

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

**2013**

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 2013 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"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>PRO PUBLICA, INC.</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>ONE EXCHANGE PLAZA, 55 BROADWAY 23 FL</b> City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10006</b> <b>F</b> Name and address of principal officer: <b>RICHARD J. TOFEL</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>14-2007220</b> <b>E</b> Telephone number <b>212-514-5250</b> <b>G</b> Gross receipts \$ <b>13,874,124.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<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>J</b> Website: ▶ <b>WWW.PROPUBLICA.ORG</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>2007</b> <b>M</b> State of legal domicile: <b>DE</b>

**Part I Summary**

	<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.		
Activities & Governance	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	10
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	9
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a) .....	<b>5</b>	62
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	9
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	25,745.
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	11,842.
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	Prior Year 10,920,019.	Current Year 13,678,241.
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	50.	103.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	35,913.	87,123.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	10,955,982.	13,765,467.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	0.	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	0.	7,807,423.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>396,394.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	9,884,450.	2,525,386.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	9,884,450.	10,332,809.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	1,071,532.	3,432,658.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	Beginning of Current Year 4,529,443.	End of Year 7,938,469.
	<b>21</b> Total liabilities (Part X, line 26) .....	119,078.	95,446.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	4,410,365.	7,843,023.

**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>8/13/14</b>
	<b>RICHARD J. TOFEL, PRESIDENT</b> Type or print name and title	

<b>Paid</b>	Print/Type preparer's name <b>GARRETT M. HIGGINS</b>	Preparer's signature <b>GARRETT M. HIGGINS</b>	Date <b>08/12/14</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00543209</b>
<b>Preparer Use Only</b>	Firm's name ▶ <b>O'CONNOR DAVIES, LLP</b>	Firm's EIN ▶ <b>27-1728945</b>		Phone no. (212) 286-2600	
	Firm's address ▶ <b>665 FIFTH AVENUE NEW YORK, NY 10022</b>				

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 \$ 8,711,628. including grants of \$ ) (Revenue \$ ) 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 8,711,628.

**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 Schedule B, Schedule of Contributors?	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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) 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>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II .....		X
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <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
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (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.  
 Own website   
  Another's website   
  Upon request   
  Other (explain in Schedule O)
- 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, physical address, and telephone number of the person who possesses the books and records of the organization: **BARBARA ZINKANT, DIRECTOR OF FINANCE & OPERATIONS - 212-514-5250**  
**ONE EXCHANGE PLAZA, 55 BROADWAY, NO. 23 FL, NEW YORK, NY 10006**

**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				200,000.	0.	17,488.
(3) HENRY LOUIS GATES, JR. DIRECTOR	1.00	X						0.	0.	0.
(4) CLAIRE HOFFMAN DIRECTOR	1.00	X						0.	0.	0.
(5) TOM UNTERMAN DIRECTOR	1.00	X						0.	0.	0.
(6) PAUL SAGAN DIRECTOR	1.00	X						0.	0.	0.
(7) KAT TAYLOR DIRECTOR	1.00	X						0.	0.	0.
(8) RON OLSON DIRECTOR	1.00	X						0.	0.	0.
(9) MARK COLODNY DIRECTOR	1.00	X						0.	0.	0.
(10) ROBERT C.S. MONKS DIRECTOR	1.00	X						0.	0.	0.
(11) HERB ALLISON, DIRECTOR THROUGH 7/2013	1.00	X						0.	0.	0.
(12) GARA LAMARCHE, DIRECTOR THROUGH 10/2013	1.00	X						0.	0.	0.
(13) RICHARD TOFEL PRESIDENT AND CO-EXECUTIVE CHAIR	40.00			X				380,022.	0.	33,174.
(14) STEPHEN ENGELBERG EDITOR-IN-CHIEF & CO-EXECUTIVE DIREC	40.00				X			381,875.	0.	49,307.
(15) DEBRA GOLDBERG VICE PRESIDENT, DEVELOPMEN	40.00				X			250,005.	0.	26,747.
(16) ROBIN FIELDS MANAGING EDITOR	40.00					X		230,004.	0.	14,040.
(17) TRACY WEBER SENIOR REPORTER	40.00					X		196,811.	0.	28,544.

**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) CHARLES ORNSTEIN SENIOR REPORTER	40.00					X		196,822.	0.	38,326.
(19) JESSE EISINGER SENIOR REPORTER	40.00					X		223,036.	0.	42,343.
(20) THOMAS DETZEL SENIOR EDITOR	40.00					X		182,004.	0.	19,564.
<b>1b Sub-total</b>								2,240,579.	0.	269,533.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,240,579.	0.	269,533.

**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 **28**

	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
ADP TOTALSOURCE 5800 WINDWARD PARKWAY, ALPHARETTA, GA 30005	PROFESSIONAL EMPLOYER ORGANIZATIO	100,054.

**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 **1**



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	13,678,241.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		84,220.				
	<b>h Total.</b> Add lines 1a-1f		13,678,241.				
<b>Program Service Revenue</b>	<b>2 a</b> _____		<b>Business Code</b>				
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		103.			103.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties		51,278.			51,278.	
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses		108,657.			
		<b>c</b> Gain or (loss)		0.			
		<b>d</b> Net gain or (loss)					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
<b>b</b> Less: direct expenses		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> ADVERTISING REVENUE	900099		25,745.		25,745.		
<b>b</b> HONORARIUMS REVENUE	900099		10,100.			10,100.	
<b>c</b> _____							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d			35,845.				
<b>12 Total revenue.</b> See instructions.			13,765,467.	0.	25,745.	61,481.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,338,618.	1,111,143.	171,102.	56,373.
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	5,360,565.	4,449,629.	685,186.	225,750.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	213,982.	177,620.	27,351.	9,011.
9 Other employee benefits	456,973.	379,318.	58,410.	19,245.
10 Payroll taxes	437,285.	362,976.	55,894.	18,415.
11 Fees for services (non-employees):				
a Management				
b Legal	33,944.	3,703.	17,313.	12,928.
c Accounting	28,000.		25,200.	2,800.
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.)	200,449.	183,446.	12,789.	4,214.
12 Advertising and promotion	33,414.	28,121.	2,526.	2,767.
13 Office expenses	159,577.	135,301.	16,849.	7,427.
14 Information technology	267,305.	246,629.	14,363.	6,313.
15 Royalties				
16 Occupancy	837,519.	754,040.	83,479.	
17 Travel	435,292.	410,329.	978.	23,985.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	33,506.	24,560.	7,326.	1,620.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	223,469.	201,656.	21,813.	
23 Insurance	11,974.	8,682.	3,292.	
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 <b>PUBLIC REC. COP. &amp; SUBS</b>	136,878.	133,924.	1,508.	1,446.
b <b>REPAIRS AND MAINTENANCE</b>	65,071.	58,392.	6,679.	
c <b>RECRUITMENT &amp; PROF DEVE</b>	55,472.	42,159.	9,213.	4,100.
d <b>UBIT TAX EXPENSE</b>	3,516.		3,516.	
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	10,332,809.	8,711,628.	1,224,787.	396,394.
26 <b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,773,507.	<b>1</b>	1,986,592.
	<b>2</b> Savings and temporary cash investments .....	100,050.	<b>2</b>	1,100,153.
	<b>3</b> Pledges and grants receivable, net .....	2,192,658.	<b>3</b>	4,506,444.
	<b>4</b> Accounts receivable, net .....	1,012.	<b>4</b>	1,692.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	112,851.	<b>9</b>	105,616.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,582,099.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,348,087.	<b>10c</b>	234,012.
	<b>11</b> Investments - publicly traded securities .....	24,437.	<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	5,617.	<b>15</b>	3,960.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	4,529,443.	<b>16</b>	7,938,469.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	99,278.	<b>17</b>	95,446.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	19,800.	<b>25</b>	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	119,078.	<b>26</b>	95,446.
<b>Net Assets or Fund Balances</b>	<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>			
	<b>27</b> Unrestricted net assets .....	1,680,365.	<b>27</b>	3,593,023.
	<b>28</b> Temporarily restricted net assets .....	2,730,000.	<b>28</b>	4,250,000.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	4,410,365.	<b>33</b>	7,843,023.	
<b>34</b> Total liabilities and net assets/fund balances .....	4,529,443.	<b>34</b>	7,938,469.	

**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	13,765,467.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,332,809.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,432,658.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,410,365.
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	7,843,023.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
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?		X
3b	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		

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

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)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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 described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2013

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,354,979.	10,209,401.	10,115,367.	10,920,019.	13,678,241.	51,278,007.
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	6,354,979.	10,209,401.	10,115,367.	10,920,019.	13,678,241.	51,278,007.
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)						25,705,689.
6 <b>Public support.</b> Subtract line 5 from line 4.						25,572,318.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	6,354,979.	10,209,401.	10,115,367.	10,920,019.	13,678,241.	51,278,007.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,993.	3,661.	16,263.	17,146.	51,381.	94,444.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			2,401.	8,465.	11,842.	22,708.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	6,074.	11,600.	7,103.	2,927.	10,100.	37,804.
11 <b>Total support.</b> Add lines 7 through 10						51,432,963.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **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**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	49.72 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	38.49 %

16a **33 1/3% support test - 2013.** 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 - 2012.** 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 - 2013.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10% -facts-and-circumstances test - 2012.** 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 IV 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.) .....						
<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 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** 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 - 2012.** 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 .....





**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

**2013**

Name of the organization

PRO PUBLICA, INC.

Employer identification number

14-2007220

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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 of \$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) (2013)

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	<u>THE JOHN S. AND JAMES L. KNIGHT FOUNDATION</u>  <u>200 SOUTH BISCAIYNE BLVD.</u>  <u>MIAMI, FL 33131-2349</u>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>WALDORF FAMILY FUND / JEWISH COMMUNITY FDN</u>  <u>212 26TH STREET, #159</u>  <u>SANTA MONICA, CA 90402</u>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>THE JEROME L. GREENE FOUNDATION</u>  <u>950 THIRD AVENUE, 19TH FLOOR</u>  <u>NEW YORK, NY 10022</u>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>SIMON AND TERESA LI / SCHWAB CHARITABLE FUND</u>  <u>211 MAIN STREET</u>  <u>SAN FRANCISCO, CA 94105</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<u>SEAN FIELER / EQUINOX PARTNERS</u>  <u>623 FIFTH AVENUE</u>  <u>NEW YORK, NY 10022</u>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<u>JOHN AND LAURA ARNOLD / FIDELITY CHARITABLE</u>  <u>2800 POST OAK BLVD</u>  <u>HOUSTON, TX 77056</u>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PRO PUBLICA, INC.</b>	Employer identification number <b>14-2007220</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	EDWARDS' FAMILY FUND / SILICON VALLEY COMMUNITY FDN  2440 WEST EL CAMINO REAL, SUITE 300  MOUNTAIN VIEW, CA 94040	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
8	TOMKAT FUND / SAN FRANCISCO FDN  ONE EMBARCADERO, SUITE 1400  SAN FRANCISCO, CA 94111	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
9	THE ANNIE E. CASEY FOUNDATION  701 ST. PAUL STREET  BALTIMORE, MD 21202	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
10	COXE FUND OF SILICON VALLEY COMM FDN  2440 WEST EL CAMINO REAL  MOUNTAIN VIEW, CA 94040	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
11	VERMONT COMMUNITY FOUNDATION  3 COURT STREET, PO BOX 30  MIDDLEBURY, VT 05753	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
12	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"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization <b>PRO PUBLICA, INC.</b>	Employer identification number <b>14-2007220</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	JOURNAL REGISTER COMPANY 790 TOWNSHIP LINE ROAD, SUITE 300 YARDLEY, PA 19067	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	CEDAR TREE FOUNDATION 100 FRANKLIN STREET BOSTON, MA 02110	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	PETER B. LEWIS 32854 SORRENTO LANE AVON LAKE, OH 44012-2386	\$ 50,303.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
16	THE PETER AND CARMEN LUCIA BUCK FOUNDATION 157 EAST 86TH STREET, 5TH FLOOR NEW YORK, NY 10028	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	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.)
18	THE MCGRATH ABRAMS FAMILY FOUNDATION 16000 VENTURA BLVD ENCINO, CA 91436	\$ 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
19	PAUL AND ANN SAGAN / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	ANNE GUMOWITZ 421 SEVENTH AVENUE, 15TH FLOOR NEW YORK, NY 10001-2066	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	LISA & DOUGLAS GOLDMAN FUND 1 MONTGOMERY STREET, SUITE 3440 SAN FRANCISCO, CA 94104-4505	\$ 68,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	RONALD & JANE OLSON FOUNDATION 355 SOUTH GRAND AVENUE, 35TH FLOOR LOS ANGELES, CA 90071	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	MARISLA FOUNDATION 668 NORTH COAST HIGHWAY, PMB 1400 LAGUNA BEACH, CA 92651	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	FORD FOUNDATION 320 EAST 43RD STREET NEW YORK, NY 10017	\$ 1,100,000.	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
25	THE LAURA AND JOHN ARNOLD FOUNDATION 2800 POST OAK BLVD, SUITE 225 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.)
26	WANGERS FAMILY FUND OF THE JEWISH COMMUNITY FOUNDATION 4950 MURPHY CANYON ROAD SAN DIEGO, CA 92123	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	JOAN AND IRWIN JACOBS FUND OF THE JEWISH COMMUNITY FOUNDATION 4950 MURPHY CANYON ROAD SAN DIEGO, CA 92123	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	GERALDINE R. DODGE FOUNDATION 14 MAPLE AVENUE, SUITE 400 MORRISTOWN, NJ 07960	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	BERNARD OSHER ONE FERRY BUILDING, SUITE 255 SAN FRANCISCO, CA 94111-4243	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	THE SPERRY FUND 99 PARK AVENUE, SUITE 2220 NEW YORK, NY 10016	\$ 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
31	THE SELZ FOUNDATION 1370 AVENUE OF THE AMERICAS, 4TH FLOOR NEW YORK, NY 10019	\$ 23,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	EGG FOUNDATION 1 LETTERMAN DRIVE, BUILDING D, SUITE DM700 SAN FRANCISCO, CA 94129	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	LEAR FAMILY FOUNDATION 100 N. CRESCENT DR. STE 250 BEVERLY HILLS, CA 90210	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	GEORGE KAISER FAMILY FOUNDATION 7030 SOUTH YALE AVENUE, SUITE 600 TULSA, OK 74136	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	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.)
36	BRYAN R. LAWRENCE 410 PARK AVENUE NEW YORK, NY 10022	\$ 16,350.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PRO PUBLICA, INC.</b>	Employer identification number <b>14-2007220</b>
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**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	CARSEY FAMILY FOUNDATION 11601 WILSHIRE BLVD., #1840 LOS ANGELES, CA 90025	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	THE PEW CHARITABLE TRUSTS 2005 MARKET ST., SUITE 1700 PHILADELPHIA, PA 19103-7082	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	OPEN SOCIETY FOUNDATIONS 400 WEST 59TH STREET NEW YORK, NY 10019	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	BARRY FEIRSTEIN 1397 SECOND AV, SUITE 112 NEW YORK, NY 10021	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	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.)
42	SIMIN AND HERBERT ALLISON 211 NORTH BROADWAY, SUITE 1000 ST. LOUIS, MO 63102	\$ 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
43	SHERYL SANDBERG & DAVID GOLDBERG PHILANTHROPY FUND / FIDELITY CHARITABL 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.)
44	KOHLBERG FOUNDATION 111 RADIO CIRCLE MOUNT KISCO, NY 10549	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	CENGAGE LEARNING 200 FIRST STAMFORD PLACE, 4TH FLOOR STAMFORD, CT 06902	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	GLORIA JARECKI / BRIGHTWATER FUND 685 POST ROAD DARIEN, CT 06820	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	T.T. AND W.F. CHAO FOUNDATION P.O. BOX 227237 DALLAS, TX 75222-7237	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	THE WARBURG PINCUS FOUNDATION 450 LEXINGTON AVENUE NEW YORK, NY 10017	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PRO PUBLICA, INC.</b>	Employer identification number <b>14-2007220</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUEROA STREET LOS ANGELES, CA 90071	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	JACK GRIFFIN 52 VANDERBILT AVENUE 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.)
51	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.)
52	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.)
53	JAMES FOUNDATION INC. PO 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.)
54	TRELLIS FUND 3150 SOUTH STREET NW WASHINGTON, DC 20007	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PRO PUBLICA, INC.</b>	Employer identification number <b>14-2007220</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	THE WILLIAM AND FLORA HEWLETT FOUNDATION  2121 SAND HILL ROAD  MENLO PARK, CA 94025	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
56	EDELMAN  250 HUDSON ST., 16TH FLOOR  NEW YORK, NY 10013	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
57	ANNE AND GREG AVIS / FIDELITY CHARITABLE  P.O. BOX 770001  CINCINNATI, OH 45277	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
58	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"/> <small>(Complete Part II for noncash contributions.)</small>
59	STEPHEN M. SILBERSTEIN FOUNDATION  29 EUCALYPTUS RD.  BELVEDERE, CA 94920-2435	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
60	COULTER / WEEKS CHARITABLE FDN  PO BOX 15203  ALBANY, NY 12212-5203	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

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	THE LU FOUNDATION 5425 E. DAKOTA AVENUE DENVER, CO 80246	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	SEED FOUNDATION ONE CHASE TOWER, 8TH FLOOR CHICAGO, IL 60670-0884	\$ 11,251.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	RESNICK FAMILY FOUNDATION, INC. 11444 W. OLYMPIC BLVD LOS ANGELES, CA 90064	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	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.)
65	JOSEPH D. MANSUETO 22 WEST WASHINGTON STREET CHICAGO, IL 60602	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	SKOLL GLOBAL THREATS FUND 1808 WEDEMEYER STREET, SUITE 300 SAN FRANCISCO, CA 94129	\$ 30,000.	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	NBC UNIVERSAL MEDIA 100 UNIVERSAL CITY PLAZA UNIVERSAL CITY, CA 91608	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	RICHARD RAVITCH FOUNDATION 610 FIFTH AVENUE NEW YORK, NY 10020	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	CRANKSTART FOUNDATION 2626 VALLEJO STREET SAN FRANCISCO, CA 94123	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	CHRISTOPHER DELONG 450 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.)
71	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.)
72	YELLOW CHAIR FOUNDATION 1660 BUSH STREET, SUITE 300 SAN FRANCISCO, CA 94109-5308	\$ 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
73	DAVID M. POPPE 343 E. 74TH STREET, APT 11G NEW YORK, NY 10021-3760	\$ 10,501.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
74	THE SANDLER FOUNDATION 121 STEUART STREET SAN FRANCISCO, CA 94105	\$ 4,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	ZANKEL CHARITABLE LEAD TRUST BALESTRA CAPITAL, 58 W. 40TH STREET 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.)
76	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.)
77	J.M. (JACK) AND ANN GRAVES CHARITABLE FOUNDATION 2219 E 45TH PLACE TULSA, OK 74105-4250	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	DYSON FOUNDATION GRANT 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.)

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 GOLDBIRSH FOUNDATION, INC. 101 FEDERAL STREET, FLOOR 14 BOSTON, MA 02110	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	ELBAZ FAMILY FOUNDATION 9663 SANTA MONICA BLVD., SUITE 425 BEVERLY HILLS, CA 90210	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	NEWMAN'S OWN FOUNDATION 246 POST RAOD EAST, SUITE 2C WESTPORT, CT 06880	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	TWIG FOUNDATION, INC P.O. BOX 876 CAMDEN, ME 04843	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PRO PUBLICA, INC.</b>	Employer identification number <b>14-2007220</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
15	STOCK _____ _____ _____	\$ 50,303.	05/01/13
36	STOCK _____ _____ _____	\$ 16,350.	09/19/13
73	STOCK _____ _____ _____	\$ 10,501.	12/18/13
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____



Name of organization  <b>PRO PUBLICA, INC.</b>	Employer identification number  <b>14-2007220</b>
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**Part III** *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
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," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2013

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" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor informed consent.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number, acreage, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures.

**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" to 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?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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 in 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" to 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" to 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				
d Equipment		571,040.	458,198.	112,842.
e Other		1,011,059.	889,889.	121,170.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				234,012.

**Part VII Investments - Other Securities.**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	13,765,467.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	13,765,467.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	13,765,467.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	10,332,809.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	10,332,809.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	10,332,809.

**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. THE ORGANIZATION IS NO LONGER SUBJECT TO AUDITS BY THE

APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO 2010.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2013**

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

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule J (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 Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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)									
<p><b>b</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 .....</p>	<b>1b</b>									
<p><b>2</b> 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? .....</p>	<b>2</b>									
<p><b>3</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p>	<b>4a</b>	<input checked="" type="checkbox"/>								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p>	<b>4b</b>	<input checked="" type="checkbox"/>								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	<input checked="" type="checkbox"/>								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? .....</p>	<b>5a</b>	<input checked="" type="checkbox"/>								
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	<b>5b</b>	<input checked="" type="checkbox"/>								
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? .....</p>	<b>6a</b>	<input checked="" type="checkbox"/>								
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	<b>6b</b>	<input checked="" type="checkbox"/>								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....</p>	<b>7</b>	<input checked="" type="checkbox"/>								
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>	<b>8</b>	<input checked="" type="checkbox"/>								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>									

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

Schedule J (Form 990) 2013

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PAUL E. STEIGER EXECUTIVE CHAIRMAN	(i)	200,000.	0.	0.	10,000.	7,488.	217,488.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RICHARD TOPEL PRESIDENT AND CO-EXECUTIVE CHAIR	(i)	380,022.	0.	0.	12,750.	20,424.	413,196.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) STEPHEN ENGELBERG EDITOR-IN-CHIEF & CO-EXECUTIVE DIRECTOR	(i)	381,875.	0.	0.	12,750.	36,557.	431,182.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DEBRA GOLDBERG VICE PRESIDENT, DEVELOPMENT	(i)	250,005.	0.	0.	12,500.	14,247.	276,752.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ROBIN FIELDS MANAGING EDITOR	(i)	230,004.	0.	0.	4,792.	9,248.	244,044.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) TRACY WEBER SENIOR REPORTER	(i)	196,811.	0.	0.	9,825.	18,719.	225,355.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CHARLES ORNSTEIN SENIOR REPORTER	(i)	196,822.	0.	0.	9,625.	28,701.	235,148.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JESSE EISINGER SENIOR REPORTER	(i)	223,036.	0.	0.	11,089.	31,254.	265,379.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) THOMAS DETZEL SENIOR EDITOR	(i)	182,004.	0.	0.	9,100.	10,464.	201,568.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

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	5	84,220.	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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 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?

	Yes	No
30a		X
31		X
32a		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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) (2013)

**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

**2013**

Open to Public  
Inspection

Name of the organization

PRO PUBLICA, INC.

Employer identification number

14-2007220

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

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

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

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

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

IN 2013, PROPUBLICA STORIES PRODUCED SUCH CHANGE IN A WIDE  
RANGE OF IMPORTANT AREAS:

BEGINNING IN MAY, PROPUBLICA REPORTING, INITIALLY PUBLISHED IN  
PARTNERSHIP WITH THE WASHINGTON POST AND LATER WITH NPR, REVEALED VAST  
SHORTCOMINGS IN THE OVERSIGHT OF THE FEDERAL GOVERNMENT'S PRESCRIPTION  
DRUG BENEFIT PROGRAM, MEDICARE PART D. IN THE WAKE OF THIS REPORTING,  
MEANINGFUL REFORM SEEMS UNDERWAY. IN JUNE, AN INSPECTOR GENERAL REPORT  
MIRRORED PROPUBLICA'S FINDINGS, AND THE CENTER FOR MEDICARE AND  
MEDICAID SERVICES (CMS) PLEDGED TO STEP UP OVERSIGHT OF DOCTORS WITH  
QUESTIONABLE PRESCRIBING PATTERNS. THE DIRECTOR OF MEDICARE TOLD A

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SENATE HEARING THAT CMS WOULD ALSO REQUIRE THAT ALL MEDICARE PRESCRIBERS BE ENROLLED IN THE PROGRAM, VERIFYING THEIR CREDENTIALS AND DISCLOSING POSSIBLE DISCIPLINARY PROBLEMS. CMS ALSO PLEDGED TO RAMP UP ENFORCEMENT ACTIONS AND TO BEGIN SHARING INFORMATION ABOUT SUSPECT PHARMACIES AND DOCTORS WITH PRIVATE INSURANCE PLANS. MEANWHILE, THREE SENATORS, TOM COBURN (R-OK), TOM CARPER (D-DE) AND CHARLES GRASSLEY (R-IA), CITED PROPUBLICA'S REPORTING IN PRESSING FOR EVEN MORE FAR-REACHING REFORMS; GRASSLEY PUSHED STATE REGULATORS TO SHARE DISCIPLINARY ACTIONS UNDER STATE-ADMINISTERED MEDICAID PROGRAMS WITH FEDERAL OFFICIALS WHO RUN MEDICARE; CARPER URGED A NEW CRACKDOWN ON FRAUD IN THE PROGRAM.

OUR REPORTING, IN PARTNERSHIP WITH THE NEW YORK TIMES AND THE GUARDIAN, ON EFFORTS BY THE NSA AND BRITAIN'S GCHQ TO UNDERMINE ENCRYPTION ON THE INTERNET, PUBLISHED IN SEPTEMBER, IS ALREADY HAVING IMPORTANT IMPACT. THE NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY (NIST) HAS "STRONGLY" RECOMMENDED AGAINST THE USE OF ONE OF ITS OWN STANDARDS, AND LAUNCHED A FORMAL REVIEW ITS OWN STANDARDS DEVELOPMENT EFFORTS. DEVELOPERS, FROM SILENT CIRCLE TO VARIOUS CUSTOMERS OF RSA SECURITY, MEANWHILE, HAD INDICATED THEY WERE MOVING AWAY FROM THOSE STANDARDS. GOOGLE HAS INTENSIFIED AND ACCELERATED EFFORTS TO MORE SECURELY ENCRYPT GMAIL, AND TWITTER AND MICROSOFT ARE TAKING SIMILAR STEPS FOR THEIR OWN SERVICES. AND PRESIDENT OBAMA'S TASK FORCE ON REFORMING THE NSA URGED THAT EFFORTS TO UNDERMINE ENCRYPTION CEASE AND RECOMMENDED SPLITTING THE CODE-MAKING UNIT FROM AGENCY AND TRANSFERRING IT TO THE DEPARTMENT OF DEFENSE.

IN DECEMBER, PRESSED BY EFFORTS SUCH AS PROPUBLICA'S DOLLARS FOR DOCS,

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GLAXOSMITHKLINE BECAME THE FIRST MAJOR PHARMACEUTICAL COMPANY TO END THE PRACTICE OF PAYING DOCTORS TO PROMOTE THE PRESCRIBING OF DRUGS.

COVERAGE OF THE ROLE OF "DARK MONEY" DEPLOYED IN POLITICAL CAMPAIGNS BY TAX EXEMPT GROUPS-IN WHICH PROPUBLICA HAS DONE WHAT THE ECONOMIST CALLED "PIONEERING RESEARCH" FOR THE LAST TWO YEARS-MAY FINALLY BE YIELDING MEANINGFUL RESULTS. IN NOVEMBER, THE IRS ISSUED PROPOSED GUIDELINES THAT WOULD TIGHTEN THE RULES UNDER WHICH SUCH SO-CALLED SOCIAL WELFARE NONPROFITS OPERATE, AND RESTRICT THEIR POLITICAL SPENDING.

OUR COVERAGE OF DYSFUNCTION IN THE PRESIDENTIAL PARDON PROCESS YIELDED ITS MOST CRITICAL RESULTS TO DATE IN DECEMBER WITH THE COMMUTATION OF THE SENTENCES OF CLARENCE AARON, WHOSE STORY WE HIGHLIGHTED, IN PARTNERSHIP WITH THE WASHINGTON POST, IN 2012.

FINES CONTINUE TO MOUNT IN THE WAKE OF OUR REPORTING ON COMPLEX MORTGAGE-BACKED SECURITIES DEALS AND THE ROLE OF HEDGE FUND MAGNETAR IN THE YEARS LEADING UP TO THE CRASH OF 2007-08-THE REPORTING THAT EARNED PROPUBLICA OUR SECOND PULITZER PRIZE. IN MARCH, A MASSACHUSETTS REGULATOR FINED DEUTSCHE BANK \$17.5 MILLION. IN OCTOBER, THE SEC SUED HARDING ADVISORY AND ITS HEAD, WING CHAU, FOR FAILING TO DISCLOSE MAGNETAR'S ROLE IN SOME OF THE DEALS. IN DECEMBER THE SEC SETTLED MAGNETAR-RELATED CHARGES WITH MERRILL LYNCH, WITH THE FIRM AGREEING TO PAY A FINE OF MORE THAN \$131 MILLION, BRINGING THE TOTAL OF FINES IN MAGNETAR DEALS TO MORE THAN \$435 MILLION.

PROGRESS CONTINUED TOWARD EASING HOUSING SEGREGATION IN NEW YORK'S

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WESTCHESTER COUNTY, THE FOCUS OF PROPUBLICA REPORTING BEGINNING IN FALL 2012. IN JUNE, UNDER PRESSURE FROM AN AWAKENED JUSTICE DEPARTMENT, THE COUNTY LEGISLATURE FINALLY PASSED, AND THE COUNTY EXECUTIVE SIGNED, A LAW BANNING DISCRIMINATION AGAINST THOSE WHO PAY RENT WITH FEDERAL ASSISTANCE.

REPORTING IN 2012 BY PROPUBLICA AND THE SEATTLE TIMES ABOUT A WHOLESALE FAILURE TO KEEP U.S. MILITARY RECORDS FROM THE CONFLICTS IN IRAQ AND AFGHANISTAN-DEPRIVING VETERANS OF BENEFITS AND COMMENDATIONS-HAS BEGUN TO SHOW RESULTS. IN JULY, THE ARMY FINALLY CONCEDED THE LOSS OF THE RECORDS, AND LAUNCHED AN EFFORT TO RECOVER THEM, CONSOLIDATE SUBSTITUTES AND CLARIFY RESPONSIBILITIES FOR FUTURE RECORDKEEPING.

IN THE WAKE OF REPORTING IN 2012 BY PROPUBLICA AND FRONTLINE ON THE SAFETY RISKS FACING COMMUNICATIONS TOWER CLIMBERS, OSHA IN AUGUST INDICATED THAT IT HAS BEGUN LOOKING AT HOW THE CONDUCT OF CELL PHONE COMPANIES-THROUGH DEADLINES AND OTHER CONTRACTUAL REQUIREMENTS-MAY BE CONTRIBUTING TO THE DEATHS OF CLIMBERS.

A COMPLEX SET OF TAX DEALS WHICH WERE THE SUBJECT OF A PROPUBLICA INVESTIGATION WITH THE FINANCIAL TIMES IN 2011 (AND WON AN OVERSEAS PRESS CLUB AWARD IN 2012) RESULTED IN A FEDERAL COURT DECISION AGAINST BANK OF NEW YORK MELLON IN FEBRUARY. WHILE THE BANK IS APPEALING, IT TOOK AN \$850 MILLION CHARGE AFTER THE DECISION.

IN JANUARY AND FEBRUARY, THE DEPARTMENT OF INTERIOR'S BUREAU OF LAND MANAGEMENT ISSUED NEW RULES GOVERNING THE ROUND-UP AND SALE OF WILD HORSES-A PROGRAM IN WHICH A PROPUBLICA REPORT IN SEPTEMBER 2012

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REVEALED WIDESPREAD PROBLEMS. THE NEW RULES RESTRICTED HORSE ADOPTIONS WITH THE AIM OF PREVENTING ILLEGAL SLAUGHTER AND HEIGHTENED TRANSPARENCY.

A U.S. SECURITY CONTRACTOR IN IRAQ WAS FINED \$75,000 IN FEBRUARY BY THE DEPARTMENT OF LABOR FOR ABUSES IN THE TREATMENT OF WORKERS IN THE WAR ZONES FIRST REVEALED IN A 2009 PROPUBLICA SERIES.

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

(CONTINUED)

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 2013 AS FOLLOWS:

SEBASTIAN ROTELLA AND ANA ARANA'S ACCOUNT OF "WHAT HAPPENED AT DOS ERRES" WON A PEABODY AWARD (THE HIGHEST HONOR IN BROADCAST JOURNALISM), TWO OVERSEAS PRESS CLUB AWARDS-- THE LOWELL THOMAS FOR RADIO (WITH THIS AMERICAN LIFE) AND THE JOE AND LAURIE DINE AWARD FOR HUMAN RIGHTS REPORTING-- AND A DART AWARD FOR EXCELLENCE IN COVERAGE OF TRAUMA FROM COLUMBIA UNIVERSITY'S DART CENTER, AND WAS A FINALIST FOR THE SCRIPPS HOWARD FOUNDATION NATIONAL JOURNALISM ERNIE PYLE AWARD FOR HUMAN INTEREST STORYTELLING.

NIKOLE HANNAH-JONES'S WORK ON HOUSING SEGREGATION WON COLUMBIA JOURNALISM SCHOOL'S PAUL TOBENKIN MEMORIAL AWARD, THE SOCIETY OF THE SILURIANS EXCELLENCE IN JOURNALISM AWARD FOR ONLINE INVESTIGATIVE

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REPORTING, THE NATIONAL LOW INCOME HOUSING COALITION MEDIA AWARD, AND THE DECEMBER SIDNEY AWARD FOR FOSTERING SOCIAL AND ECONOMIC JUSTICE FROM THE SIDNEY HILLMAN FOUNDATION (WITH THIS AMERICAN LIFE), AND WAS A FINALIST FOR THE NATIONAL ASSOCIATION OF BLACK JOURNALISTS SALUTE TO EXCELLENCE IN DIGITAL MEDIA AND THE DEADLINE CLUB AWARD FOR MINORITY FOCUS.

OUR WORK ON TOWER CLIMBERS WITH FRONTLINE WAS NOMINATED FOR AN EMMY AWARD FOR BUSINESS AND ECONOMIC REPORTING IN A NEWSMAGAZINE, WON A SABEW AWARD FOR DIGITAL INVESTIGATIVE STORY AND WAS A FINALIST FOR A GERALD LOEB AWARD FOR DISTINGUISHED BUSINESS AND FINANCIAL JOURNALISM. THE EMMY NOMINATION WAS THE SEVENTH FOR PROPUBLICA WORK IN THE LAST THREE YEARS.

OUR REPORTING ON DARK MONEY IN POLITICS RECEIVED AN ONLINE JOURNALISM AWARD FOR INNOVATIVE INVESTIGATIVE JOURNALISM FOR MEDIUM NEWS SITE, AN INVESTIGATIVE REPORTERS AND EDITORS AWARD FOR MULTIPLATFORM, LARGE SIZE, THE SOCIETY OF PROFESSIONAL JOURNALISTS SIGMA DELTA CHI AWARD FOR ONLINE INVESTIGATIVE REPORTING, AFFILIATED, AN HONORABLE MENTION FOR THE TONER AWARD FOR EXCELLENCE IN POLITICAL REPORTING AND WAS A FINALIST FOR THE DEADLINE CLUB AWARD FOR REPORTING BY INDEPENDENT DIGITAL MEDIA. OUR ELECTION COVERAGE ALSO RECEIVED THE ONLINE JOURNALISM AWARD, PLANNED NEWS/EVENT FOR MEDIUM NEWS SITE.

PAUL KIEL'S "GREAT AMERICAN FORECLOSURE STORY" WON THE SOCIETY OF BUSINESS EDITORS AND WRITERS (SABEW) BEST IN BUSINESS AWARDS FOR BOTH FEATURE AND EXPLANATORY STORIES, AND WAS A FINALIST FOR THE LIVINGSTON AWARD FOR YOUNG JOURNALISTS.



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JESSE EISINGER'S "THE TRADE" COLUMN WON SABEW'S AWARD FOR COMMENTARY FOR THE SECOND YEAR IN A ROW.

CONTRIBUTOR SHERI FINK WON THE MIKE BERGER AWARD FROM COLUMBIA JOURNALISM SCHOOL FOR LOCAL REPORTING AND THE ASSOCIATION OF HEALTH CARE JOURNALISTS AWARD FOR BEAT REPORTING AND WAS A FINALIST FOR THE DEADLINE CLUB AWARD FOR ENTERPRISE REPORTING FOR PART OF THE COVERAGE OF HURRICANE SANDY FEATURED IN OUR 2012 ANNUAL REPORT. PROPUBLICA'S HURRICANE SANDY COVERAGE WAS ALSO AN ONLINE JOURNALISM AWARD FINALIST FOR EXPLANATORY REPORTING FOR MEDIUM NEWS SITE.

OUR NEWS APPLICATIONS AND GRAPHICS WERE ALSO WIDELY HONORED THIS YEAR. OUR STATEFACE MAPPING TECHNOLOGY WON THE MALOFIEJ INTERNATIONAL INFOGRAPHICS AWARDS BEST MAP ONLINE AND SILVER MEDAL AS WELL AS SOCIETY FOR NEWS DESIGN (SND) JUDGES' SPECIAL RECOGNITION. RECEIVING SND SILVER MEDALS WERE OUR PIPELINE SAFETY TRACKER AND NURSING HOME INSPECT APP, AND SND AWARDS OF EXCELLENCE WENT TO OUR GREAT MIGRATION MAPS, DRONES GRAPHIC, OUR ORGANIZATIONAL PORTFOLIO AND DEVELOPER LENA GROEGER'S PERSONAL PORTFOLIO. THE GREAT MIGRATION MAPS WAS ALSO A FINALIST FOR A DATA JOURNALISM AWARD, AS WERE OUR MESSAGE MACHINE APP AND OUR NERD BLOG. OUR NEWS APPLICATIONS OVERALL WERE ALSO A FINALIST FOR THE SCRIPPS HOWARD FOUNDATION NATIONAL JOURNALISM AWARD FOR DIGITAL INNOVATION.

REPORTING BY ABRAHM LUSTGARTEN ON INJECTION WELLS WAS A FINALIST FOR THE SCRIPPS HOWARD FOUNDATION NATIONAL JOURNALISM EDWARD MEEMAN AWARD FOR ENVIRONMENTAL REPORTING.

OUR REPORT ON DEATH INVESTIGATIONS WITH FRONTLINE, "THE REAL CSI," WAS

Name of the organization PRO PUBLICA, INC.	Employer identification number 14-2007220
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A FINALIST FOR THE ABA SILVER GAVEL AWARD FOR TELEVISION.

AND LOIS BECKETT WAS ALSO NAMED A FINALIST FOR THE LIVINGSTON AWARD, FOR HER COVERAGE OF NEW USES OF DATA BY POLITICAL CAMPAIGNS. THIS IS A PRIZE LOIS SHARED LAST YEAR WITH TWO PROPUBLICA COLLEAGUES; PROPUBLICA REPORTERS HAVE BEEN NAMED FINALISTS FOR THE LIVINGSTON EVERY YEAR SINCE OUR FOUNDING- INDEED PROPUBLICA STORIES HAVE BEEN FINALISTS EIGHT TIMES IN THE LAST FIVE YEARS.

MICHAEL GRABELL'S REPORT ON TEMPORARY WORKERS, "THE EXPENDABLES," WON THE SIDNEY AWARD FOR JULY.

OUR COVERAGE OF VARIOUS HEALTH CARE ISSUES RECEIVED THE NATIONAL CONSUMER VOICE FOR QUALITY LONG-TERM CARE PUBLIC SERVICE AWARD.

OUR REPORTING WITH FRONTLINE ON SHELDON ADELSON AND MACAO WAS ALSO A FINALIST FOR A GERALD LOEB AWARD.

IN INDIVIDUAL AWARDS, PROPUBLICA FOUNDER AND EXECUTIVE CHAIRMAN PAUL STEIGER WON THE BURTON BENJAMIN MEMORIAL AWARD FOR LIFETIME ACHIEVEMENT IN THE CAUSE OF PRESS FREEDOM FROM THE COMMITTEE TO PROTECT JOURNALISTS AND RECEIVED AN HONORARY DOCTOR OF LAWS DEGREE FROM COLUMBIA UNIVERSITY. REPORTER AC THOMPSON RECEIVED THE ELIJAH PARISH LOVEJOY AWARD FOR COURAGE IN JOURNALISM. MEANWHILE, IN SOCIAL MEDIA, BOTH PROPUBLICA SENIOR ENGAGEMENT EDITOR AMANDA ZAMORA AND SOCIAL MEDIA PRODUCER BLAIR HICKMAN WERE BOTH AMONG "50 FEMALE INNOVATORS IN DIGITAL JOURNALISM" NAMED IN MARCH BY WEB SITE JOURNALISM.CO.UK. IN DECEMBER, HEALTHLEADERS NAMED SENIOR REPORTER CHARLES ORNSTEIN ONE OF "20 PEOPLE WHO ARE MAKING A DIFFERENCE IN HEALTHCARE." AND SENIOR EDITOR JOE

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SEXTON WAS NAMED ONE OF ADVERTISING AGE'S "CREATIVE 50" MOST  
INFLUENTIAL CREATIVE FIGURES IN ENTERTAINMENT, TECH, ADVERTISING AND  
PUBLISHING.

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

Name of the organization

PRO PUBLICA, INC.

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PRO PUBLICA'S HIRING CRITERIA AND IS QUALIFIED TO SAFELY AND COMPLETELY  
PERFORM HIS OR HER JOB

TOTALSOURCE RESERVES A RIGHT OF DIRECTION AND CONTROL OVER EMPLOYEES AS IS  
NECESSARY TO FULFILL ITS OBLIGATIONS AND PROVIDE ITS SERVICES UNDER AN  
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, A CODE OF  
ETHICS POLICY FOR JOURNALISTS, A WHISTLEBLOWER POLICY AND DOCUMENT  
RETENTION AND DESTRUCTION POLICY. THE CODE OF ETHICS AND WHISTLEBLOWER  
POLICIES ARE GIVEN TO EACH NEW HIRE, WHO CERTIFY THAT THEY HAVE READ AND

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UNDERSTOOD THE POLICIES. THE CODE OF ETHICS POLICY IS GIVEN TO ALL STAFF AT THE BEGINNING OF EACH CALENDAR YEAR TO READ AND SIMILARLY CERTIFY. EACH OF OUR BOARD MEMBERS AND OFFICERS ARE ALSO REQUIRED TO SIGN A CODE OF ETHICS AND A CONFLICT OF INTEREST POLICY ANNUALLY. THE PRESIDENT MONITORS AND ENFORCES THE ORGANIZATION'S COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. 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 LEAVES THE ROOM AND THE OTHER MEMBERS VOTE ON THE ISSUE. THE DOCUMENT RETENTION AND DESTRUCTION POLICY IS PART OF THE ACCOUNTING MANUAL.

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. MINUTES OF THE BOARD MEETINGS ARE KEPT IN FILE. THIS PROCESS WAS LAST COMPLETED IN 2013.

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

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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.