

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2015**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

**A** For the 2015 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 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>E</b> Telephone number <b>212-514-5250</b>
City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10013</b>		<b>G</b> Gross receipts \$ <b>17,112,241.</b>
<b>F</b> Name and address of principal officer: <b>RICHARD J. TOFEL</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>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>J</b> Website: <b>WWW.PROPUBLICA.ORG</b>		If "No," attach a list. (see instructions)
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>H(c)</b> Group exemption number ▶
<b>L</b> Year of formation: <b>2007</b>		<b>M</b> State of legal domicile: <b>DE</b>

**Part I Summary**

<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 - SEE "SCHEDULE O" FOR CONTINUATION</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>10</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>9</b>
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>76</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>9</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>19,799.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>9,360.</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>10,169,976.</b>	<b>16,882,164.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>60,000.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>4,176.</b>	<b>3,919.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>150,123.</b>	<b>100,847.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>10,324,275.</b>	<b>17,046,930.</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>0.</b>	<b>0.</b>
	<b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>8,589,013.</b>	<b>9,360,011.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>465,121.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,897,439.</b>	<b>3,101,138.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>11,486,452.</b>	<b>12,461,149.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-1,162,177.</b>	<b>4,585,781.</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>6,865,118.</b>	<b>11,552,064.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>184,272.</b>	<b>285,437.</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>8/11/16</b>			
	<b>RICHARD J. TOFEL, PRESIDENT</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GARRETT M. HIGGINS</b>	Preparer's signature <b>GARRETT M. HIGGINS</b>	Date <b>08/11/16</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00543209</b>
	Firm's name ▶ <b>PKF O'CONNOR DAVIES, LLP</b>	Firm's EIN ▶ <b>27-1728945</b>	Phone no. <b>(212) 286-2600</b>		
Firm's address ▶ <b>665 FIFTH AVENUE</b> <b>NEW YORK, NY 10022</b>					

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868)**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file)** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

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

		Enter filer's identifying number
<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  <b>PRO PUBLICA, INC.</b>	Employer identification number (EIN) or  <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, NO. 13 FL</b>	Social security number (SSN)
	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 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STEPHANIE N. LITTLE, DIRECTOR OF FINANCE & HUMAN RESOURCE**

- The books are in the care of ▶ **155 AVE OF THE AMERICAS, NO. 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 EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2015** 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-BL, 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-EO and Form 8879-EO 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. SEE "SCHEDULE O" FOR CONTINUATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] 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 \$ 10,716,533. including grants of \$ ) (Revenue \$ 111,000.) INVESTIGATIVE JOURNALISM IN THE PUBLIC INTEREST - SEE SCHEDULE O FOR DETAILS

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

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

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

4e Total program service expenses 10,716,533.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
3	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> .....		X
4	<b>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> .....		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	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> .....	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
c	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> .....		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
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> .....		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
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> .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19	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> .....		X

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

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a	<b>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> .....		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32	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> .....		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
34	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> .....		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
36	<b>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> .....		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	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

Main form table with columns for question number, description, and Yes/No checkboxes. Includes sections for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

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

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

Section A. Governing Body and Management

Table with 4 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversions, members, and meeting documentation.

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

Table with 4 columns: Question, 10a, 10b, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, document retention, and compensation review.

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 (or 1024 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.
19 Describe in 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, DIRECTOR OF FINANCE & HUMAN RESOURCES - 212-514-525 155 AVE OF THE AMERICAS, NO. 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) HERBERT M. SANDLER FOUNDING CHAIRMAN	3.00	X		X				0.	0.	0.
(2) PAUL E. STEIGER EXECUTIVE CHAIRMAN	30.00	X		X				200,482.	0.	14,274.
(3) MARK COLODNY DIRECTOR	1.00	X						0.	0.	0.
(4) HENRY LOUIS GATES, JR. DIRECTOR	1.00	X						0.	0.	0.
(5) CLAIRE HOFFMAN DIRECTOR	1.00	X						0.	0.	0.
(6) ROBERT C.S. MONKS DIRECTOR	1.00	X						0.	0.	0.
(7) RON OLSON DIRECTOR	1.00	X						0.	0.	0.
(8) PAUL SAGAN DIRECTOR	1.00	X						0.	0.	0.
(9) KAT TAYLOR DIRECTOR	1.00	X						0.	0.	0.
(10) TOM UNTERMAN DIRECTOR	1.00	X						0.	0.	0.
(11) RICHARD TOFEL PRESIDENT AND CO-EXECUTIVE	40.00			X				385,186.	0.	36,796.
(12) STEPHEN ENGELBERG EDITOR-IN-CHIEF & CO-EXECUTIVE	40.00			X				381,030.	0.	49,259.
(13) DEBRA GOLDBERG, VICE PRESIDENT DEVELOPMENT UNTIL SEPT. 2015	40.00				X			183,138.	0.	22,268.
(14) ROBIN FIELDS MANAGING EDITOR	40.00					X		239,517.	0.	15,735.
(15) TRACY WEBER SENIOR EDITOR	40.00					X		202,698.	0.	30,639.
(16) JOSEPH SEXTON SENIOR EDITOR	40.00					X		199,799.	0.	28,707.
(17) CHARLES ORNSTEIN SENIOR REPORTER	40.00					X		198,761.	0.	40,184.



**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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) THOMAS C MILLER SENIOR REPORTER	40.00					X		188,291.	0.	43,447.
<b>1b Sub-total</b> .....								2,178,902.	0.	281,309.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								2,178,902.	0.	281,309.

**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 **32**

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		X
<b>4</b> 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? If "Yes," complete Schedule J for such individual .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		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
PREININGER CONSTRUCTION GROUP 79 CARROLL AVE, BRIDGEPORT, CT 06607	CONSTRUCTION	472,511.
ADP TOTALSOURCE 5800 WINDWARD PARKWAY, ALPHARETTA, GA 30005	PROFESSIONAL EMPLOYER ORGANIZATIO	124,347.

**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 **2**

**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	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	16,882,164.				
	g	Noncash contributions included in lines 1a-1f: \$		46,666.				
	h	<b>Total.</b> Add lines 1a-1f		16,882,164.				
Program Service Revenue	2 a	PROGRAM SERVICE FEES	Business Code	519130	60,000.	60,000.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	<b>Total.</b> Add lines 2a-2f			60,000.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			3,919.		3,919.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties			70,956.	51,000.	19,956.	
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses			65,311.			
		Gain or (loss)				0.		
		Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	ADVERTISING REVENUE		541800	19,799.		19,799.		
b	HONORARIUMS REVENUE		900099	10,092.		10,092.		
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d			29,891.				
12	<b>Total revenue.</b> See instructions.			17,046,930.	111,000.	19,799.	33,967.	

**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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,272,433.	645,045.	424,384.	203,004.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,628,192.	6,088,828.	396,471.	142,893.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	263,737.	252,539.	11,198.	
9 Other employee benefits	655,147.	593,886.	45,351.	15,910.
10 Payroll taxes	540,502.	460,271.	57,456.	22,775.
11 Fees for services (non-employees):				
a Management	13,042.		489.	12,553.
b Legal	29,750.	23,800.	2,975.	2,975.
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	346,103.	321,885.	18,978.	5,240.
12 Advertising and promotion	46,297.	45,446.		851.
13 Office expenses	172,469.	145,802.	18,573.	8,094.
14 Information technology	429,973.	362,213.	31,609.	36,151.
15 Royalties				
16 Occupancy	1,036,179.	851,354.	184,825.	
17 Travel	476,409.	459,732.	3,677.	13,000.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	50,571.	41,940.	8,195.	436.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	160,102.	148,398.	11,704.	
23 Insurance	10,302.	9,029.	1,273.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PUBLIC REC. COP. & SUBS	197,502.	149,030.	47,816.	656.
b REPAIRS AND MAINTENANCE	75,179.	67,187.	7,992.	
c RECRUITMENT & PROF DEVE	51,399.	50,148.	668.	583.
d UBIT TAX EXPENSE	5,861.		5,861.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	12,461,149.	10,716,533.	1,279,495.	465,121.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**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	
Assets	1	Cash - non-interest-bearing	1,144,084.	1	1,733,727.
	2	Savings and temporary cash investments	3,854,329.	2	3,408,243.
	3	Pledges and grants receivable, net	1,435,405.	3	5,821,936.
	4	Accounts receivable, net	5,817.	4	1,108.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	147,817.	9	171,397.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,087,196.		
	10b	Less: accumulated depreciation	10b 1,678,325.		
	10c		252,239.	10c	408,871.
	11	Investments - publicly traded securities	21,167.	11	2,522.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	4,260.	15	4,260.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	6,865,118.	16	11,552,064.	
Liabilities	17	Accounts payable and accrued expenses	184,272.	17	136,734.
	18	Grants payable		18	
	19	Deferred revenue		19	148,703.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	184,272.	26	285,437.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	3,442,914.	27	2,792,399.
	28	Temporarily restricted net assets	3,237,932.	28	8,474,228.
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	6,680,846.	33	11,266,627.	
34	<b>Total liabilities and net assets/fund balances</b>	6,865,118.	34	11,552,064.	

**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	17,046,930.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,461,149.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,585,781.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,680,846.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,266,627.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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 in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A (Form 990 or 990-EZ)

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

OMB No. 1545-0047

2015

Open to Public Inspection

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

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 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 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...
10 An organization organized and operated exclusively to test for public safety.
11 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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	10,115,367.	10,920,019.	13,678,241.	10,169,976.	16,882,164.	61,765,767.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	10,115,367.	10,920,019.	13,678,241.	10,169,976.	16,882,164.	61,765,767.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						25,511,962.
6 <b>Public support.</b> Subtract line 5 from line 4 .....						36,253,805.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4 .....	10,115,367.	10,920,019.	13,678,241.	10,169,976.	16,882,164.	61,765,767.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	16,263.	17,146.	51,381.	47,898.	23,875.	156,563.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....	2,401.	8,465.	11,842.	12,775.	10,286.	45,769.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	7,103.	2,927.	10,100.	23,379.	10,092.	53,601.
11 <b>Total support.</b> Add lines 7 through 10 .....						62,021,700.
12 Gross receipts from related activities, etc. (see instructions) .....					12	171,500.
13 <b>First five 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**

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	14	58.45 %
15 Public support percentage from 2014 Schedule A, Part II, line 14 .....	15	54.90 %

- 16a **33 1/3% support test - 2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....
- b **33 1/3% support test - 2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....
- 17a **10% -facts-and-circumstances test - 2015.** 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 **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....
- b **10% -facts-and-circumstances test - 2014.** 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 **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....
- 18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five 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**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** 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 - 2014.** 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 in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VII how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 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 VII how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
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 VII how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
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 in (b) and (c) below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<b>1</b>	
<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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	<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>1</b>	
<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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	<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 <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) 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? If "Yes," then in <b>Part VI</b> 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.	<b>2a</b>	
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in <b>Part VI</b> .	<b>3a</b>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	<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. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7  Check here if the current year is the organization's first as a non-functionally-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
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

HONORARIUMS REVENUE

2011 AMOUNT: \$ 7,103.

2012 AMOUNT: \$ 2,827.

2013 AMOUNT: \$ 10,100.

2014 AMOUNT: \$ 23,379.

2015 AMOUNT: \$ 10,092.

OTHER REVENUE

2012 AMOUNT: \$ 100.

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2015**

Name of the organization

Employer identification number

PRO PUBLICA, INC.

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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	ABRAMS FOUNDATION, INC. 222 BERKELEY STREET, 21ST FLOOR BOSTON, MA 02116	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ANDREW AUGUST 2310 OCEAN AVE LOS ANGELES, CA 90291	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ANONYMOUS C/O FIDELITY CHARITABLE, P.O. BOX 770001 CINCINNATI, OH 45277	\$ 220,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ANONYMOUS C/O JP MORGAN CHASE BANK, NA., ONE CHASE TOWER, 8TH FLOOR, SUITE IL1-0104 CHICAGO, IL 60670-0884	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BENJAMIN AND ALICE GOLDMAN REITER / 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.)
6	BERNARD OSHER ONE FERRY BUILDING, SUITE 255 SAN FRANCISCO, CA 94111	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BERNSTEIN LITOWITZ BERGER & GROSSMANN LLP  1251 AVENUE OF THE AMERICAS  NEW YORK, NY 10020	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	BRIAN M. MCINERNEY  304 COUNTY ROAD 438  ROCHEPORT, MO 65279	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	BRIGHT HORIZON FUND / FIDELITY CHARITABLE  P.O. BOX 770001  CINCINNATI, OH 45277	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	BRYAN R. LAWRENCE  410 PARK AVENUE  NEW YORK, NY 10022	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	CALIFORNIA COMMUNITY FOUNDATION  221 S. FIGUEROA ST. SUITE 400  LOS ANGELES, CA 90012	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	CAROLYN S. BUCKSBAUM REVOCABLE TRUST  180 NORTH WACKER DRIVE, SUITE 001  CHICAGO, IL 60606	\$ 78,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization PRO PUBLICA, INC.	Employer identification number 14-2007220
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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	CARSEY FAMILY FOUNDATION 11601 WILSHIRE BLVD., #1840 LOS ANGELES, CA 90025	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	CATHE GIFFUNI 240 E. 27TH STREET MOUNTAIN VIEW, NY 10016	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	COXE FUND OF SILICON VALLEY COMM FDN 2440 W EL CAMINO REAL #300 BOSTON, CA 94040	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	CRAIG NEWMARK FUND / BANK OF AMERICA CHARITABLE GIFT FUND 225 FRANKLIN STREET, 4TH FLOOR BOSTON, MA 02110	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	CRANKSTART FOUNDATION 2626 VALLEJO STREET SAN FRANCISCO, CA 94123	\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	CRAIGSLIST CHARITABLE FUND 222 SUTTER STREET, 9TH FLOOR SAN FRANCISCO, CA 94108	\$ 50,000.	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	CYRUS HIGHSMITH 27 COLONIAL RD PROVIDENCE, RI 02906	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	DAVIA TEMIN 750 LEXINGTON AVENUE, 26TH FLOOR 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.)
21	DAVID GOLDHILL 2150 COLORADO AVENUE, SUITE 100 SANTA MONICA, CA 90404	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	DROR BAR-ZIV 1 MARKET 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.)
23	DYSON FOUNDATION 25 HALCYON RD. MILLBROOK, NY 12545-6137	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	EDELMAN 250 HUDSON ST., 16TH FLOOR NEW YORK, NY 10013	\$ 15,000.	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	EDWARDS FAMILY FUND / SILICON VALLEY COMMUNITY FDN  2440 W EL CAMINO REAL #300  MOUNTAIN VIEW, CA 94040	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	ELBAZ FAMILY FOUNDATION  9663 SANTA MONICA BLVD., NO. 425  LOS ANGELES, CA 90210-4303	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	FORD FOUNDATION  320 EAST 43RD STREET  NEW YORK, NY 10017	\$ 1,125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	FOUNDATION TO PROMOTE OPEN SOCIETY  400 WEST 59TH STREET  NEW YORK, NY 10019	\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	GEORGE KAISER FAMILY FOUNDATION  7030 SOUTH YALE AVENUE, SUITE 600  TULSA, OK 74136	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	GERALDINE R. DODGE FOUNDATION  14 MAPLE AVENUE, SUITE 400  MORRISTOWN, NJ 07960	\$ 103,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

PRO PUBLICA, INC.

14-2007220

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	GLORIA JARECKI / BRIGHTWATER FUND 10 TIMBER TRAIL RYE, NY 10580	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	GORDON CRAWFORD 520 GEORGIAN ROAD LA CANADA, CA 91011	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	HARRIS GILBERT C/O CHARLES SCHWAB 211 MAIN STREET SAN FRANCISCO, CA 94105	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	HENRY LOUIS GATES, JR 104 MOUNT AUBURN STREET, 3R CAMBRIDGE, MA 02138	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	HOLLY GRAY 25 RIVER DRIVE NORWALK, CT 06855-2518	\$ 7,721.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
36	JAMES FOUNDATION INC P.O. BOX 456 HADDONFIELD, NJ 08033	\$ 15,000.	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	JOAN AND IRWIN JACOBS FUND OF THE JEWISH COMMUNITY FOUNDATION  4950 MURPHY CANYON ROAD  SAN DIEGO, CA 92123	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	JOHN C. BOGLE C/O VANGUARD  100 VANGUARD BLVD  MALVERN, PA 19355-2331	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	JOHN S. AND JAMES L. KNIGHT FOUNDATION  200 SOUTH BISCAYNE BLVD., SUITE 3300  MIAMI, FL 33131-2349	\$ 2,210,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	JOHN AND NANCY BENSON  1001 N. FAIRFAX STREET, SUITE 640  ALEXANDRIA, VA 22314-1798	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	KATE MCGEE  24669 HIDDEN VALLEY ROAD  PHILOMATH, OR 97370	\$ 5,260.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
42	KATIE MCGRATH & J.J. ABRAMS FAMILY FOUNDATION C/O GETTLESON, WITZER & O'CONNOR, 16000 VENTURA BLVD, SUITE 900  ENCINO, CA 91436	\$ 1,500,000.	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	KEKST AND COMPANY INCORPORATED 437 MADISON AVENUE, 19TH FLOOR NEW YORK, NY 10022	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	KERN FAMILY FUND OF THE SAN FRANCISCO FOUNDATION ONE EMBARCADERO CENTER, SUITE 1400 SAN FRANCISCO, CA 94111	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	LEON LEVY FOUNDATION ONE ROCKEFELLER PLAZA, 14 WEST 49TH ST., 20TH FLOOR 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.)
46	LINCOLN HEALTHCARE FOUNDATION 838 KENMORE DRIVE CHAPEL HILL, NC 27514	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	LORI E. LESSER 425 LEXINGTON AVENUE, 27TH FLOOR NEW YORK, NY 10017	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	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.)

Name of organization

Employer identification number

PRO PUBLICA, INC.

14-2007220

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	MARISLA FOUNDATION 668 NORTH COAST HIGHWAY, PMB 1400 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.)
50	MARK COLODNY GIVING 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.)
51	MARTIN MALESKA 280 PARK AVE, 36TH FL NEW YORK, NY 10017	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	MARTY AND DOROTHY SILVERMAN FOUNDATION 830 THIRD AVENUE, 6TH FLOOR NEW YORK, NY 10022	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	MIKE LAMBERT C/O PRO PUBLICA, INC., 155 AVE OF THE AMERICAS NEW YORK, NY 10013	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	MILLICENT AND EUGENE BELL FOUNDATION 155 SEAPORT BOULEVARD BOSTON, MA 02210-2604	\$ 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	NICHOLAS AND ANNE WHYTE P.O. BOX 6449 SAN JOSE, CA 95115-6449	\$ 5,332.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
56	PAUL AND ANN SAGAN / 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.)
57	PINION STREET FOUNDATION OF THE JEWISH COMMUNITY FEDERATION 121 STEUART 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.)
58	RATHMANN FAMILY FOUNDATION P.O. BOX 352 ARNOLD, MD 21012-0352	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	ROBERT C. S. MONKS / SPINNAKER TRUST 123 FREE STREET PORTLAND, ME 04101	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	ROBERT WOOD JOHNSON FOUNDATION P.O. BOX 2316 PRINCETON, NJ 08543-2316	\$ 761,463.	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
61	RONALD AND JANE OLSON 355 SOUTH GRAND AVENUE, 35TH FLOOR LOS ANGELES, CA 90071	\$ 25,329.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
62	SANDPIPER FUND, INC 31 HELENA AVENUE LARCHMONT, NY 10538	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	SEAN AND ANA FIELER 623 FIFTH AVENUE, 27TH FLOOR NEW YORK, NY 10022-6831	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	SELECT EQUITY GROUP, INC 380 LAFAYETTE STREET NEW YORK, NY 10003	\$ 35,992.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	SIMIN N. ALLISON P O BOX 5010 MONROE, CT 06468	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	SIMON AND TERESA LI / SCHWAB CHARITABLE FUND 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.)

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
67	SKOLL GLOBAL THREATS FUND 1808 WEDEMEYER STREET, SUITE 300 SAN FRANCISCO, CA 94129	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	SURVEYMONKEY 285 HAMILTON AVENUE, STE 500 PALO ALTO, CA 94301	\$ 12,388.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	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.)
70	SUTTON FAMILY CHARITABLE FUND/ VANGUARD CHARITABLE ENDOWMENT P.O. BOX 55766 BOSTON, MA 02205-5766	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	THE COULTER/WEEKS CHARITABLE FOUNDATION OF THE AYCO CHARITABLE FOUN P.O. BOX 15203 ALBANY, NY 12212-5203	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	THE DAVID B. GOLD FOUNDATION 44 MONTGOMERY STREET, SUITE 3750 SAN FRANCISCO, CA 94104	\$ 25,000.	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
73	THE GOLDHIRSH FOUNDATION, INC 6380 WILSHIRE BOULEVARD, 15TH FLOOR LOS ANGELES, CA 90048	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	THE HILL FAMILY FOUNDATION, INC 4 EAST 72ND 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.)
75	THE JEROME L. GREENE FOUNDATION 950 THIRD AVENUE, 19TH FLOOR NEW YORK, NY 10022	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	THE KOHLBERG FOUNDATION 111 RADIO CIRCLE MT KISCO, NY 10549	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	THE KOIVU FUND / VANGUARD P.O. BOX 55766 BOSTON, MA 02205	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	THE LAURA AND JOHN ARNOLD FOUNDATION 2800 POST OAK BLVD HOUSTON, TX 77056	\$ 2,000,000.	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
79	THE LU FOUNDATION 820 S. MONACO PARKWAY, UNIT 340 DENVER, CO 80224	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	THE MARC HAAS FOUNDATION 135 WEST 50TH STREET NEW YORK, NY 10020	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	THE PETER AND CARMEN LUCIA BUCK FOUNDATION 157 EAST 86TH STREET, 5TH FLOOR NEW YORK, NY 10028	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	THE RICHARD H. DRIEHAUS FOUNDATION 737 NORTH MICHIGAN AVENUE, SUITE 2000 CHICAGO, IL 60611	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	THE SANDLER FOUNDATION 121 STEUART STREET SAN FRANCISCO, CA 94105	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	THE SHELLEY & DONALD RUBIN FOUNDATION 17 WEST 17TH STREET, 9TH FLOOR NEW YORK, NY 10011	\$ 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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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	THE SELZ FOUNDATION 1370 AVENUE OF THE AMERICAS, 4TH FLOOR NEW YORK, NY 10019	\$ 73,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	THE VERMONT COMMUNITY FOUNDATION 3 COURT STREET, P.O. BOX 30 MIDDLEBURY, VT 05753	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	THE WARBURG PINCUS FOUNDATION 450 LEXINGTON AVENUE NEW YORK, NY 10017	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	THE WILLIAM AND FLORA HEWLETT FOUNDATION 2121 SAND HILL ROAD MENLO PARK, CA 94025	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	TIDES FOUNDATION THE PRESIDIO, P.O. BOX 29903 SAN FRANCISCO, CA 94129-0903	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	THOMAS AND JANET UNTERMAN 100 WILSHIRE BLVD., SUITE 200 SANTA MONICA, CA 90401	\$ 50,000.	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
91	THOMAS P. JALKUT, TRUSTEE / NUTTER, MCLENNEN & FISH  155 SEAPORT BOULEVARD  BOSTON, MA 02210	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	TOMKAT FUND / SAN FRANCISCO FDN  ONE EMBARCADERO CENTER, SUITE 1400  SAN FRANCISCO, CA 94111	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	TRELLIS FUND  3150 SOUTH STREET NW  WASHINGTON, DC 20007	\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	TULSA COMMUNITY FOUNDATION  7030 SOUTH YALE AVENUE, SUITE 600  TULSA, OK 74136	\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	YELLOW CHAIR FOUNDATION  1660 BUSH STREET, SUITE 300  SAN FRANCISCO, CA 94109-5308	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	ZANKEL CHARITABLE LEAD TRUST C/O BALESTRA CAPITAL, LTD., 58 WEST 40TH STREET, 12TH FLOOR  NEW YORK, NY 10018	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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PRO PUBLICA, INC.

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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
35	SHARES OF PERKINELMER INC STOCK	\$ 7,721.	12/31/15
41	SHARES OF WESTAMERICA STOCK	\$ 5,260.	12/14/15
55	SHARES OF APPLE STOCK	\$ 5,332.	11/18/15
61	SHARES OF PEPSICO INC. STOCK	\$ 25,329.	12/31/15
		\$	
		\$	

Name of organization

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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

**(e) Transfer of gift**

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee


(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

**(e) Transfer of gift**

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee


(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

**(e) Transfer of gift**

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee


(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

**(e) Transfer of gift**

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee




SCHEDULE D (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.

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

OMB No. 1545-0047

2015

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

Form with multiple sections: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d... (includes sub-table for 2a-2d), 3 Number of conservation easements modified..., 4 Number of states where property..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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.

Form with sections: 1a If the organization elected, as permitted under SFAS 116... provide, in Part XIII, the text of the footnote... 1b If the organization elected, as permitted under SFAS 116... provide the following amounts relating to these items: (i) Revenue included..., (ii) Assets included... 2 If the organization received or held works of art... provide the following amounts required to be reported under SFAS 116... a Revenue included..., b 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 are a 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 programs
  - 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 Temporarily restricted 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		140,403.	15,768.	124,635.
d Equipment		770,393.	623,559.	146,834.
e Other		1,176,400.	1,038,998.	137,402.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				408,871.

**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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (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.

1	Total revenue, gains, and other support per audited financial statements		1	17,046,930.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1		3	17,046,930.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	17,046,930.

**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.

1	Total expenses and losses per audited financial statements		1	12,461,149.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1		3	12,461,149.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	12,461,149.

**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 AUDITS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO 2012.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2015**

Open to Public Inspection

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

PRO PUBLICA, INC.

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**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 (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**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 in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input 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" to 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 non-fixed 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" to 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>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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	7	46,666.FMV	
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 IV, 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 three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **30a** **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31** **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** **X**
- b If "Yes," describe in Part II.
- 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 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) (2015)



**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 1,

COLUMN (B) OF SCHEDULE M.

**SCHEDULE O**  
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

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Employer identification number

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

BY GOVERNMENT, BUSINESS, AND OTHER INSTITUTIONS, USING THE MORAL FORCE  
OF INVESTIGATIVE JOURNALISM TO SPUR REFORM THROUGH THE SUSTAINED  
SPOTLIGHTING OF WRONGDOING.

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

WE PRODUCE JOURNALISM THAT SHINES A LIGHT ON EXPLOITATION OF THE WEAK  
BY THE STRONG AND ON THE FAILURES OF THOSE WITH POWER TO VINDICATE THE  
TRUST PLACED IN THEM. IN THE BEST TRADITIONS OF AMERICAN JOURNALISM IN  
THE PUBLIC SERVICE, WE AIM TO STIMULATE POSITIVE CHANGE, UNCOVERING  
UNSAVORY PRACTICES AND ABUSES OF POWER IN ORDER TO PROD REFORM. WE DO  
THIS IN AN ENTIRELY NON-PARTISAN AND NON-IDEOLOGICAL MANNER, ADHERING  
TO THE STRICTEST STANDARDS OF JOURNALISTIC IMPARTIALITY.

OUR STATED MISSION IS "TO EXPOSE ABUSES OF POWER AND BETRAYALS OF THE  
PUBLIC TRUST BY GOVERNMENT, BUSINESS, AND OTHER INSTITUTIONS, USING THE  
MORAL FORCE OF INVESTIGATIVE JOURNALISM TO SPUR REFORM THROUGH THE  
SUSTAINED SPOTLIGHTING OF WRONGDOING."

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

INNOVATIVE APPROACHES ARE ESSENTIAL FOR PROPUBLICA TO SUCCEED IN OUR  
MISSION OF PRODUCING STORIES THAT EXPOSE ABUSES OF POWER AND BETRAYALS  
OF PUBLIC TRUST. OUR NEWSROOM'S USE OF DATA - FROM ANALYZING AND  
FILTERING RAW RECORDS TO CREATING CUTTING-EDGE VISUALIZATIONS AND NEWS  
APPLICATIONS THAT HELP READERS MAKE SENSE OF IT ALL - IS ONE CRITICAL  
WAY WE'RE EXPANDING THE FRONTIERS OF CONTEMPORARY JOURNALISM. OUR DATA  
RESEARCH GENERATED SOME OF 2015'S MOST GAME-CHANGING INVESTIGATIONS.

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PROPUBLICA'S INVESTIGATION OF THE NATION'S DEBT COLLECTION SYSTEM IS A POWERFUL EXAMPLE. REPORTER PAUL KIEL HAD ALREADY BEEN EXPLORING THIS ISSUE FOR MORE THAN A YEAR, PRODUCING AWARD-WINNING WORK THAT GENERATED THE FIRST EVER NATIONAL STUDY OF WAGE GARNISHMENT RATES. BUT HE WANTED TO DIG DEEPER INTO THE DATA.

KIEL SUSPECTED THERE WAS A DIFFERENCE IN DEBT COLLECTION PATTERNS BETWEEN BLACK AND WHITE COMMUNITIES. TO TEST THIS THEORY, HE AND FELLOW ANNIE WALDMAN REQUESTED COURT RECORDS ON CIVIL JUDGMENTS FROM THE HIGHLY SEGREGATED CITIES OF ST. LOUIS, CHICAGO AND NEWARK. THEY WENT THROUGH MORE THAN HALF A MILLION CASES, GEOCODED EVERY ADDRESS AND ASSIGNED EACH TO A CENSUS TRACT. IN ALL THREE REGIONS, THE CORRELATION WAS CLEAR: THE HEAVIEST USE OF COLLECTION LAWSUITS CONSISTENTLY OVERLAPPED WITH MAJORITY BLACK NEIGHBORHOODS. EVEN WHEN ADJUSTING FOR INCOME, THE RATE OF LAWSUITS WAS NEARLY DOUBLE IN PREDOMINATELY BLACK AREAS THAN THAT OF MOSTLY WHITE COMMUNITIES. AFTER JUDGMENTS, DEBTORS IN BLACK NEIGHBORHOODS WERE SIGNIFICANTLY MORE LIKELY TO HAVE THEIR WAGES GARNISHED.

OUR JOURNALISTS PUT THESE FINDINGS IN INTERACTIVE DATABASES OF THE THREE CITIES, ILLUSTRATING THE DISPARITIES. WHEN KIEL SPOKE WITH THE AFRICAN-AMERICAN MAYOR OF THE ST. LOUIS SUBURB OF JENNINGS (A SINGLE MOTHER WHO HAD BEEN SUED OVER DEBT HERSELF, AND HAD HER PAYCHECK GARNISHED), HE SHOWED HER PROPUBLICA'S DATABASE. IN MAYOR YOLANDA FOUNTAIN HENDERSON'S SMALL SUBURB, MORE THAN 4,500 COLLECTION LAWSUITS HAD BEEN FILED OVER THE COURSE OF FIVE YEARS. OUT OF 16 HOMES ON HER OWN BLOCK, EIGHT HOUSEHOLDS HAD BEEN SUED. "THEY'RE JUST SUING ALL OF

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US," HENDERSON SAID IN DISBELIEF.

PROPUBLICA DIDN'T ONLY HIGHLIGHT THE PROBLEM; WE OFFERED POTENTIAL SOLUTIONS. IN AN ACCOMPANYING SIDEBAR TO THE STORY AND DATABASE, WE IDENTIFIED SIX WAYS THE DEBT COLLECTION SYSTEM MIGHT BE REFORMED. TWO MONTHS LATER, MISSOURI ATTORNEY GENERAL CHRIS KOSTER PROPOSED A SERIES OF CHANGES TO STATE COURT RULES, INCLUDING A REQUIREMENT FOR DEBT-BUYING COMPANIES TO PROVIDE PROOF THAT THEY OWN A DEBT BEFORE THEY CAN SUE A DEBTOR, AND MEASURES TO PREVENT COMPANIES FROM WINNING JUDGMENTS WHEN THE STATUTE OF LIMITATIONS ON A DEBT HAS EXPIRED. "EARLIER THIS YEAR, PROPUBLICA RELEASED A REPORT THAT CONFIRMS WHAT MANY CONSUMER PROTECTION ADVOCATES HAVE LONG SUSPECTED," KOSTER SAID IN A LETTER TO THE MISSOURI SUPREME COURT'S COMMISSION ON RACIAL AND ETHNIC FAIRNESS. "THE SCOPE OF THIS PROBLEM IS VAST, AND THERE IS A GROWING CONSENSUS THAT REFORM IS DESPERATELY NEEDED FOR OUR STATE COURT SYSTEM."

PROPUBLICA'S DATA JOURNALISM IN 2015 ALSO IGNITED A NATIONAL CONVERSATION ON PATIENT SAFETY FOLLOWING OUR PUBLICATION OF SURGEON SCORECARD IN JULY. SPEARHEADED BY REPORTER MARSHALL ALLEN AND DEPUTY DATA EDITOR OLGA PIERCE, THIS GROUNDBREAKING TOOL COMPARES THE PERFORMANCE OF NEARLY 17,000 SURGEONS BY ANALYZING MILLIONS OF MEDICARE CLAIMS RECORDS. IT LETS PATIENTS, FOR THE FIRST TIME, WEIGH THE PAST PERFORMANCE OF SURGEONS ON EIGHT COMMON ELECTIVE PROCEDURES, ALLOWING THEM TO MAKE BETTER DECISIONS ABOUT THEIR HEALTHCARE.

OUR METHODOLOGY, WHICH ACCOUNTS FOR FACTORS SUCH AS PATIENTS' HEALTH AND AGE, WAS CAREFULLY DESIGNED IN CLOSE CONSULTATION WITH SURGEONS AND

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OTHER LEADING EXPERTS. AS WE CREATED SURGEON SCORECARD, THEY REPEATEDLY TOLD US THAT MEDICAL ERRORS - IDENTIFIED BY ONE RECENT STUDY AS THE THIRD-LEADING CAUSE OF DEATH IN THE U.S. - CAN AND SHOULD HAPPEN FAR LESS FREQUENTLY. THEY ALSO TOLD US THAT GREATER TRANSPARENCY ABOUT SURGEONS' PERFORMANCE COULD HELP BRING ABOUT THAT GOAL. YET ALMOST UNIVERSALLY, HOSPITALS FAIL TO PUBLICLY REPORT SUCH DATA.

TAKING THE POSITION THAT SURGEONS ARE ULTIMATELY RESPONSIBLE FOR THE FULL RANGE OF CARE IN AN OPERATION, AND THAT PATIENTS WOULD WANT TO USE DATA ABOUT A DECISION AS CONSEQUENTIAL AS CHOOSING A SURGEON, WE DISCLOSED WHAT HOSPITALS WOULD NOT. IMPORTANT STORIES EMERGED FROM THE DATA. A SMALL SHARE OF DOCTORS, 11 PERCENT, ACCOUNTED FOR ABOUT A QUARTER OF COMPLICATIONS. HUNDREDS OF SURGEONS ACROSS THE COUNTRY HAD RATES DOUBLE AND TRIPLE THE NATIONAL AVERAGE. AND WE FOUND THAT IT'S NOT THE REPUTATION OR STATUS OF A HOSPITAL THAT MATTERS MOST - WHEN IT COMES TO ELECTIVE OPERATIONS, IT IS MUCH MORE IMPORTANT TO PICK THE RIGHT SURGEON.

WHILE SOME IN THE SURGICAL COMMUNITY HAVE BEEN CRITICAL OF THIS TOOL, QUESTIONING THE METHODOLOGY AND ALLEGING THAT IT UNFAIRLY TARNISHES SOME DOCTORS' REPUTATIONS, MANY OTHERS HAVE PRAISED IT AS A TRANSFORMATIVE STEP THAT WILL PROTECT PATIENTS. "A KEY VALUE OF THE PROPUBLICA EFFORT IS THAT IT HAS LAUNCHED AN IMPORTANT DEBATE ABOUT HOW WE ASSESS AND REPORT SURGICAL QUALITY," SAID DR. ASHISH JHA, PROFESSOR AT HARVARD SCHOOL OF PUBLIC HEALTH. "THE OLD WAY - WHERE ALL THE INFORMATION WAS PRIVILEGED AND KNOWN ONLY AMONG PHYSICIANS - IS GONE. AND IT IS NOT COMING BACK."

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IN COLLABORATION WITH NPR'S HOWARD BERKES, REPORTER MICHAEL GRABELL INVESTIGATED HOW OUR NATION'S WORKERS' COMPENSATION SYSTEM IS BEING DISMANTLED, OFTEN AT THE BEHEST OF BIG BUSINESS AND INSURANCE COMPANIES. SINCE 2013, 33 STATES HAVE CUT BENEFITS TO INJURED WORKERS, CREATED HURDLES TO GETTING CARE, OR MADE IT HARDER FOR WORKERS WITH CERTAIN INJURIES TO QUALIFY FOR WORKERS' COMP AT ALL.

REPORTING ON THE GROUND IN 16 STATES AND THE DISTRICT OF COLUMBIA, GRABELL AND BERKES INTERVIEWED MORE THAN 200 INJURED WORKERS, WORKERS' COMP LAWYERS, EMPLOYERS, LAWMAKERS AND OTHERS. THE SCOPE OF THESE CHANGES HAD ATTRACTED ALMOST NO NATIONAL ATTENTION, AS POLITICIANS PASSED LAWS UNDER THE BANNER OF "REFORMS" THAT WOULD PROVIDE COST SAVINGS WHILE INJURED WORKERS OSTENSIBLY REMAINED PROTECTED.

PROVIDING A MUCH-NEEDED FACT CHECK, PROPUBLICA COMBED THROUGH LAWS IN ALL 50 STATES SINCE 2003 AND BUILT A FIRST-EVER DATABASE OF THE CHANGES. WE PRESENTED OUR FINDINGS IN A NEWS APPLICATION SHOWING THE MAXIMUM COMPENSATION WORKERS COULD RECEIVE FOR EACH BODY PART IN EACH JURISDICTION. THIS REVEALED DRAMATIC DISCREPANCIES BETWEEN STATES IN THE BENEFITS PAID. FOR EXAMPLE, A LOST ARM IS WORTH \$45,000 IN WORKERS' COMP IN ALABAMA, BUT MORE THAN \$740,000 OVER A LIFETIME IN NEIGHBORING GEORGIA. A FURTHER STORY DEMONSTRATED THAT A MOVE IN SOME STATES TO PERMIT EMPLOYERS TO OPT-OUT OF LOCAL SYSTEMS WAS FURTHER HURTING THE VERY WORKERS THE SYSTEM IS SUPPOSEDLY DESIGNED TO PROTECT.

THE STORIES PROMPTED NEW LEGISLATION TO RAISE BENEFITS IN ALABAMA. TEN MEMBERS OF CONGRESS, CITING PROPUBLICA'S INVESTIGATION, URGED THE U.S. LABOR SECRETARY TO DEVISE AN OVERSIGHT PLAN FOR STATE WORKERS' COMP PROGRAMS. "THE RACE TO THE BOTTOM NOW APPEARS TO BE NEARLY BOTTOMLESS,"

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THE MEMBERS OF CONGRESS WROTE.

OVER AND OVER AGAIN IN 2015, PROPUBLICA REPORTERS AND EDITORS EXAMINED AND DISTILLED MASSIVE DATA SETS TO HELP READERS MAKE SENSE OF IMPORTANT ISSUES. WE WORKED WITH DEPARTMENT OF EDUCATION DATA, WHICH INVOLVED 2,000 VARIABLES FOR EACH OF ABOUT 7,800 COLLEGES, TO BUILD AN INTERACTIVE DATABASE SHOWING READERS THE DISCOUNTS COLLEGES GIVE TO THEIR LEAST WEALTHY STUDENTS AND HOW MUCH DEBT AVERAGE STUDENTS TAKE ON.

IN OUR INVESTIGATION WITH AL.COM OF AN ALABAMA "CHEMICAL ENDANGERMENT" STATUTE THAT MAKES PRENATAL DRUG USE A FELONY, REPORTERS OBTAINED RECORDS ON EVERY PERSON PROSECUTED UNDER THE MEASURE SINCE 2006, SIFTING THROUGH MORE THAN 6,000 CASES TO IDENTIFY NEARLY 500 WOMEN WHOSE PROSECUTIONS WERE PREGNANCY RELATED, IN ADDITION TO POLLING EVERY HOSPITAL IN THE STATE THAT DELIVERS BABIES ABOUT THEIR DRUG-TESTING POLICIES.

WE WERE ALSO GUIDED BY SHOE-LEATHER REPORTING, KNOCKING ON DOORS TO REPORT ON THE MISHANDLING OF HORRIFYING SERIAL RAPE CASES, ABUSE AND NEGLECT AT A CALIFORNIA GROUP HOME FOR TROUBLED CHILDREN, THE UNSOLVED MURDER CASES OF FIVE VIETNAMESE-AMERICAN JOURNALISTS, THE FAILURES OF GUN CONTROL ADVOCATES TO ADDRESS THE CAUSES OF URBAN GUN VIOLENCE, AND THE WILLINGNESS OF NEW YORK CITY LANDLORDS TO FLOUT A LAW THAT GAVE THEM LUCRATIVE TAX BREAKS IN EXCHANGE FOR LIMITS ON RENT INCREASES AND GUARANTEES IN WORKER PAY.

SUCH STORIES HAVE REAL POWER, AND CAN MAKE A DIFFERENCE IN A DEMOCRATIC SOCIETY. PROPUBLICA'S WORK IN 2015 DEMONSTRATED AGAIN THAT SOME OF THE

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MOST SIGNIFICANT OPPORTUNITIES FOR TELLING SUCH STORIES LIE AT THE INTERSECTION OF DATA AND REPORTING. WE LOOK FORWARD TO ANOTHER YEAR OF FINDING IMPORTANT BUT HIDDEN STORIES, AND BRINGING THEM TO LIGHT.

THE MOST IMPORTANT TEST OF PROPUBLICA IS WHETHER OUR WORK IS HAVING IMPACT. BY THIS, WE MEAN NOT AUDIENCE SIZE OR PRIZES, BUT REAL-WORLD CHANGE. EXAMPLES OF WHAT WE MEAN, AND DISCUSSIONS OF HOW WE THINK ABOUT THE SUBJECT OF IMPACT, CAN BE FOUND AT [HTTP://WWW.PROPUBLICA.ORG/ABOUT/IMPACT/](http://www.propublica.org/about/impact/)

- AFTER OUR REPORTING IN AUGUST ON ALLEGATIONS OF ABUSE AND NEGLECT AT THE BAYFRONT GROUP HOME FOR TROUBLED CHILDREN IN LONG BEACH, CALIF., OPERATORS CLOSED THE FACILITY IN OCTOBER. THE FOLLOWING MONTH, THE STATE PASSED LEGISLATION TO OVERHAUL CALIFORNIA'S JUVENILE GROUP HOME SYSTEM WITH AN ACCREDITATION PROCESS, NEW STAFF TRAINING, A REQUIREMENT TO SERVE CHILDREN ON A SHORT-TERM BASIS, AND A MORE RIGOROUS OVERSIGHT PROCESS FROM THE STATE DEPARTMENT OF SOCIAL SERVICES.

- IN OCTOBER PROPUBLICA PUBLISHED A STORY, WITH THE DAILY BEAST, ABOUT A DEAL STRUCK BY A MAJOR COAL COMPANY, PATRIOT COAL CORPORATION, THAT WOULD HAVE DIVERTED \$18 MILLION INTENDED FOR THE HEALTH INSURANCE OF 208 RETIRED INDIANA COAL MINERS AND THEIR DEPENDENTS TO INSTEAD PAY FOR LAWYERS AND OTHER COSTS DEALING WITH PATRIOT COAL'S BANKRUPTCY. ONE WEEK AFTER THE STORY RAN, PATRIOT COAL ANNOUNCED THAT IT WAS WITHDRAWING THEIR PLAN TO STRIP RETIREE'S BENEFITS.

- IN 2014 PROPUBLICA, IN PARTNERSHIP WITH THE WASHINGTON POST, PUBLISHED STORIES ON THE BUSINESS PRACTICES, AND ESPECIALLY HIGH-PRICED



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LOANS TO ACTIVE DUTY SERVICE PERSONNEL, OF USA DISCOUNTERS (SINCE RE-NAMED USA LIVING). WITH THE RESULTING CONGRESSIONAL PRESSURE AND A CHANGE IN DEFENSE DEPARTMENT REGULATIONS, THE COMPANY FILED FOR BANKRUPTCY PROTECTION IN AUGUST AND WENT OUT OF BUSINESS.

- AFTER A PROPUBLICA STORY, PUBLISHED IN PARTNERSHIP WITH THE WASHINGTON POST, CHARTED THE HARM STEMMING FROM NURSING HOMES' FAILURE TO MONITOR THE ADMINISTRATION OF THE BLOOD THINNER COUMADIN, THE FEDERAL AGENCY RESPONSIBLE FOR NURSING HOMES FORMALLY WARNED THEM IN JULY TO BE ON THE LOOKOUT FOR SUCH ERRORS. IN JULY, CONGRESSIONAL LEADERSHIP OF THE HOUSE ENERGY AND COMMERCE COMMITTEE ASKED THE FOOD AND DRUG ADMINISTRATION FOR DETAILS ON HOW IT MONITORS THE SAFETY OF THE BLOOD THINNER, WRITING THAT "THE PROBLEMS IDENTIFIED IN THE PROPUBLICA REPORT HAVE PROMPTED THE COMMITTEE TO CONSIDER WHERE THERE ARE ANY FURTHER ACTIONS FDA COULD TAKE TO DECREASE THE INCIDENCE AND SEVERITY OF ADVERSE EVENTS."

- NEW FEDERAL RULES, PROMULGATED IN JULY IN PART IN THE WAKE OF PROPUBLICA REPORTING IN 2012 ON FAILURES TO ENFORCE THE OPEN HOUSING ACT OF 1968 (ESPECIALLY IN AND AROUND NORTHERN CITIES), REQUIRE LOCAL GOVERNMENTS TO USE FEDERAL HOUSING FUNDS TO REDUCE RACIAL DISPARITIES-OR PAY PENALTIES FOR FAILING TO DO SO.

- A TASK FORCE APPOINTED BY ALABAMA'S GOVERNOR PROPOSED SUBSTANTIAL CHANGES IN A STATE LAW THAT MAKES IT A FELONY FOR A PREGNANT WOMAN TO USE DRUGS, EVEN WHEN THE DRUGS ARE LEGAL AND THE CHILD UNHARMED. A PROPUBLICA STORY IN SEPTEMBER, PUBLISHED WITH AL.COM, HIGHLIGHTED THE DISPARITIES, OVERREACH AND OTHER PROBLEMS IN ENFORCING THE STATUTE.

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PROPOSALS UNDER REVIEW INCLUDE OFFERING DRUG TREATMENT TO PREGNANT WOMEN INSTEAD OF PROSECUTION, AS WELL AS PROTECTIONS FOR WOMEN USING LEGALLY PRESCRIBED DRUGS.

- FOLLOWING OUR OCTOBER STORY ON RACIAL DISPARITIES IN DEBT COLLECTION LAWSUITS AND WAGE GARNISHMENT (WITH A FOCUS ON THE ST. LOUIS AREA), MISSOURI ATTORNEY GENERAL CHRIS KOSTER PROPOSED CHANGES TO ADDRESS ISSUES PROPUBLICA RAISED ABOUT THE STATE'S DEBT COLLECTION SYSTEM. KOSTER'S PROPOSALS, PRESENTED TO THE MISSOURI SUPREME COURT'S COMMISSION ON RACIAL AND ETHNIC FAIRNESS, INCLUDE A REQUIREMENT FOR DEBT-BUYING COMPANIES TO PROVE THAT THEY OWN A DEBT BEFORE THEY CAN SUE, MEASURES TO PREVENT COMPANIES FROM WINNING JUDGMENTS WHEN THE STATUTE OF LIMITATIONS ON A DEBT HAS EXPIRED, AND SAFEGUARDS AGAINST STEEP ATTORNEY'S FEES BEING PASSED ON TO DEBTORS.

- OUR REPORTING ON THE APPARENT OVERUSE OF RESTRAINTS OF CHILDREN IN SCHOOLS HAS CONTINUED TO SHOW IMPORTANT RESULTS. FOLLOWING IN THE STEPS OF MASSACHUSETTS LATE IN 2014, IN FEBRUARY THE VIRGINIA LEGISLATURE PASSED A BILL REQUIRING STATE LEADERS TO SET LIMITS ON THE PRACTICE. IN WASHINGTON STATE, A BILL LIMITING RESTRAINTS WAS ENACTED IN APRIL. ONE STATE REPRESENTATIVE WROTE TO THANK PROPUBLICA FOR, "GREAT WORK ON ENDING USE OF ISOLATION AND RESTRAINT OF SPECIAL ED STUDENTS."

- NEW YORK CITY HOSPITALS AGREED IN JULY TO NO LONGER ALLOW PATIENTS TO BE FILMED WITHOUT PRIOR CONSENT AFTER A PROPUBLICA STORY, PUBLISHED WITH NEW YORK MAGAZINE, REVEALED THAT A TELEVISION PROGRAM HAD BROADCAST FOOTAGE OF A MAN'S DEATH WITHOUT ANY PERMISSION FROM HIS FAMILY.

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- RESPONDING TO OUR REPORTING WITH NPR ON INEQUITIES IN STATE WORKERS COMPENSATION PROGRAMS, CALIFORNIA LABOR OFFICIALS IN MARCH FORMALLY ADVISED INSURANCE COMPANIES THAT A 2012 STATE LAW COULD NOT BE USED TO REOPEN OLD CASES AND DENY PREVIOUSLY APPROVED CARE. IN APRIL, PROPOSED LEGISLATION MODIFYING THE 2012 LAW CLEARED A KEY STATE SENATE COMMITTEE. OUR INVESTIGATION ALSO PROMPTED AN ALABAMA BILL TO NEARLY TRIPLE WORKERS' COMP BENEFITS FOR AMPUTEES, AND AN INJURED WORKER FEATURED IN OUR STORY TESTIFIED BEFORE ILLINOIS LAWMAKERS IN MAY, AS PART OF A HOUSE HEARING CHALLENGING THE GOVERNOR'S PROPOSAL TO REDUCE WORKERS' COMP. IN OCTOBER, 10 MEMBERS OF CONGRESS URGED THE U.S. LABOR SECRETARY TO DEVISE A FEDERAL OVERSIGHT PLAN FOR STATE WORKERS' COMP PROGRAMS. FOLLOWING FURTHER REPORTING ON CORPORATIONS THAT OPT OUT OF STATE WORKERS' COMP AND WRITE THEIR OWN PLANS WITH LOWER BENEFITS, THE NATIONAL CONFERENCE OF INSURANCE LEGISLATORS ANNOUNCED IN NOVEMBER THAT IT WILL INVESTIGATE THIS BURGEONING EFFORT. THE ORGANIZATION, WHOSE MEMBERS SERVE ON INSURANCE COMMITTEES AND OFTEN ACT AS GATEKEEPERS FOR RELATED BILLS IN THEIR STATES, SAID THE ISSUES RAISED IN PROPUBLICA'S INVESTIGATION "ARE OF SIGNIFICANT CONCERN TO STATE LEGISLATORS RESPONSIBLE FOR THE PROTECTION OF INJURED WORKERS."

- AFTER WE REVEALED THE PRESENCE OF "ZOMBIE COOKIES" ON SOME WEBSITES THAT COULD NOT BE DELETED BY USERS, TECH COMPANY TURN SAID IT WOULD DISCONTINUE THE PRACTICE, AND VERIZON SAID IT WOULD BEGIN ENABLING CONSUMERS TO OPT OUT OF SUCH TRACKING.

- IN FEBRUARY PROPUBLICA PUBLISHED A STORY ABOUT SOFTWARE DEVELOPER WERNER KOCH, WHO BUILT GNU PRIVACY GUARD, THE FREE EMAIL ENCRYPTION

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SOFTWARE USED BY WHISTLEBLOWER EDWARD SNOWDEN, AS WELL AS COUNTLESS JOURNALISTS AND DISSIDENTS AROUND THE WORLD. WITH DWINDLING FUNDS, KOCH STRUGGLED TO KEEP GNU PRIVACY GUARD ALIVE ON A VOLUNTEER BASIS AND WAS ON THE VERGE OF TERMINATING HIS CRUCIAL UPDATES TO THE SECURITY SOFTWARE. WITHIN DAYS OF PROPUBLICA'S STORY, KOCH RECEIVED ENOUGH FUNDING FROM FOUNDATIONS, CORPORATIONS AND INDIVIDUAL DONATIONS TO WORK FULLTIME ON THE PRIVACY TOOL.

- IN RESPONSE TO OUR REPORTING IN SEPTEMBER THAT THE U.S. DEPARTMENT OF HOMELAND SECURITY HAD PRESSURED A LEBANON, NEW HAMPSHIRE LIBRARY TO STOP USING TECHNOLOGY WHICH ALLOWED ANONYMOUS INTERNET BROWSING, THE LIBRARY BOARD DECIDED TO RESUME THE SERVICE.

- RESPONDING TO PRESS COVERAGE, INCLUDING ARTICLES BY PROPUBLICA, NEW YORK GOVERNOR ANDREW CUOMO IN MAY ENDED HIS ADMINISTRATION'S PRACTICE OF AUTOMATICALLY DELETING ALL EMAILS AFTER 90 DAYS.

- OUR NOVEMBER REPORTING ON NEW YORK CITY LANDLORDS WHO DISREGARD RENT LIMITS AND OVERCHARGE TENANTS - WHILE STILL GETTING BIG TAX BREAKS THAT REQUIRE THEM TO LIMIT RENT INCREASES - TRIGGERED A LEGISLATIVE PROPOSAL TO CURB THE PREDATORY PRACTICE. THE MEASURE WOULD REQUIRE LANDLORDS RECEIVING THE TAX RELIEF TO PROVIDE A LIST OF THEIR APARTMENTS TO CITY HOUSING OFFICIALS. THE BILL WOULD ALSO SPECIFICALLY ORDER THE CITY'S HOUSING AGENCY TO TRACK EVERY APARTMENT BUILT WITH TAXPAYER SUBSIDIES.

- HEALTH CANADA IS CONSIDERING LOWERING THE RECOMMENDED DOSE OF ACETAMINOPHEN, THE ACTIVE INGREDIENT IN TYLENOL, FOLLOWING A REPORT IN THE TORONTO STAR IN 2014 ON THE PAINKILLER'S DANGERS. THE STAR'S REPORT

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FOLLOWED A 2013 PROPUBLICA INVESTIGATION; PROPUBLICA AIDED THE STAR FOR ITS STORY. ALSO FOLLOWING OUR TYLENOL COVERAGE, THE FDA IN AUGUST FINALLY ENDORSED A SAFETY DEVICE FOR THE LIQUID FORM OF CHILDREN'S ACETAMINOPHEN.

- THE FOOD AND DRUG ADMINISTRATION ANNOUNCED IN JULY THAT IT IS INVESTIGATING THE RISK OF CHEMICAL DEPOSITS IN THE BRAIN FOR PATIENTS WHO ARE GIVEN REPEATED MRIS USING IMAGING DRUGS THAT CONTAIN A HEAVY METAL. SUCH IMAGING DRUGS CONTAINING GADOLINIUM, ESPECIALLY GE HEALTHCARE'S OMNISCAN, HAVE BEEN THE SUBJECT OF EXTENSIVE REPORTING BY PROPUBLICA BEGINNING IN 2009.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE CON'T: ANOTHER SIGNIFICANT TEST IS RECOGNITION FROM PEERS IN JOURNALISM. PROPUBLICA WAS THE FIRST ONLINE NEWS ORGANIZATION TO WIN A PULITZER PRIZE (2010) AND THE FIRST TO WIN A PULITZER FOR STORIES NOT PUBLISHED IN PRINT (2011). OUR WORK WAS HONORED IN 2015 AS FOLLOWS:

PROPUBLICA'S PROJECT WITH PBS FRONTLINE, "FIRESTONE AND THE WARLORD," ABOUT THE AMERICAN TIRE COMPANY'S ACTIVITIES IN LIBERIA DURING THE COUNTRY'S CIVIL WAR, WON TWO NEWS & DOCUMENTARY EMMY AWARDS IN THE CATEGORIES OF OUTSTANDING INVESTIGATIVE JOURNALISM AND OUTSTANDING RESEARCH. T. CHRISTIAN MILLER AND JONATHAN JONES' REPORTING ON THIS STORY ALSO RECEIVED THE ROBERT F. KENNEDY JOURNALISM AWARD FOR NEW MEDIA, THE INVESTIGATIVE REPORTERS AND EDITORS AWARD FOR MULTIPLATFORM PROJECTS FOR LARGE ORGANIZATIONS, AND HUNTER COLLEGE'S ARONSON AWARD FOR SOCIAL JUSTICE JOURNALISM.

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OUR ARTICLE "SEGREGATION NOW," ON THE RE-SEGREGATION OF AMERICA'S SCHOOLS, PUBLISHED IN PARTNERSHIP WITH THE ATLANTIC, RECEIVED THE HECHINGER GRAND PRIZE FOR DISTINGUISHED EDUCATION REPORTING, THE HIGHEST HONOR IN EDUCATION JOURNALISM; THE NATIONAL AWARD FOR EDUCATION REPORTING FOR BEAT REPORTING; THE SOCIETY OF PROFESSIONAL JOURNALISTS' SIGMA DELTA CHI AWARD FOR PUBLIC SERVICE IN ONLINE JOURNALISM; THE DEADLINE CLUB AWARD FOR DIGITAL BEAT REPORTING; THE SOCIETY FOR NEWS DESIGN AWARD OF EXCELLENCE FOR FEATURES, SINGLE-SUBJECT PROJECT; HONORABLE MENTION FROM THE AMERICAN BAR ASSOCIATION'S SILVER GAVEL AWARDS; AND RECOGNITION AS A FINALIST FOR THE AMERICAN SOCIETY OF MAGAZINE EDITORS' NATIONAL MAGAZINE AWARD FOR PUBLIC INTEREST. THE NATIONAL ASSOCIATION OF BLACK JOURNALISTS NAMED NIKOLE HANNAH-JONES, THE REPORTER ON THIS PROJECT, ITS JOURNALIST OF THE YEAR.

JESSE EISINGER'S COLUMN, "THE TRADE," FOCUSED ON WALL STREET ACCOUNTABILITY, WON THE GEORGE LOEB AWARD FOR DISTINGUISHED BUSINESS AND FINANCIAL JOURNALISM FOR COMMENTARY AND THE SOCIETY OF AMERICAN BUSINESS EDITORS AND WRITERS BEST IN BUSINESS AWARD FOR DIGITAL COMMENTARY.

OUR REPORTING WITH THE LENS ON THE RAPID LOSS OF LAND ON THE LOUISIANA COAST WON A GOLD MEDAL FROM THE SOCIETY FOR NEWS DESIGN; THE INVESTIGATIVE REPORTERS AND EDITORS GANNETT AWARD FOR INNOVATION IN WATCHDOG JOURNALISM; THE NATIONAL HEADLINER AWARD FOR WRITING FOR A WEBSITE; A NATIONAL EDWARD R. MURROW AWARD IN THE WEBSITE CATEGORY; AN EDWARD R. MURROW REGIONAL AWARD; AND A SILVER MEDAL IN THE ENVIRONMENTAL CATEGORY OF THE MALOFIEJ INTERNATIONAL INFOGRAPHICS AWARDS. THIS PROJECT, REPORTED FOR PROPUBLICA BY AL SHAW AND BRIAN

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JACOBS, ALSO RECEIVED THREE AWARDS OF EXCELLENCE FROM THE SOCIETY FOR NEWS DESIGN FOR FEATURES, INFOGRAPHICS AND MULTIMEDIA.

OUR COVERAGE OF THE DISMANTLING OF WORKERS' COMP, PUBLISHED IN PARTNERSHIP WITH NPR NEWS AND REPORTED FOR PROPUBLICA BY MICHAEL GRABELL, RECEIVED THE ONLINE NEWS ASSOCIATION'S AL NEUHARTH INNOVATION IN INVESTIGATIVE JOURNALISM AWARD.

OUR COVERAGE OF THE RED CROSS AND ITS MISHANDLING OF SUPERSTORM SANDY, IN COLLABORATION WITH NPR NEWS AND REPORTED FOR PROPUBLICA BY JESSE EISINGER AND JUSTIN ELLIOT, WON THE SOCIETY OF SILURIANS EXCELLENCE IN JOURNALISM AWARD FOR PUBLIC SERVICE AND WAS SELECTED AS A FINALIST FOR THE GOLDSMITH PRIZE FOR INVESTIGATIVE REPORTING.

OUR ARTICLE ON GUN VIOLENCE IN OUR CITIES AND POST-TRAUMATIC STRESS DISORDER, REPORTED BY LOIS BECKETT AND PUBLISHED IN PARTNERSHIP WITH ESSENCE, WON THE NATIONAL ASSOCIATION OF BLACK JOURNALISTS SALUTE TO EXCELLENCE AWARD FOR MAGAZINE INVESTIGATIVE JOURNALISM AND THE DEADLINE CLUB AWARD FOR PUBLIC SERVICE. A RELATED INFOGRAPHIC RECEIVED A SOCIETY FOR NEWS DESIGN AWARD OF EXCELLENCE.

OUR INVESTIGATION ON THE U.S. GOVERNMENT'S PROGRAM TO IDENTIFY AND REPATRIATE THE BODIES OF MISSING SOLDIERS, REPORTED BY MEGAN MCCLOSKEY WITH NPR NEWS, RECEIVED THE ALLIANCE FOR WOMEN IN MEDIA "GRACIE" AWARD FOR OUTSTANDING INVESTIGATIVE PROGRAM OR FEATURE AND A SOCIETY FOR NEWS DESIGN AWARD OF EXCELLENCE FOR FEATURES. MCCLOSKEY WAS ALSO CHOSEN AS A FINALIST FOR THE LIVINGSTON AWARD FOR YOUNG JOURNALISTS IN NATIONAL REPORTING.

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OUR COVERAGE ON THE MAGNITUDE OF WAGE GARNISHMENT, PUBLISHED IN PARTNERSHIP WITH NPR NEWS AND REPORTED FOR PROPUBLICA BY PAUL KIEL, WON THE NATIONAL PRESS CLUB JOURNALISM CONTEST AWARD FOR CONSUMER JOURNALISM-BROADCAST. THE SERIES WAS ALSO NAMED A GERALD LOEB AWARD FINALIST FOR VIDEO/AUDIO, AND A FINALIST FOR A SCRIPPS HOWARD AWARD IN THE BUSINESS/ECONOMICS REPORTING CATEGORY.

PROPUBLICA'S REPORTING ON THE EXCESSIVE USE OF RESTRAINTS IN PUBLIC SCHOOLS, BY HEATHER VOGELL AND ANNIE WALDMAN, RECEIVED THE NATIONAL AWARD FOR EDUCATION REPORTING FOR SINGLE-TOPIC NEWS OR FEATURE AND THE KATHERINE SCHNEIDER JOURNALISM AWARD FOR EXCELLENCE IN REPORTING ON DISABILITY.

OUR REPORTING ON TOBACCO BONDS COSTING STATES BILLIONS WON THE SOCIETY OF SILURIANS EXCELLENCE IN JOURNALISM AWARD FOR ONLINE INVESTIGATIVE REPORTING, AND THE NEW YORK STATE SOCIETY OF CPAS EXCELLENCE IN FINANCIAL JOURNALISM AWARD FOR EXPLANATORY REPORTING, WHILE REPORTER CEZARY PODKUL RECEIVED THE SOCIETY OF AMERICAN BUSINESS EDITORS AND WRITERS' LARRY BIRGER AWARD, WHICH HONORS BUSINESS JOURNALISTS UNDER THE AGE OF 30.

REPORTING ON DOPING IN TRACK AND FIELD BY REPORTER DAVID EPSTEIN IN PARTNERSHIP WITH THE BBC WON THE BRITISH JOURNALISM AWARD FOR SPORTS JOURNALISM.

PROPUBLICA WAS A FINALIST FOR THE ONLINE NEWS ASSOCIATION'S GENERAL EXCELLENCE IN ONLINE JOURNALISM AWARD.



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THE NEWS APPLICATION "INSIDE THE FIREWALL: TRACKING THE NEWS THAT CHINA BLOCKS," BY SISI WEI, WON THREE AWARDS OF EXCELLENCE FROM THE SOCIETY FOR NEWS DESIGN FOR FEATURES, INFOGRAPHICS AND CONTINUOUS USE, AND WAS SELECTED FOR "BEST AMERICAN INFOGRAPHICS."

OUR TREATMENT TRACKER NEWS APPLICATION ON PAYMENTS UNDER MEDICARE PART B WON A DATA JOURNALISM AWARD, AND THE SOCIETY FOR NEWS DESIGN AWARD OF EXCELLENCE FOR PLANNED COVERAGE AND SINGLE-SUBJECT FEATURE.

OUR NEWS APPLICATIONS WON SEVERAL AWARDS OF EXCELLENCE FROM THE SOCIETY FOR NEWS DESIGN, INCLUDING HONORS FOR PROPUBLICA'S ORGANIZATIONAL PORTFOLIO AND THE INDIVIDUAL PORTFOLIOS OF DEVELOPERS LENA GROEGER AND SISI WEI; AN APP COMPARING INSURANCE PLANS UNDER THE AFFORDABLE CARE ACT; AN APP DETAILING THE MILLIONS THAT NEW YORK COUNTIES LOST IN TOBACCO BONDS; AN APP SHOWING THE SOURCES OF TRACED GUNS; AND AN INFOGRAPHIC TRACKING EXTINCTIONS.

ARTICLES ON ALABAMA'S CRIMINALIZATION OF DRUG USE DURING PREGNANCY, PUBLISHED IN PARTNERSHIP WITH AL.COM, WON THE SIDNEY HILLMAN FOUNDATION'S OCTOBER SIDNEY AWARD.

EXECUTIVE CHAIRMAN OF PROPUBLICA PAUL STEIGER WAS INDUCTED INTO THE DEADLINE CLUB HALL OF FAME, AN HONOR BESTOWED TO JOURNALISTS AND MEDIA EXECUTIVES WHOSE WORK HAS MADE A SIGNIFICANT CONTRIBUTION TO AMERICAN JOURNALISM.

FOR THE ROLE OUR INVESTIGATIVE REPORTING PLAYS IN THE BROADER MEDIA

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INDUSTRY, PROPUBLICA RECEIVED PEN CENTER USA'S AWARD OF HONOR.

FORM 990, PART VI, SECTION A, LINE 3:

BEGINNING IN 2012, THE ORGANIZATION BEGAN USING ADP TOTALSOURCE, A PROFESSIONAL EMPLOYER ORGANIZATION ("PEO"). AS A PROFESSIONAL EMPLOYER ORGANIZATION, TOTALSOURCE PROVIDES PROFESSIONAL EMPLOYER SERVICES TO PRO PUBLICA. IN THE PEO RELATIONSHIP TOTALSOURCE AND PRO PUBLICA SHARE CERTAIN RESPONSIBILITIES AND ALLOCATE OTHER EMPLOYER RESPONSIBILITIES BETWEEN EACH OTHER.

PRO PUBLICA REMAINS AN EMPLOYER OF THE WORKSITE EMPLOYEES AND TOTALSOURCE IS A CO-EMPLOYER OF PRO PUBLICA'S EMPLOYEES.

PRO PUBLICA HAS:

DIRECTION AND CONTROL OVER EMPLOYEES AS IS NECESSARY TO CONDUCT ITS BUSINESS, DISCHARGE AND FIDUCIARY RESPONSIBILITY IT MAY HAVE, OR COMPLY WITH ANY APPLICABLE LICENSURE, REGULATORY OR STATUTORY REQUIREMENT OF PRO PUBLICA.

CONTROL OVER THE DAY TO DAY JOB DUTIES OF EMPLOYEES AND OVER THE JOB SITES AT WHICH, OR FROM WHICH EMPLOYEES PERFORM SERVICES

RESPONSIBILITY OVER THE PROFESSIONAL AND LICENSED ACTIVITIES OF EMPLOYEES INCLUDING ENSURING THAT EMPLOYEES ARE SUPERVISED BY LICENSED INDIVIDUALS AS REQUIRED BY LAW AND FOR DETERMINING WHETHER AN APPLICANT OR EMPLOYEE MEETS PRO PUBLICA'S HIRING CRITERIA AND IS QUALIFIED TO SAFELY AND COMPLETELY PERFORM HIS OR HER JOB

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TOTALSOURCE RESERVES A RIGHT OF DIRECTION AND CONTROL OVER EMPLOYEES AS IS NECESSARY TO FULFILL ITS OBLIGATIONS AND PROVIDE ITS SERVICES UNDER AN AGREEMENT BETWEEN PRO PUBLICA, INC. AND TOTALSOURCE.

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

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

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

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

PRO PUBLICA HAS A CONFLICT OF INTEREST POLICY, WHICH APPLIES TO ALL BOARD MEMBERS, OFFICERS, AND EMPLOYEES. EACH OF THE BOARD MEMBERS AND OFFICERS ARE REQUIRED SIGN TO A CONFLICT OF INTEREST POLICY ANNUALLY. AN INTERESTED PERSON MUST DISCLOSE AS SOON AS PRACTICABLE TO THE SECRETARY THE EXISTENCE OF A POTENTIAL CONFLICT OF INTEREST AND ALL MATERIAL FACTS RELATED TO THE CONFLICT. IF A BOARD MEMBER OR OFFICER IS UNCERTAIN ABOUT WHETHER A

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CONFLICT EXISTS, HE/SHE SHOULD REPORT THE POSSIBLE CONFLICT IN ALL CASES IN WHICH A CRITICAL EXTERNAL OBSERVER MIGHT REASONABLE PERCEIVE A CONFLICT TO EXIST. THE BOARD COMMITTEE WILL DETERMINE IF A CONFLICT OF INTEREST EXISTS. IN THE EVENT THAT A CONFLICT OF INTEREST ARISES, THE BOARD MEMBER OR OFFICER WITH WHOM THE CONFLICT PERTAINS TO IS EXCLUDED FROM VOTING ON THE ISSUE. HE/SHE WILL LEAVE THE ROOM AND THE OTHER BOARD MEMBERS VOTE ON THE ISSUE PERTAINING TO THAT SPECIFIC TRANSACTION. WITH RESPECT TO ANY BOARD COMMITTEE'S DISCUSSION, DECISION, OR ACTIONS INVOLVING TRANSACTIONS IN WHICH A BOARD MEMBER OR OFFICER HAS A CONFLICT OF INTEREST, THE MINUTES OF THE BOARD COMMITTEE MEETING WILL REFLECT THE BOARD'S DELIBERATIONS AND VOTING PROCESS.

IN CASE OF AN INTEREST PARTY WHO IS NOT A BOARD MEMBER OR OFFICER, THE PRESIDENT MONITORS AND ENFORCES THE ORGANIZATION'S COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. IF AN EMPLOYEE HAS A CONFLICT OF INTEREST, HE/SHE EMPLOYEE COULD NOT PARTICIPATE IN THE DECISION MAKING THE CONFLICTED TRANSACTION.

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

SALARIES FOR THE CEOS, OFFICERS AND KEY EMPLOYEES ARE SET BY THE BOARD. THE BOARD USES THE SERVICES OF A LAW FIRM (CAPLIN & DRYSDALE, WHO SPECIALIZE IN NOT FOR PROFIT ISSUES) FOR GUIDANCE ON ALL MATTERS OF COMPENSATION. IN 2012 CAPLIN & DRYSDALE UPDATED THE COMPENSATION STUDY FOR THREE KEY EMPLOYEES. CAPLIN & DRYSDALE STUDIED COMPENSATION OF SELECT NATIONAL NEWSPAPERS AND RELIED ON THEIR UNDERSTANDING OF PRO PUBLICA'S OPERATIONS AND STATUS IN THE FIELD OF JOURNALISM. THE BOARD ESTABLISHED COMPENSATION FOR THE CEO, OFFICERS AND KEY EMPLOYEES USING COMPARABLE DATA AND DETERMINED THAT THE SALARY IS REASONABLE. COMPARABLE DATA INCLUDES VARIETY OF INFORMATION FROM

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JOURNALISM OUTLETS AND OTHER NOT FOR PROFIT ORGANIZATIONS. MINUTES OF THE BOARD MEETINGS ARE KEPT IN FILE. THIS PROCESS WAS LAST COMPLETED IN 2014.

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

DC, AL, AK, AZ, AR, CA, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MS, NH, NJ, NM, NY NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF 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 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.