THE NEW YORK COMMUNITY TRUST 909 THIRD AVENUE NEW YORK, NY 10022	\$ 5,880.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
241	MOUNTAIN BARBER 713 SOUTHEAST 27TH AVENUE PORTLAND, OR 97214	\$ 5,775.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
242	ELIZABETH SIMPSON 180 STERLING PLACE BROOKLYN, NY 11217	\$ 5,624.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
243	BENJAMIN ROOKS 1471 NUT TREE COURT SONOMA, CA 95476	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
244	TRAINER FAMILY FUND / BANK OF AMERICA CHARITABLE GIFT FUND 100 FEDERAL STREET BOSTON, MA 02110	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
245	TIM CARVELL 250 WEST 89TH STREET NEW YORK, NY 10024	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
246	SHEPLEY METCALF 5 CHAUNCY TERRACE CAMBRIDGE, MA 02138	\$ 5,318.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)



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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
247	SHERRY SUISMAN 21 WALTER STREET SAN FRANCISCO, CA 94114	\$ 5,251.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
248	DAVID WEBER / GIVE LIVELY FOUNDATION INC. 888 7TH AVENUE, 40TH FLOOR NEW YORK, NY 10106	\$ 5,181.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
249	SILVIO CHIANESE 17520 FAYSMITH AVENUE TORRANCE, CA 90504	\$ 5,179.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
250	DONALD HOFFMAN 3378 22ND STREET SAN FRANCISCO, CA 94110	\$ 5,175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
251	JOSEPH BOHRER 160 1ST STREET, 1204 CITY, NJ 07302	\$ 5,175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
252	ASHLEY TIMMER 1 CENTRAL PARK WEST NEW YORK, NY 10023	\$ 5,175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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253	J.P. MORGAN CHARITABLE GIVING FUND 165 TOWNSHIP LINE ROAD JENKINTOWN, PA 19046	\$ 5,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
254	ALAN MORRIS 2902 NORTH CHEYENNE STREET TACOMA, WA 98407	\$ 5,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
255	ANNE CHING / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
256	BIBI DIAS 415 JACKSON STREET SAN FRANCISCO, CA 94111	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
257	THE EISNER FOUNDATION, INC. 293 SOUTH BEVERLY DRIVE BEVERLY HILLS, CA 90212	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
258	CYNTHEA GEERDES AND TODD MARTINEZ 26040 ELENA ROAD LOS ALTOS HILLS, CA 94022	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
259	DIANA STARK 1325 HOWARD AVENUE BURLINGAME, CA 94010	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
260	NEFF FAMILY FUND / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
261	ELLEN TYKESON AND KEN HIDAY / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
262	EMERALD YEH / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
263	ERIC LEHMAN 2061 CAROL AVENUE MOUNTAIN VIEW, CA 94040	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
264	LAUREN WECK / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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265	MATTHEW AND KATHRYN KAMM / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
266	NANCY LEAVENS / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
267	ALETTA AND RICHARD TIBBETTS / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
268	RUSSELL KIRK 1260 HAWTHORNE STREET ALAMEDA, CA 94501	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
269	THE HARRISAADAS FUND / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
270	JOHN LEWIN 6962 EAST MEXICO AVENUE DENVER, CO 80224	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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271	SARA RANSFORD 1150 RIVER DRIVE ASPEN, CO 81611	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
272	ANONYMOUS FUND / COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS 333 BRIDGE STREET SPRINGFIELD, MA 01103	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
273	THE MATHEWS FAMILY CHARITABLE FUND / YHB CHARITABLE ENDOWMENT SOUTH MAIN STREET WEST HARFORD, CT 06107	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
274	SIMIN ALLISON P.O. BOX 122 GREEN FARMS, CT 06838	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
275	JESSE AND JOAN KUPFERBERG FOUNDATION / FOUNDATION SOURCE 501 SILVERSIDE ROAD WILMINGTON, DE 19809	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
276	LUBEROFF CHARITABLE FUND / SCHWAB CHARITABLE P.O. BOX 628298 ORLANDO, FL 32862	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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277	J. CRAYTON FRUITT FOUNDATION P.O. BOX 233 PETERSBURG, FL 33731	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
278	BARBARA BLOUNT P.O. BOX 354 LAVONIA, GA 30553	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
279	THREE SIBS FOUNDATION, INC. 6205-A PEACHTREE DUNWOODY ROAD ATLANTA, GA 30328	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
280	JAMES JEFFRYES 6969 NORTH WOLCOTT AVENUE A1 CHICAGO, IL 60626	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
281	JANICE FEINBERG 415 EAST NORTH WATER STREET CHICAGO, IL 60611	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
282	MICHAEL J. STEPHEN SR. & LUCILE G. STEPHEN FAMILY FOUNDATION 1925 NORTH 78TH AVENUE ELMWOOD PARK, IL 60707	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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283	WILLIAM AND DEBBIE BECKER FUND / THE U.S. CHARITABLE GIFT TRUST  8910 PURDUE ROAD  INDIANAPOLIS, IN 46268	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
284	JULIE PFEFFER  612 WEBSTER STREET  NEW ORLEANS, LA 70118	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
285	DANIEL CUSHER  6 LORDVALE BOULEVARD NORTH  GRAFTON, MA 01536	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
286	LEILA YASSA & DAVID MENDELS FUND / THE BOSTON FOUNDATION  75 ARLINGTON STREET  BOSTON, MA 02116	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
287	LUCIUS T. HILL III AND WENDY Y. HILL FUND / BOSTON FOUNDATION  75 ARLINGTON STREET  BOSTON, MA 02116	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
288	NORBERT GOLDFIELD  72 LAUREL PARK  NORTHAMPTON, MA 01060	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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289	DROR BAR-ZIV 7528 HAMPDEN LANE BETHESDA, MD 20814	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
290	DAVIS AND FEINBERG PHILANTHROPIC FUND / IMPACTASSETS INC. 4340 EAST WEST HIGHWAY BETHESDA, MD 20814	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
291	THE JAMIE AND DENISE JACOB FAMILY FOUNDATION / UNITED JEWISH FOUNDATION 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
292	SARAH AND JONATHAN BAUM CHARITABLE FUND / GREATER KANSAS CITY COMMUNITY 1055 BROADWAY BOULEVARD, SUITE 130 KANSAS CITY, MO 64105	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
293	SS210 DONOR ADVISED FUND / TRIANGLE COMMUNITY FOUNDATION P.O. BOX 12729 DURHAM, NC 27709	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
294	NEW HAMPSHIRE CHARITABLE FOUNDATION 37 PLEASANT STREET CONCORD, NH 03301	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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295	KATHLEEN DALEY 11 WOOD ROAD MORRISTOWN, NJ 07960	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
296	NAIDA S. WHARTON FOUNDATION 131 SOUTH WOODLAND STREET ENGELWOOD, NJ 07631	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
297	ASHA AND DV NAYAK 842 PRESIDENT STREET BROOKLYN, NY 11215	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
298	THE GREAT ISLAND FOUNDATION 115 EAST 69TH STREET NEW YORK, NY 10021	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
299	BERGER FAMILY FOUNDATION, INC. 6 WEST 77TH STREET NEW YORK, NY 10024	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
300	DAVIES FAMILY FUND / MORGAN STANLEY GIFT FUND 2000 WESTCHESTER AVENUE PURCHASE, NY 10577	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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301	DOUG JAFFE 232 BALTIC STREET BROOKLYN, NY 11201	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
302	IRINA YAKHNIS 96 BARROW STREET NEW YORK, NY 10014	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
303	JAMES STAMPP 155 AVENUE OF THE AMERICAS NEW YORK, NY 10013	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
304	SUSAN S. & KENNETH L. WALLACH FOUNDATION THREE MANHATTANVILLE ROAD PURCHASE, NY 10577	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
305	LAWRENCE A. RAND 437 MADISON AVENUE NEW YORK, NY 10022	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
306	MARIANNE MILLS 16 PRESCOTT AVENUE BRONXVILLE, NY 10708	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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307	MICHAEL MILLS 6 BANK ALLEY 6 BANK ALLEY SARATOGA SPRINGS, NY 12866	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
308	KEET FAMILY FUND / ADIRONDACK FOUNDATION P.O. BOX 288 PLACID, NY 12946	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
309	PETER MENSCH FUND / JEWISH COMMUNAL FUND 575 MADISON AVENUE NEW YORK, NY 10022	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
310	ROBERT HAUSMAN 155 AVENUE OF THE AMERICAS NEW YORK, NY 10013	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
311	TIGER BARON FOUNDATION 233 BROADWAY NEW YORK, NY 10279	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
312	CROSS RIDGE FOUNDATION, INC. 60 EAST 42ND STREET NEW YORK, NY 10165	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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313	DEBORAH K. HOLMES FAMILY FOUNDATION 392 BROADWAY NEW YORK, NY 10013	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
314	SANDLER FAMILY PHILANTHROPIC FUND / JEWISH COMMUNAL FUND 575 MADISON AVENUE, SUITE 703 NEW YORK, NY 10022	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
315	ALEC CLOWES GIVING ACCOUNT / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
316	AMARE VITA / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
317	ROSENBERG/SLAFSKY FAMILY FUND TRUST / AMERICAN ENDOWMENT FOUNDATION 5700 DARROW ROAD HUDSON, OH 44236	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
318	ANONYMOUS / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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319	ANONYMOUS / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
320	ED AND PATTY LONG GIVING ACCOUNT / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
321	KATHY AND JIM O'BRIEN CHARITABLE FUND / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
322	ZAITLIN-NIENBERG FAMILY FUND / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
323	KRUG FAMILY TRUST / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
324	LEE KERBER 164 SHAW DRIVE KENT, OH 44240	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
325	MARK AND DEBORAH BLACKMAN CHARITABLE TRUST / FIDELITY CHARITABLE  P.O. BOX 770001  CINCINNATI, OH 45277	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
326	THE PAUL & MARIAN CONES CHARITABLE FUND / FIDELITY CHARITABLE  P.O. BOX 770001  CINCINNATI, OH 45277	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
327	ABBE CHARITABLE GIVING FUND / FIDELITY CHARITABLE  P.O. BOX 770001  CINCINNATI, OH 45277	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
328	ROSENBERG / BOL FAMILY GIVING / FIDELITY CHARITABLE  P.O. BOX 770001  CINCINNATI, OH 45277	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
329	MARY COOMBS  60 NORTH MOUNTAIN AVENUE  ASHLAND, OR 97520	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
330	BARBARA AND JAMES FAHNESTOCK  1200 KEYSTONE DRIVE  SELLERSVILLE, PA 18960	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PRO PUBLICA, INC.</b>	Employer identification number <b>14-2007220</b>
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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
331	THE ARMSTRONG FOUNDATION  P.O. BOX 337 STREET  PETERS, PA 19470	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
332	CHRISTOPHER PIKULA  207 CURWEN ROAD  MAWR, PA 19010	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
333	PRISCILLA FRIEDMAN  311 GLEN MILLS ROAD  GLEN MILLS, PA 19342	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
334	THE AMANDA SCHAPEL AND PATRICK MARKS FAMILY FUND / VANGUARD CHARITABLE  P.O. BOX 9509  WARWICK, RI 02889	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
335	ANONYMOUS / VANGUARD CHARITABLE  P.O. BOX 9509  WARWICK, RI 02889	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
336	THE BEN WILLIAMS RI/MBC FUND #3 / VANGUARD CHARITABLE  P.O. BOX 9509  WARWICK, RI 02889	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PRO PUBLICA, INC.</b>	Employer identification number <b>14-2007220</b>
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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
337	THE STUDLY DO-RIGHT FUND / VANGUARD CHARITABLE  P.O. BOX 9509  WARWICK, RI 02889	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
338	ROBERT TRIPP  1 RIDGLEY ROAD  CHIDDINGFOLD, SURREY, UNITED KINGDOM	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
339	DAPHNE VAUGHAN  2403 SWEETBRUSH DRIVE  AUSTIN, TX 78703	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
340	FREDERICK JONES  4117 PAINT ROCK DRIVE  AUSTIN, TX 78731	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
341	MCGUIRE FAMILY FOUNDATION / PARK CITY COMMUNITY FOUNDATION  P.O. BOX 684199  PARK CITY, UT 84060	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
342	CAROLINE MAYER  5137 38TH STREET NORTH  ARLINGTON, VA 22207	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>PRO PUBLICA, INC.</b>	Employer identification number <b>14-2007220</b>
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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
343	NEALL FAMILY CHARITABLE FOUNDATION 4035 RIDGE TOP ROAD FAIRFAX, VA 22030	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
344	DARREN PARSONS 118 LOCUST STREET SOUTHWEST VIENNA, VA 22180	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
345	JACK B. SMITH 1902 OLD STAGE ROAD ALEXANDRIA, VA 22308	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
346	JAMES FOX 12587 LAKE COVENTRY DRIVE BEALETON, VA 22712	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
347	PUMPKIN SEED FUND / CHARLOTTESVILLE AREA COMMUNITY FOUNDATION 114 4TH STREET SOUTHEAST CHARLOTTESVILLE, VA 22902	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
348	W. PETER WELCH 1919 CLARENDON BOULEVARD ARLINGTON, VA 22201	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>PRO PUBLICA, INC.</b>	Employer identification number  <b>14-2007220</b>
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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
349	CARRIE RHODES  5600 NORTHEAST WINDERMERE ROAD  SEATTLE, WA 98105	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
350	JESSE NOFFSINGER  3824 NORTHEAST 94TH STREET  SEATTLE, WA 98115	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PRO PUBLICA, INC.</b>	Employer identification number <b>14-2007220</b>
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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
21	PUBLICLY TRADED SECURITIES	\$ 314,172.	10/18/22
60	PUBLICLY TRADED SECURITIES	\$ 98,727.	10/26/22
88	PUBLICLY TRADED SECURITIES	\$ 29,588.	12/13/22
129	PUBLICLY TRADED SECURITIES	\$ 18,040.	12/08/22
144	PUBLICLY TRADED SECURITIES	\$ 14,961.	11/14/22
145	PUBLICLY TRADED SECURITIES	\$ 13,916.	03/07/22

Name of organization <b>PRO PUBLICA, INC.</b>	Employer identification number <b>14-2007220</b>
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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
151	PUBLICLY TRADED SECURITIES	\$ 10,400.	11/30/22
153	PUBLICLY TRADED SECURITIES	\$ 10,119.	12/23/22
211	PUBLICLY TRADED SECURITIES	\$ 8,830.	05/26/22
226	PUBLICLY TRADED SECURITIES	\$ 6,534.	12/07/22
246	PUBLICLY TRADED SECURITIES	\$ 5,318.	12/21/22
247	PUBLICLY TRADED SECURITIES	\$ 5,251.	09/16/22

Name of organization  <b>PRO PUBLICA, INC.</b>	Employer identification number  <b>14-2007220</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

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.

OMB No. 1545-0047

2022

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions about monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		280,423.	201,913.	78,510.
d Equipment		1,091,576.	765,217.	326,359.
e Other		357,952.	315,284.	42,668.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				447,537.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSIT	48,984.
(2) OTHER ASSETS/RECEIVABLE	7,390.
(3) RIGHT OF USE ASSET	3,161,170.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	3,217,544.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	3,494,826.
(3) CONTINGENT LIABILITY	1,640,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	5,134,826.

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 ...



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	39,676,970.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-4,778,925.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-4,778,925.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	44,455,895.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	74,866.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	74,866.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	44,530,761.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	41,889,591.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	1,640,000.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,640,000.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	40,249,591.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	72,918.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	72,918.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	40,322,509.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO 2019.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

REIMBURSEMENTS OF LEGAL DEFENSE EXPENSES REPORTED ON PART VIII 72,918.  
 LOSS ON DISPOSAL OF ASSETS 1,948.

**Part XIII** Supplemental Information *(continued)*

TOTAL TO SCHEDULE D, PART XI, LINE 4B 74,866.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RESERVE FOR RETURN OF GRANT 1,640,000.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

REIMBURSEMENTS OF LEGAL DEFENSE EXPENSES REPORTED ON PART  
VIII 72,918.

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
DANILLER + COMPANY - 3724 JEFFERSON, SUITE 302, AUSTIN, COMMUNITY COUNSELING SERVICE CO., LLC - 527 MADISON AVE,	DIRECT MAIL/EMAIL CAMPAIGN FUNDRAISING CAMPAIGN FEASIBILITY STUDY		X	267,997.	9,125.	258,872.
			X	0.	42,500.	-42,500.
<b>Total</b>				267,997.	51,625.	216,372.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....				
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....					

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: DANILLER + COMPANY

(I) ADDRESS OF FUNDRAISER: 3724 JEFFERSON, SUITE 302, AUSTIN, TX 78731

(I) NAME OF FUNDRAISER: COMMUNITY COUNSELING SERVICE CO., LLC

(I) ADDRESS OF FUNDRAISER: 527 MADISON AVE, 5TH FLOOR, NEW YORK, NY 10022

**PART I, LINE 2B, COLUMN (V):**

**Part IV** Supplemental Information (continued)

COMMUNITY COUNSELING SERVICE CO., LLC (CCS) WAS RETAINED TO PROVIDE FEASIBILITY STUDY FOR POSSIBLE FUTURE FUNDRAISING CAMPAIGN. CCS WILL CONDUCT APPROXIMATELY 25-30 STUDY INTERVIEWS AND PRESENT A STUDY FINAL REPORT AT THE END OF THE STUDY PERIOD. THE AGREEMENT PROVIDES FOR THE PAYMENT OF SERVICES AT A FIXED MONTHLY FEE, PLUS ANY REIMBURSEMENT OF EXPENSES AS APPROVED BY THE ORGANIZATION.

DANILLER + COMPANY WAS RETAINED TO PROVIDE DIRECT RESPONSE FUNDRAISING SERVICES, INCLUDING DEVELOPING AND PREPARING THE STRATEGY AND CONTENT OF THE MATERIAL FOR MAILING AND E-APPEALS, DEVELOPING AND PREPARING A PLAN OF ANALYSIS AND REPORTING OF THE RESULTS OF THE MAILINGS AND E-APPEALS, AND ETC. THE AGREEMENT PROVIDES FOR THE PAYMENT OF FEES PER DIRECT MAIL/EMAIL CAMPAIGN.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
CITY REPORT, INC. 85 BROAD STREET 12TH FLOOR NEW YORK, NY 10004	37-1896785	501(C)(3)	194,900.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK INITIATIVE AND PASS THROUGH SUB-GRANT PAYMENT
TRIBUNE PUBLISHING COMPANY, LLC 160 NORTH STETSON, 40TH FLOOR CHICAGO, IL 60601	36-3779720		104,550.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK DISTINGUISHED FELLOWS PROGRAM
THE SEATTLE TIMES, CO. 1000 DENNY WAY SEATTLE, WA 98109	91-0403890		101,475.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK INITIATIVE
OAHU PUBLICATIONS INC. 500 ALA MOANA BOULEVARD, SUITE 7-50 HONOLULU, HI 96813	99-0353529		93,972.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK DISTINGUISHED FELLOWS PROGRAM
OREGON PUBLIC BROADCASTING 7140 SOUTH MACADAM AVENUE PORTLAND, OR 97219	93-0814638	501(C)(3)	84,568.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK INITIATIVE
SEARCHLIGHT NEW MEXICO 441 GREG AVENUE SANTA FE, NM 87501	81-3234552	501(C)(3)	84,427.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK INITIATIVE

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **18.**

**3** Enter total number of other organizations listed in the line 1 table **8.**

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

Schedule I (Form 990) 2022

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MCCLATCHY COMPANY LLC, DBA SUN HERALD - 421 FAYETTEVILLE STREET, SUITE 104 - RALEIGH, NC 27601	85-2383255	501(C)(3)	83,681.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK INITIATIVE
NEW MEXICO IN DEPTH, INC. 6937 MERLOT DRIVE NORTHEAST RIO RANCHO, NM 87144	45-4011138	501(C)(3)	73,800.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK INITIATIVE
MOUNTAIN STATE SPOTLIGHT, INC. P.O. BOX 1111 CHARLESTON, WV 25324	85-1154363	501(C)(3)	70,110.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK DISTINGUISHED FELLOWS PROGRAM
DOCUMENTED, LTD 140 EAST SECOND STREET, APARTMENT 3 BROOKLYN, NY 11218	83-3036502	501(C)(3)	69,188.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK INITIATIVE
GREY MATTERS PROJECT, INC. DBA THE CURRENT - P.O. BOX 8681 - SAVANNAH, GA 31412	84-2657297	501(C)(3)	69,188.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK INITIATIVE
LEE ENTERPRISES INCORPORATED 4600 EAST 53RD STREET DAVENPORT, IA 52807	42-0823980		67,738.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK DISTINGUISHED FELLOWS PROGRAM
NASHVILLE PUBLIC RADIO 630 MAINSTREAM DRIVE NASHVILLE, TN 37228	62-1631652	501(C)(3)	66,420.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK INITIATIVE
JOURNAL, INC. DBA NORTHEAST MISSISSIPPI DAILY JOURNAL - P.O. BOX 909 - TUPELO, MS 38802	64-0183970		63,960.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK INITIATIVE
ROCKY MOUNTAIN PUBLIC MEDIA, INC. 2101 ARAPAHOE STREET DENVER, CO 80205	84-0510785	501(C)(3)	61,500.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK INITIATIVE

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEACON MEDIA INC. 300 EAST 39TH STREET KANSAS CITY, MO 64111	83-4587205	501(C)(3)	55,760.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK INITIATIVE
NEW BEDFORD LIGHT 127 WEST RODNEY FRENCH BOULEVARD NEW BEDFORD, MA 02740	86-2407296	501(C)(3)	55,350.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK INITIATIVE
PRESS OF ATLANTIC CITY 1000 WEST WASHINGTON AVENUE PLEASANTVILLE, NJ 08232	84-4721627		53,300.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK INITIATIVE
INFORMED CALIFORNIA FOUNDATION (OPEN VALLEJO) - P.O. BOX 4344 - VALLEJO, CA 94590	84-4618329	501(C)(3)	46,128.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK INITIATIVE
ANCHORAGE DAILY NEWS 300 WEST 31ST AVENUE ANCHORAGE, AR 99503	37-1869203		34,850.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK DISTINGUISHED FELLOWS PROGRAM
MUCKROCK FOUNDATION INCORPORATED 411A HIGHLAND AVENUE SOMERVILLE, MA 02144	81-1485228	501(C)(3)	23,064.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK INITIATIVE
SAN FRANCISCO PUBLIC PRESS 44 PAGE STREET, SUITE 504 SAN FRANCISCO, CA 94102	27-7275141		22,877.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK INITIATIVE
CAPITAL AND MAIN 1910 WEST SUNSET BOULEVARD, SUITE 7 LOS ANGELES, CA 90026	81-0895767	501(C)(3)	15,375.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK INITIATIVE
THE SALT LAKE TRIBUNE, INC. 90 SOUTH 400 WEST SUITE 600 SALT LAKE CITY, UT 84111	84-1878709	501(C)(3)	14,683.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK INITIATIVE

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAMPTON ROADS EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC. - 5200 HAMPTON ROAD - NORFOLK, VA 23508	54-0843118	501(C)(3)	13,325.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK INITIATIVE
THE MAINE CENTER FOR PUBLIC INTEREST REPORTING - P.O. BOX 284 - HALLOWELL, ME 04347	27-2623867	501(C)(3)	9,840.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK INITIATIVE

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(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
LOCAL REPORTING NETWORK GRANT	1	92,250.	0.		
EMERGING REPORTER STIPEND	14	63,000.	0.		
DIVERSITY STIPEND	25	39,250.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

A) EMERGENCY REPORTER AND DIVERSITY STIPENDS TO INDIVIDUALS:

STIPEND PAYMENTS REPRESENT A FORM OF GRANT ASSISTANCE PROVIDED TO PARTICIPANTS IN VARIOUS PROPUBLICA OUTREACH PROGRAMS. PARTICIPANTS IN THE PROGRAMS ARE SELECTED VIA COMPETITIVE APPLICATION PROCESS IN WHICH THE APPLICANTS ARE CHOSEN BASED ON THEIR QUALIFICATIONS AND CAREER PROSPECTS IN THE FIELD OF INVESTIGATIVE JOURNALISM. FUNDING IS OFTEN PROVIDED AS A PART OF A GRANT RECEIVED BY PROPUBLICA. IN SUCH INSTANCES, THE GRANT

**Part IV** Supplemental Information

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, IF A PARTICULAR PROGRAM COVERS THE COST OF LODGING AND TRAVEL FOR ALL ATTENDEES AND LODGING/TRAVEL ARE INCLUDED IN THE EXPLANATION OF NEED, THE AMOUNT AWARDED MAY BE REDUCED.

**Part IV** Supplemental Information

WHEN FUNDING IS PROVIDED VIA PASS-THROUGH GRANTS FROM OTHER ORGANIZATIONS, MONITORING OF FUND USAGE AND FOLLOW-UP ARE BASED UPON ONGOING VERBAL AND WRITTEN 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) LOCAL REPORTING NETWORK GRANTS TO ORGANIZATIONS AND INDIVIDUALS:

PROPUBLICA PROVIDED REGRANT FUNDING TO ORGANIZATIONS AND INDIVIDUALS THAT PARTICIPATED IN LOCAL REPORTING INITIATIVES, INCLUDING LOCAL REPORTING NETWORK AND ELECTIONLAND. THROUGH THESE INITIATIVES, PROPUBLICA PARTNERS WITH LOCAL NEWSROOMS THROUGHOUT THE UNITED STATES TO PROVIDE FUNDING FOR A REPORTER TO WORK ON AN INVESTIGATIVE JOURNALISM FOR A SPECIFIED PERIOD OF TIME. 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 THESE INITIATIVES VIA A COMPETITIVE APPLICATION PROCESS, AND IN ADDITION TO FUNDING, PARTNERS RECEIVE ACCESS TO PROPUBLICA RESOURCES INCLUDING EDITORS, TRAINING SESSIONS, AND CO-PUBLISHING OPPORTUNITIES.

LOCAL GRANT AMOUNTS ARE DETERMINED BASED ON EACH REPORTER'S ANNUAL SALARY AND A STANDARD BENEFITS PERCENT ALLOCATION, WHICH WAS 23% FOR GRANTS ORIGINATING IN 2022, AND AMOUNTS ARE AGREED TO IN WRITING BY BOTH THE PARTICIPATING NEWSROOM AND PROPUBLICA. FUND USAGE IS MONITORED BY THE

**Part IV** Supplemental Information

PROPUBICA EDITORS WHO OVERSEE THE PROGRAMS AND WORK DIRECTLY WITH THE REPORTERS AND NEWSROOMS. ULTIMATELY, LOCAL GRANTEE REPORTERS ARE EXPECTED TO PUBLISH A FULL-LENGTH INVESTIGATIVE PIECE IN COORDINATION WITH PROPUBICA. ALSO, PARTICIPATING ORGANIZATIONS MUST PROVIDE A WRITTEN ACCOUNTING FOR FUNDS USAGE AT THE END OF THE GRANT PERIOD, WHICH MOST OFTEN INCLUDES A COPY OF THE FUNDED REPORTER'S W2 FOR THE FUNDED GRANT YEAR.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CITY REPORT, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTICIPATION IN LOCAL REPORTING NETWORK INITIATIVE AND PASS THROUGH SUB-GRANT PAYMENT BASED ON GRANT AGREEMENT

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**PRO PUBLICA, INC.**

Employer identification number

**14-2007220**

**Part I Questions Regarding Compensation**

**1a** 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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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 .....

**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? .....

**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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**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:

- a** The organization? .....
- b** Any related organization? .....
- 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:

- a** The organization? .....
- b** Any related organization? .....
- 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 .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>	<b>X</b>	
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2022

**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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) STEPHEN ENGELBERG CO-CEO & EDITOR-IN-CHIEF	(i)	428,386.	1,000.	3,564.	15,250.	38,587.	486,787.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROBIN SPARKMAN, PRESIDENT CO-CEO & TREASURER	(i)	412,818.	1,000.	1,242.	15,250.	41,151.	471,461.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHARLES ORNSTEIN MANAGING EDITOR, LOCAL	(i)	288,198.	1,000.	810.	15,000.	35,002.	340,010.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RAGAN RHYNE SVP, DEVELOPMENT & SECRETARY	(i)	320,221.	1,000.	540.	16,013.	1,569.	339,343.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) STEPHANIE LITTLE, CHIEF FINANCIAL & ADMINISTRATIVE OFFICER	(i)	251,305.	1,000.	684.	13,271.	43,334.	309,594.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) TRACY WEBER MANAGING EDITOR	(i)	269,295.	1,000.	2,260.	13,829.	22,130.	308,514.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JESSE EISINGER SENIOR EDITOR & REPORTER	(i)	253,244.	1,511.	1,242.	13,200.	38,469.	307,666.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JEREMY KUTNER GENERAL COUNSEL	(i)	255,169.	1,000.	486.	13,000.	16,450.	286,105.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ROBIN FIELDS MANAGING EDITOR	(i)	238,067.	1,000.	2,322.	6,010.	11,490.	258,889.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) GINGER THOMPSON CHIEF OF CORRESPONDENTS	(i)	227,294.	1,000.	2,012.	11,500.	15,013.	256,819.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Part III** Supplemental Information

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

PART I, LINE 7:

INDIVIDUALS REPORTED ON FORM 990, PART VII, SECTION A AND SCHEDULE J, PART  
II RECEIVED BOARD-APPROVED DISCRETIONARY BONUS IN 2022.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	X	36	562,816.	AVG. SELLING PRICE
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 organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29** **0**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....  
 b If "Yes," describe the arrangement in Part II.  
 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....  
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....  
 b If "Yes," describe in Part II.  
 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2022

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART I,  
COLUMN (B).

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

PRO PUBLICA, INC.

Employer identification number

14-2007220

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

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:

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, PROGRAM SERVICE ACCOMPLISHMENTS:

IN 2022, OUR NEWSROOM ALSO RAMPED UP EFFORTS TO MAKE A DIFFERENCE IN  
THE FIELD OF INVESTIGATIVE JOURNALISM ITSELF, ANNOUNCING AN EXPANSION  
OF OUR TRAINING PROGRAMS, BLAZING NEW TRAILS IN DATA JOURNALISM AND  
PARTNERING WITH OTHER NEWS ORGANIZATIONS TO ENSURE OUR FINDINGS REACH  
THE COMMUNITIES MOST AFFECTED BY THE INJUSTICES WE DISCOVER. BUT OUR  
MOST IMPORTANT GOAL IS PRODUCING WORK THAT HAS AN IMPACT. HIGHLIGHTS  
INCLUDED:

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PROPUBLICA AND THE CHICAGO TRIBUNE REVEALED THAT SCHOOLS AND POLICE WERE FUNNELING STUDENTS INTO A TICKETING SYSTEM THAT ISSUED STEEP FINES FOR MINOR INFRACTIONS SUCH AS LITTERING OR SWEARING. THE REPORTERS BUILT A FIRST-OF-ITS KIND DATABASE OF RECORDS FROM MORE THAN 500 SCHOOL DISTRICTS AND POLICE DEPARTMENTS. LESS THAN A MONTH LATER, SEVERAL SCHOOLS DROPPED OR REEVALUATED THESE POLICIES.

A STORY REPORTED WITH THE TEXAS TRIBUNE FOUND THAT U.S. ARMY SOLDIERS ACCUSED OF SEXUAL ASSAULT ARE LESS THAN HALF AS LIKELY TO BE DETAINED WHILE AWAITING TRIAL THAN THOSE ACCUSED OF OFFENSES LIKE DRUG USE OR DISOBEYING AN OFFICER. FOLLOWING THE STORY, THE ARMY SAID ITS RULES ARE "CURRENTLY UNDER REVISION."

A GRIPPING NARRATIVE PUBLISHED BY PROPUBLICA AND THE MILWAUKEE JOURNAL SENTINEL TOLD THE STORY OF A DEADLY FIRE IN THE HOME OF A SINGLE MOTHER AND HER FOUR CHILDREN, ILLUMINATING TWO SYSTEMS OF JUSTICE: ONE FOR WEALTHY PROPERTY OWNERS, AND ANOTHER FOR IMPOVERISHED RENTERS.

PROPUBLICA, THE INTERNATIONAL CONSORTIUM OF INVESTIGATIVE JOURNALISTS AND MORE THAN 50 INTERNATIONAL MEDIA ORGANIZATIONS REVEALED ABUSES IN THE UNREGULATED HONORARY CONSUL PROGRAM THAT LETS PRIVATE CITIZENS WORK FROM THEIR HOME COUNTRIES TO REPRESENT FOREIGN GOVERNMENTS. THE TEAM BUILT THE FIRST-EVER GLOBAL DATABASE OF HUNDREDS OF CRIMINAL OR CONTROVERSIAL HONORARY CONSULS. SINCE THE STORY PUBLISHED, AUTHORITIES IN FINLAND, BRAZIL, PARAGUAY, GERMANY AND OTHER COUNTRIES HAVE LAUNCHED INVESTIGATIONS AND PROPOSED REFORMS TO THE HONORARY CONSUL SYSTEM.

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

PRO PUBLICA HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS

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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 CHIEF FINANCIAL & ADMINISTRATIVE OFFICER AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS SUBMITTED ELECTRONICALLY TO ALL 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. EMPLOYEES RECEIVE THE CONFLICT OF INTEREST POLICY AT HIRE AS A PART OF THE EMPLOYEE HANDBOOK, FOR WHICH EMPLOYEES MUST ACKNOWLEDGE RECEIPT IN WRITING. EMPLOYEES, THEREFORE, RECEIVE THE POLICY AND ACKNOWLEDGE RECEIPT EACH TIME THE EMPLOYEE HANDBOOK IS REVISED. THE POLICY IS PROVIDED TO NEW DIRECTORS AS A PART OF ONBOARDING PROCEDURES. DISCLOSURE OF ANY CONFLICTS IS REQUIRED AT THE TIME OF ONBOARDING OR AT ANY SUCH TIME THAT A FUTURE CONFLICT SHOULD ARISE.

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 EXISTS, HE/SHE MUST 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

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DIRECTOR OR OFFICER WITH WHOM THE CONFLICT PERTAINS TO IS EXCLUDED FROM VOTING ON THE ISSUE. HE/SHE MUST 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 15A:

SALARIES FOR THE CEOS ARE SET BY THE COMPENSATION COMMITTEE OF THE BOARD. THE COMPENSATION COMMITTEE USES THE SERVICES OF A LAW FIRM FOR GUIDANCE ON MATTERS OF CEO COMPENSATION. THE BOARD REVIEWS THE 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 EXECUTIVE SESSION. THIS PROCESS WAS LAST COMPLETED IN 2022.

THE COMPENSATION OF THE KEY EMPLOYEE AND OTHER OFFICERS ARE DETERMINED BY

Name of the organization PRO PUBLICA, INC.	Employer identification number 14-2007220
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THE PRESIDENT. THE PRESIDENT USES COMPARABILITY DATA TO REVIEW  
COMPENSATION. THIS PROCESS WAS LAST UNDERTAKEN IN 2022.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OR, PA, RI, SC, TN  
UT, VA, WV, WI

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

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS  
REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS  
POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION,  
THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF  
INCORPORATION, FORM 990, FORM 1023, AND BY-LAWS ARE ALSO AVAILABLE UPON  
WRITTEN REQUEST, AND ON THE ORGANIZATION'S WEBSITE (WWW.PROPUBLICA.ORG).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSS ON DISPOSAL OF ASSETS	-1,948.
RESERVE FOR RETURN OF GRANT	-1,640,000.
TOTAL TO FORM 990, PART XI, LINE 9	-1,641,948.

FORM 990, PART XII, LINE 2C:

PRO PUBLICA HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY 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.