732001 11-28-17

Capartment of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

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

Inspection

Form **990** (2017)

A	For th	e 2017 calendar year, or tax year beginning	and	ending			
B	Check r applicat	C Name of organization			D Employer ide	ntifica	ation number
	Addr	PRO PUBLICA, INC.					
N. P. C.	Nam chan		**************************************		14	-20	07220
	Initia		livered to street address)	Room/suite	E Telephone nu	***************************************	WOMENT PORTON AND AND AND AND AND AND AND AND AND AN
	Final rotun	, 155 AVE OF THE AMERICA		13 FL			14-5250
	term)	City or town, state or province, country, and			G Gross receipts \$		43,832,193.
	Amer	ded NEW YORK, NY 10013			H(a) is this a grou	up reti	
	Appl	F Name and address of principal officer: RIC	HARD J. TOFEL				Yes X No
_	pend	^{ng} SAME AS C ABOVE					udeo? Yes No
			◄ (insert no.) 4947(a)(1)	or 527	If "No," atta	ch a lis	st. (see instructions)
		te: ► WWW.PROPUBLICA.ORG			H(c) Group exem	ption	number 🕨
K	Form o		sociation Other	L Year o	of formation: 200	7 м	State of legal domicile: ${ m DE}$
P	art I	Summary	7.000 augus 10 a 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
ø,	1	Briefly describe the organization's mission or most					
Š		BETRAYALS OF THE PUBLIC TH	<u> RUST - SEE "SCHE</u>	DULE O	" FOR CON	TIN	UATION
Activities & Governance	2	Check this box 🕨 🔛 if the organization discou		sed of more t	than 25% of its neg	asșe	
ě	3	Number of voting members of the governing body				3	13
ঞ	4	Number of independent voting members of the gov				4	12
S	5	Total number of individuals employed in calendar y				5	115
Ξ	6	Total number of volunteers (estimate if necessary)				6	12
Act	7 a	Total unrelated business revenue from Part VIII, col	umn (C), line 12		(41-1-41144	7a	75,460.
	Ь	Net unrelated business taxable income from Form	990·T, line 34			7b	52,755.
				<u> </u>	Prior Year		Current Year
핰	8				13,765,15		43,063,123.
ē	9				340,000		110,000.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,			1,499		51,451.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			438,869		349,464.
normente.	12	Total revenue add lines 8 through 11 (must equal			14,545,521		43,574,038.
	13	Grants and similar amounts paid (Part IX, column (A		The state of the s	22,600	5:	52,825.
	14 15	Benefits paid to or for members (Part IX, column (A			10,105,178	· · ·	0. 13,387,814.
Expenses	160	Salaries, other compensation, employee benefits (P Professional fundraising fees (Part IX, column (A), lii			<u> </u>	5.	0.
en.	108	Total fundraising expenses (Part IX, column (D), line		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
ĘX	17	Other expenses (Part IX, column (A), lines 11a-11d,			3,639,103	2	4,850,162.
		Total expenses. Add lines 13-17 (must equal Part IX			13,766,881		18,290,801.
		Revenue less expenses. Subtract line 18 from line 1			778,640) <u>.</u>	25,283,237.
Æ SS		The state of the s	Z	Pea	inning of Current Ye		End of Year
Assets or d Balances	20	Total assets (Part X, line 16)			12,429,526	5.1	38,070,942.
84	21	Total liabilities (Part X, line 26)	***************************************		384,259		746,162.
ing Lings	22	Net assets or fund balances. Subtract line 21 from I	ine 20		12,045,267		37,324,780.
	rt II	Signature Block					
Jnde	я репа	ties of perjury, I declare that I have examined this return, i	ncluding accompanying schedules	and statemen	ts, and to the best of	my kr	nowledge and belief, it is
rue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ch preparer h	as any knowledge.		
					5/14	118	
Sign)	Signature of officer	,,		Date		
lere	.	RICHARD J. TOFEL, PRESI	DENT				
		Type or print name and title					
			Preparer's signature	Da	1 2		PTIN
àid,			SARRETT M. HIGGI	NS 08	3/13/18 sell-en		P00543209
rep		Firm's name PKF O'CONNOR DAVI	ES, LLP		Firm's £IN ;	•	27-1728945
Jse (Only	Firm's address 565 FIFTH AVENUE	_				
		NEW YORK, NY 1002		T.	Phone no. 4	<u> 12-</u>	-286-2600
đаv	the IF	S discuss this return with the preparer shown above	e? (see instructions)				X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **8868**

(Rev. January 2017)

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

File a separate application for each return.

OMB No. 1545-1709

Department of the Treasury Information about Form 8868 and its instructions is at www.irs.gov/fgrm8868 Internal Revenue Service Electronic filling (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filling of this form, visit www.irs.gov/afile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filor's identifying number Name of exempt organization or other filer, see instructions. Type or Employer identification number (EIN) or print PRO PUBLICA, INC. 14-2007220 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 155 AVE OF THE AMERICAS, NO. 13 FL return. See marvetions City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10013 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Application Return Return Is For is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 VP, FINANCE & ADMINISTRATION STEPHANIE N. LITTLE, The books are in the care of ➤ 155 AVE OF THE AMERICAS, NO. 13 FL - NEW YORK, NY 10013 Telephone No. ► 212-514-5250 Fax No. 📂 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box 🕨 🔃 . If it is for part of the group, check this box 🕨 🔛 and attach a list with the names and ElNs of all members the extension is for,

1	request an automatic 6-month extension of time until NOVEMBER 15, 2018 to	file the exem	pt organization	n return
	for the organization named above. The extension is for the organization's return for:			
	► X calendar year 2017 or			
	tax year beginning, and ending			
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return] Finai returi	די וי	
	Change in accounting period			
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	norrefundable credits. See instructions.	За	\$	0.
ь	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		•	
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3ь	\$	0.
C	Balance due, Subtract line 3b from line 3a. Include your payment with this form, if required,			
	by using EFTPS (Electronic Federal Tax Payment System), See instructions,	3c	\$	0.

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

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

Form 8868 (Rev. 1-2017)

Form 990 (2017) PRO PUBLICA, INC.
Part IV | Checklist of Required Schedules

		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	1		
	public office? # "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	ļ	į	
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			1
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			Ì
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9	-	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	İ		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.	ļ		ļ
а	The state of the s		3.F	ĺ
	Part VI	11a	<u> </u>	
Þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			. .
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Λ
a	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	ادمها		Х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
es f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	110		Λ
'	the organization's separate of consolidated shallolal statements for the tax year include a notificite that addresses the organization's flability for uncertain tax positions under FIN 48 (ASC 740)? // "Yes," complete Schedule D, Part X	111	x	
125	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	711		
1464	Colonida D. Dona Maria W.	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	128		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>x</u>
	Oid the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	146	1	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		······································	VALUE DE L'EVAL
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"			
	complete Schedule G. Part III	19		Х
			000 /	

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Part IV | Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
þ	if "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	}		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	-		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	ļ. <u></u> .
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				٠.
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			٠,,
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			х
07	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			X
20	of any of these persons? If "Yes," complete Schedule L, Part III	27		4
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1 1		
а	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	murr_unr ener e.	X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	Ì	х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ANDONEALANIE	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	ŀ	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

	n 990 (2017) PRO PUBLICA, INC. 14-200	<u>/220</u>	۳	age 5
Pa	irt 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	DAKARANAN I		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 105	<u> </u>		
b]	Ì	
c	But it is a second of the seco			
	(gambling) winnings to prize winners?	10		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			J
	filed for the calendar year ending with or within the year covered by this return 2a 115	<u> </u>		}
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3а	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X.	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			1
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).]
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		. nunviimumum	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
Þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year			mmemoumn
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
Ø	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<u> </u>		
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
. b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	i		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]		1	
11	Section 501(c)(12) organizations. Enter:		l	
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		ł	
12	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
ä	Is the organization ficensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			Ì
~	Enter the amount of reserves on hand			
-	Cities are autour of received on hand		1	

14a

14b

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule Q

Form 990 (2017) PRO PUBLICA INC. 14-2007220 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 13 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 Enter the number of voting members included in line 1a, above, who are independent 12 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 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 X 6 7a 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X b Each committee with authority to act on behalf of the governing body? Х 85 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? Х 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? 106 Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 14 Х 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official Х 16a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a 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? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only) available for public inspection, Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records: STEPHANIE N. LITTLE, VP, FINANCE & ADMINISTRATION - 212-514-5250

155 AVE OF THE AMERICAS, NO. 13 FL, NEW YORK, NY

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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.

(A)	(B)	T			C)	<u>, 10 0.</u>	1001	(D)	(E)	(F)
Name and Title	Average	1,40	not o	Pos	itior			Reportable	Reportable	Estimated
	hours per	box	, unle	as þe	rson i	is bot	hăя	compensation	compensation	amount of
	week	CALMANIA	Çer ar Ţ	0 4 0	recic	T	T	from	from related	other
	(list any hours for	busite or drecize				l		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	10.00	23			1980		(W-2/1099-MISC)	(74-2/1088-171100)	organization
	organizations	125	100	ļ	8	l in the		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		and related
	below	advidus.	nsissonai austea	3.5	Ser en player	Highest compensated employee	1			organizations
The state of the s	line)	Ī	12	31116	Š)	# 5	Femal			
(1) PAUL SAGAN	1.00									
CHAIRMAN		X		x			_	0.	0.	0.
(2) HERBERT M. SANDLER	3.00				Ì	Ì			_	_
FOUNDING CHAIRMAN		Х	_	Х				0.	0.	0.
(3) PAUL E. STEIGER	30.00									
EXECUTIVE CHAIRMAN		Х		Х				96,664.	0.	9,625.
(4) MARK COLODNY	1.00									
DIRECTOR	THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OWNER OF THE OWNER OWN	X			<u> </u>		ļ	0.	0.	0.
(5) ANGELA FILO	1.00									
DIRECTOR		X					Ц.	0.	0.	0.
(6) HENRY LOUIS GATES, JR.	1.00								.	
DIRECTOR		Х					_	0.	0.	0.
(7) CLAIRE HOFFMAN	1.00							_]	_	_
DIRECTOR		X						0.	0.	0.
(6) KATIE MCGRATH	1.00							_	_	_
DIRECTOR		X					_	0.	0.	0.
(9) ROBERT C.S. MONKS	1.00							_	_ [_
DIRECTOR		Х						0.	0.	0.
(10) RONALD OLSON	1.00			-				_ [_	_
DIRECTOR		X						0.	0.	0.
(11) JAMES STONE	1.00							_	_	_
DIRECTOR		X						0.	0.	0.
(12) S. DONALD SUSSMAN	1.00							_	_	_
DIRECTOR		X		_				0.	0.	0.
(13) KAT TAYLOR	1.00							_	_	_
DIRECTOR		Х						0.	O.	0.
(14) RICHARD TOFEL	40.00								_	
FRESIDENT AND CO-EXECUTIVE	and the second s	w.m	~~~~	X	microma		v.iu.riuinius	396,415.	0.	28,994.
(15) STEPHEN ENGELBERG	40.00				į					
EDITOR-IN-CHIEF & CO-EXECUTIVE				X				385,380.		55,479.
(16) RAGAN RHYNE	40.00							***	أبير	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
VICE PRESIDENT, DEVELOPMENT	40.00			_	Х			213,928.	0.	12,230.
(17) ROBIN FIELDS	40.00							0.55	_	4 6 4 4 4
MANAGING EDITOR						X		257,632.	0.1	16,119.

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees.	ano	Hi	ghe	st C	Compensated Employee	s (continued)				
(A)	(B)			•	C)			(D)	(Æ)			(F)	
Name and title	Average		not c		more	than -		Reportable	Reportable			imate	
	hours per week	box	i, unle icer ar	as pa	rson (iresto	is bott ar/trus	n an tee)	compensation from	compensatio from related		l	ount c ther	ı T
	(list any	喜						the	organization			ensat	ion
	hours for	i greglor				73		organization	(W-2/1099-MIS			m the	
	related	a a a	188			188		(W-2/1099-MISC)				nizatio	
	organizations below	int lie	78	ļ	plzye	18 g					ſ	relate izatio	
	line)	og sedsort teobykån	Institutions irroser	ě	sakzjówa kaj	Pightsi cargengalist angleyee	Remer				orgai	nzacio	175
(18) JESSE EISINGER	40.00	_	-	٦		3							
SENIOR REPORTER						x		225,043.		0.	48	,63	3.
(19) TRACY WEBER	40.00									_			_
SENIOR EDITOR	4.5	····			ļ 	X		211,779.		0.	37	, 24	<u>5.</u>
(20) JOSEPH SEXTON	40.00							200 500		_	2.4	r7 1	,
SENIOR EDITOR (21) CHARLES ORNSTEIN	40.00	_				X	<u></u>	209,502.	THE RESERVE THE PROPERTY OF TH	0.	- 54	,71	4 .
SENIOR REPORTER	40.00					x		202,931.		0.	51	, 47	0 -
WHITE WAS STANDARD IN						-		202,551.					
			ļ			Ь.				\longrightarrow			
						-				-			
										1			
1b Sub-total							>	2,199,274.		0.	294	,50	9.
c Total from continuation sheets to Part VII							•	0.	A MANAGEMENT AND A STATE OF THE	0.			0.
d Total (add lines 1b and 1c)							<u> </u>	2,199,274		0.	294	_ 50	9.
2 Total number of individuals (including but no	ot limited to the	ose	liste	da b	ove)) wh	o te	sceived more than \$100,0	900 of reportable				
compensation from the organization													46
and the second s										ſ		/es	Νo
3 Did the organization list any former officer,								- '	, ,	ŀ	3		X
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su											-3-		
and related organizations greater than \$150										Ì	4	x	
5 Did any person listed on line 1a receive or a										··· }			
rendered to the organization? If "Yes." comi									.,.,,,		5		X
Section B. Independent Contractors													
 Complete this table for your five highest con 										ensat	ion fron	1	
the organization. Report compensation for t	he calendar ye	ar e	ndin	g wi	<u>th o</u>	<u>r wit</u>	<u>hin</u>	The state of the s	ear.				
(A) Name and business :	orldrose							(B) Description of se	nvices	С	(C) ompens	ation	
FAIRDINKUM CONSULTING, LL			3 21	JD.	gr	.		IT CONSULTANT	are a la company de la company				
9TH FLOOR, NEW YORK, NY 1	•	•	J 60 A	•••	υ.	. ,		SERVICES	•		145	.57	7.
							T						************
<u> </u>							_			·		LAMPACE III. E. S.	PLIVATE WITH
#### · · · · · · · · · · · · · · · · ·							+	·		<u></u>			
2 Total number of independent contractors (in	cluding but no	t lim	ited	to t	hose	ə list	ed:	above) who received mo	re than				
\$100,000 of compensation from the organiz	***				1								

Part VIII Statement of Revenue

			Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
				e de la compania de l		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
27 4	1	a	Federated campaigns	1a					
Tan.			Membership dues				· ·		
(5) E	2		Fundraising events						
at the	j		Related organizations						
(C)			Government grants (contribut	1			Ì		
ã.	1	1	All other contributions, gifts, gran						
E F			similar amounts not included abo		43,063,123.				
<u> </u>	3	g	Noncash contributions included in lines		200,726.				
Contributions, Giffs, Grants and Other Similar Amounts			Total. Add lines 1a-1f			43,063,123.		THE PARTY OF THE P	The state of the s
***********					Business Code				
g,	2	a	PROGRAM SERVICE FEES		519130	90,000.	90,000.		
, <u>Z</u> ,	į	þ	EDITORIAL FEES		519100	20,000.	20,000.		
Program Service Revenue		c							
E 9		d	· · · · · · · · · · · · · · · · · · ·						
90		ė							
Ġ.	ļ	f	All other program service reve	nue					
	<u> </u>	9	Total, Add lines 2a-2f			110,000,			
	3		Investment income (including						
			other similar amounts)			52,985.			52,985.
	4		income from investment of tax		- }				
	5		Royalties			165,746.	127,125.		38,621.
				(i) Real	(ii) Personal	·			
	6	ä	Gross rents	***************************************			į		,
			Less: rental expenses				:		
			Rental income or (loss)						
					T				
	7	a	Gross amount from sales of	(i) Securities	(ii) Other			• •	
			assets other than inventory	256,121.	500.			* *	
		b	Less: cost or other basis	050 000					
			and sales expenses	257,270. -1,149.	885.				
			Gain or (loss)		~385.	-1,534.			-1,534.
			Net gain or (loss)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-1,724.			-r'29#*
E.E.	8		Gross income from fundralsing including \$			1			• •
Ven			contributions reported on line						
Other Reven			Part IV, line 18	,	i				
ē			Less: direct expenses						
ō			Net income or (loss) from fund						". "
			Gross income from gaming act		P				
	-	-	Part IV, line 19			,			
ļ		b		ь	TATA TERRETARIAN TATAN MANAGEMENTA (MANAGEMENTA (MANAGEME				
			Net income or (loss) from gami		b -			-temposition and the second control of the s	maken samuel and a
ŀ			Gross sales of inventory, less r						
			and allowances	 					
ŀ				ь					
			Net income or (loss) from sales)				
Ī			Miscellaneous Revenue		Business Code				WARDON WITH THE PARTY OF THE PA
	11	э	HONORARIUMS REVENUE		900099	90,734.	The state of the s		90,734.
		_	ADVERTISING REVENUE		541800	75,460.		75,460.	
		C	REIMBURSEMENT OF LEGAL	FEES	900099	17,524.			17,524.
		d	All other revenue	,]					
						183,718.			
	12		Total revenue. See instructions.			43,574,038.	237,125.	75,460.	198,330.

PRO PUBLICA, INC. Part IX Statement of Functional Expenses

Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Totai expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	THE THE TAXABLE VALUE AND A STATE OF THE TAXABLE AND A STATE OF TAXABLE AND A S			
2	Grants and other assistance to domestic				
	individuals, See Part IV, line 22	52,825.	52,825.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16	mwan, Lucation and a second			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 100 715	547 140	405 400	006 150
6	trustees, and key employees Compensation not included above, to disqualified	1,198,715.	547,148.	425,409.	226,158
0	persons (as defined under section 4958(f)(1)) and				
	porsone described in equilibrium 4050(-)(0)(0)		1		
7	Other salaries and wages	9,839,291.	8,635,279.	884,874.	319,138
8	Pension plan accruals and contributions (include		0,000,2121	004,074.	313,130
~	section 401(k) and 403(b) employer contributions)	381,752.	353,534.	25,248.	2,970
9	Other employee benefits	1,169,710.	1,033,583.	98,280.	37,847
Ö	Payroli taxes	798,346.	677,301.	82,486.	38,559
1	Fees for services (non-employees);	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		02, 400.	
а	Management		}	. 1	
b	Legal	41,159.	7,957.	19,710.	13,492
¢	Accounting	31,600.	26,860.	3,160.	1,580
ď	Lobbying		A STATE OF THE STA		
ø	Professional fundralsing services. See Part IV, line 17				
f	investment management fees				***************************************
9	Other. (If line 11g amount exceeds 10% of line 25,			• "	
	column (A) amount, list line 11g expenses on Sch O.)	354,633.	349,910.		4,723
2	Advertising and promotion	190,730.	143,301.	38,604.	4,723 8,825
3	Office expenses	403,460.	195,571.	26,275.	181,614
4	Information technology	1,020,692.	842,471.	101,051.	77,170
	Royalties			,	***************************************
3	Occupancy	1,198,932.	1,043,704.	107,393.	47,835
7	Travel	681,102.	649,341.	5,015.	26,746
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
3	Conferences, conventions, and meetings	81,932.	69,259.	9,540.	3,133
	Interest				
1	Payments to affiliates			Mary and the second sec	
	Depreciation, depletion, and amortization	197,505.	177,745.	19,760.	
	Insurance	134,549.	114,105.	16,981.	3,463
ŀ	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e, If line		İ		
	24e amount exceeds 10% of line 25, column (A)				•
	amount, list line 24e expenses on Schedule O.)				
	UBIT TAX EXPENSE	9,000.		9,000.	
	PUBLIC REC. COP. & SUBS	249,975.	249,975.		
	RECRUITMENT & PROF DEVE	144,957.	126,314.	4,524.	14,119
,	REPAIRS AND MAINTENANCE	75,906.	64,742.	7,535.	3,629
	All other expenses	34,030.	28,925.	3,403.	1,702
		18,290,801.	15,389,850.	1,888,248.	1,012,703
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	İ		•	
(educational campaign and fundraising solicitation.				

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1,859,303. 3,172,453. Cash non-interest-bearing 1 Savings and temporary cash investments 6,437,096. 15,224,452. 2 3,532,817. 18,687,901. 3 Piedges and grants receivable, net 3 Accounts receivable, net 3,167. 3,661. 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 7 Inventories for sale or use Prepaid expenses and deferred charges 123,519. 286,215. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a i 1,263,788. 388,481. b Less: accumulated depreciation 10b 586,553. 677,235. 10c 14,765. Investments - publicly traded securities 80,883. 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intengible assets 14 4,260. 4,260. Other assets. See Part IV, line 11 15 15 12,429,526. 38,070,942. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 110,074. 372,471. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 373,691. 274,185. 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part If of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 384,259. 746,162. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔲 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 6,555,625. 14,828,565. Unrestricted net assets 27 22,496,215. 5,489,642. 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕻 🔙 and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 12,045,267. 37,324,780. Total net assets or fund balances 33 12,429,526. 38,070,942. Total liabilities and net assets/fund balances

	990 (2017) PRO PUBLICA, INC.	14-	20072	20	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		· · · · · · · · · · · · · · · · · · ·	LANCE TO SERVE	iiiiiiiiiiiii	X
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2	43, 18,			
3	Revenue less expenses. Subtract line 2 from line 1	3	25,			
4	Net assets or fund balances at beginning of year (must equal Part X, fine 33, column (A))	4	12,			
5	Net unrealized gains (losses) on investments	5				07.
6	Donated services and use of facilities	6				
7	Investment expenses	7		minimum.rv		
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			_	17.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10	37,	324	. 7	80.
Pai	column (B)) rt XII Financial Statements and Reporting	,,			, .	
	Check if Schedule O contains a response or note to any line in this Part XII					X
WITH THE FALSE					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	_			
2a				2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis					
ь	Were the organization's financial statements audited by an independent accountant?			2b	X.	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis					
¢	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?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gie Audit	· [***************************************
	Act and OMB Circular A-133?			3a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit		Í		

Form **990** (2017)

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

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

Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2017

Open to Public Inspection

Name of the organization

Employer identification number

				NC.				14~200/220					
Pa	irt I	Reason for Public	Charity Status	Ali organizations must c	omplete tł	iis part.) S	ee instructions.						
The	organi	zation is not a private found		The second secon				"					
1		A church, convention of ch	iurches, or association	on of churches described	in section	on 170(b)(1)(A)(i).						
2		A school described in sect	tion 170(b)(1)(A)(ii).	(Attach Schedule E (Forr	n 990 or 9	90-EZ).)							
3		A hospital or a cooperative		•			ii).						
4	$\overline{}$	A medical research organiz	-					r the hospital's name,					
•	\\-J	city, and state:		,				,					
5			or the benefit of a co	llege or university owner	for operat	ed by a or	overnmental unit describ	oed in					
~	L	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
-	X	An organization that norma						oublic described in					
,		_	-	initial part of its support i	ioni a gov	ci) ii (le)).ai	Olur Ol Holli gre Belseler	pablic described in					
		section 170(b)(1)(A)(vi). (C		(dVAV3) (Complete Dec	+ II \								
8	=	A community trust describe				::	4:ista or tarana or excession						
8	lumand	An agricultural research or	•										
		or university or a non-land-	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of the colleg	e or					
		university:						A CONTRACTOR OF THE PROPERTY O					
10	i	An organization that norma											
		activities related to its exer		•									
		income and unrelated busing		(less section 511 tax) fro	m busine	sses acqui	red by the organization	after June 30, 1975.					
		See section 509(a)(2). (Co											
11	AND THE PARTY OF	An organization organized :	•	•	•		, ,, ,	•					
12		An organization organized											
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3).	Check the box in					
	_	lines 12a through 12d that											
а	Ł	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ocited org	anization(s), typically by	giving					
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or trustees of the s	upporting					
		organization. You must o	complete Part IV, Se	ections A and B.									
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	ed organization(s), by ha	ving					
		control or management o	of the supporting orga	anization vested in the si	ame perso	ns that co	ntrol or manage the sup	ported					
		organization(s). You mus	it complete Part IV,	Sections A and C.									
C		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functionally integrat	ed with,					
		its supported organization	n(s) (see instructions). You must complete i	Part IV, Se	ections A,	D, and E.						
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	ization(s)					
		that is not functionally int	egrated. The organiz	ation generally must sat	isty a distr	ibution rec	quirement and an attenti	veness					
		requirement (see instructi			•								
e		Check this box if the orga											
		functionally integrated, or					** * **						
f	Enter	the number of supported of		,									
a		de the following information	•					,					
		Name of supported	(ii) EIN	(iii) Type of organization	(iv) is life oro:	inization listed and document?	(v) Amount of monetary	(vi) Amount of other					
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)					

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Schedule A (Form 990 or 990-EZ) 2017 PRO PUBLICA, INC. 14-2007

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

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

Se	Section A. Public Support												
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total						
។	Gifts, grants, contributions, and												
	membership fees received. (Do not	-											
	include any "unusual grants.")	13678241.	10169976.	16882164.	13765153.	43063123.	97558657.						
2	Tax revenues levied for the organ-												
	ization's benefit and either paid to			ĺ									
	or expended on its behalf												
3	The value of services or facilities												
	furnished by a governmental unit to	ļ											
	the organization without charge												
4	Total. Add lines 1 through 3	13678241.	10169976.	16882164.	13765153.	43063123.	97558657.						
	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,			İ			•						
	column (f)		•				30656358.						
6	Public support. Subtract line 5 from line 4.						66902299.						
	ction B. Total Support												
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Totaí						
7	Amounts from line 4	13678241.	10169976.	16882164.	13765153.	43063123.	97558657.						
8	Gross Income from interest,												
	dividends, payments received on				1								
	securities loans, rents, royaities,												
	and income from similar sources	51,381.	47,898.	23,875.	105,365.	91,606.	320,125.						
9	Net income from unrelated business		A LEBO-LELIS SAN GO VANIEL REILE CLEENS LEON.	man-control for the state of th									
	activities, whether or not the												
	business is regularly carried on	11,842.	12,775.	10,286.	8,230.	52,755.	95,888.						
10	Other income. Do not include gain					-							
	or loss from the sale of capital												
	assets (Explain in Part VI.)	10,100.	23,379.	10,092.	245,214.	108,258.	397,043.						
11	Total support. Add lines 7 through 10				· · · · · · · · · · · · · · · · · · ·		98371713.						
	Gross receipts from related activities,	etc. (see instructio	ns)			12	822,180.						
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)							
	organization, check this box and stop	here		· · · · · · · · · · · · · · · · · · ·	h was a die o was de word danke die geld beleggie		>						
Sec	tion C. Computation of Publi	c Support Per	centage										
14	Public support percentage for 2017 (iii	ne 6, column (f) div	vided by line 11, c	olumn (f))	,	14	68.01 %						
15	Public support percentage from 2016	Schedule A, Part I	l, line 14			15	65.54 %						
16a	33 1/3% support test - 2017. If the o	organization did not	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box							
	stop here. The organization qualifies	as a publicly suppo	orted organization	.,.,			> [X]						
b	33 1/3% support test - 2016. If the o	rganization did not	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box						
	and stop here. The organization quali												
17a	10% -facts-and-circumstances test	- 2017 . If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,						
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization												
	meets the "facts-and-circumstances" t	_											
þ	10% -facts-and-circumstances test	- 2016 . If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or						
	more, and if the organization meets th	e "facts-and-circun	nstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	Patry promote						
	organization meets the "facts-and-circ	umstances" test. T	he organization q	ualifies as a publici	ly supported organ	ization	>						
18	Private foundation. If the organization	n did not check a b	ox on line 13, 16a	i, 16b, 17a, or 17b	, check this box ar	nd see instructions	,						

Schedule A (Form 990 or 990-EZ) 2017 PRO PUBLICA, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Cale	ndar year (or fiscal year beginning in) 📂	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	(4) 2010	1072012	0,2013	(4) 2010	(6) 2017	(I) ICIAI
·	membership fees received. (Do not						
2	include any "unusual grants.") 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					1111 August 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						######################################
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5			THE STATE OF THE S	111 - F11 -	A STATE OF THE STA	
	Amounts included on lines 2 and 3 received from other than disqualitied persons that exceed the greater of \$5,000 or 1% at the amount on line 13 for the year	;		WINDS TO A STATE OF THE STATE O			
	Add lines 7a and 7b						
	Public support. (Subtract line Ic from line 6.)		***************************************				
	idar year (or fiscal year beginning in)	(a) 2013	(b) 201 <i>4</i>	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	***************************************			errence de la companya de la company		
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
1	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				TO BE THE STATE OF		
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	THE THE TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY					
3	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for th	e organization's	first same of the	for which are the barries	ب المرابع المر	+ 501/-1/2\ ++-'-	tin-
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	tion C. Computation of Public	Support Perc	centage			y nimed in a fanoa da da a a a a da da a a a a da da a a a a da d	
5	Public support percentage for 2017 (line	8, column (f) div	ided by line 13, co	tumn (f))		15	9/
6	Public support percentage from 2016 Sc	hedule A, Part II	i, line 15	3-4144-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		16	9
ALC: UNIT	tion D. Computation of Investn					A	
	Investment income percentage for 2017					17	
	Investment income percentage from 20					18	<u>%</u>
	33 1/3% support tests - 2017. If the order than 33 1/3%, check this box and						
	33 1/3% support tests - 2016. If the or						
	ine 18 is not more than 33 1/3%, check	this box and sto	i p here. The ordan	ization qualifies as	a publiciv suppo	rted organization	▶ !

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Oid the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 601(c)(4), (6), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization out in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type i or Type iI only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule I. (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Sch	edule A (Form 990 or 990-EZ) 2017 PRO PUBLICA, INC. 1	4-200722	0 P:	age 5
	rt IV Supporting Organizations (continued)	WILE-RADIO		1
		F	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
2	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
1-	below, the governing body of a supported organization?	11a	***************************************	
	A family member of a person described in (a) above?	11b	\vdash	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110	1	l
000	aton b. Type roupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	1,40
'	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		j		1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			ļ
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported		}	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	ļ		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations		<u></u>	L
	morror typo it depporting organization		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	<u> </u>	103	170
,	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	- · · · · · · · · · · · · · · · · · · ·			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		Marian Parameter
Sec	the supported organization(s). Ition D. All Type III Supporting Organizations	<u>'</u>		
-ALIENTON	MANAGEMENT OF THE PROPERTY OF		Yes	Νo
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	I		
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).		 	
		و ا	1 3	
•		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
3 Sec	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	11/44/87/97/74/99	
	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	3		
1 3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	3	THE STATE OF THE S	
i s b	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instrument). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.	3 ctions).		
i s b c	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instrumnth organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instrumnth or its supported and its supported and its supported and its supported and its supported and its supported and its supported in the part VI how you supported a government entity (see instrumnth organization).	3 ctions).	4 1	No
1 3 5 6 2	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instrumnth organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see Activities Test. Answer (a) and (b) below.	3 ctions).	Yes	No
i s b c	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruming The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	3 ctions).	4 1	No
1 3 5 6 2	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? // "Yes," describe in Part VI the role the organization's supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruming The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (a Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? // "Yes," then in Part VI identify	3 ctions).	4 1	No
1 3 5 6 2	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instrumnth organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (statistics Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes,	3 ctions).	4 1	No
1 3 5 6 2	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruming The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	ctions).	4 1	No
1 s b c 2 a	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations olaved in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruming the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	3 ctions).	4 1	No
1 s b c 2 a	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruent organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	ctions).	4 1	No
1 s b c 2 a	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructional satisfied the Activities Test. Complete line 2 below. The organization satisfied the Activities Test. Complete line 2 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	ctions).	4 1	No
1 s b c 2 a	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction of the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these	ctions). see instructions)	4 1	No
1 s b c 2 a	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations olayed in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructional satisfied the Activities Test. Complete line 2 below. The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	ctions).	4 1	No

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard.

trustees of each of the supported organizations? Provide details in Part VI.

Зa

3b

	other Type III non-functionally integrated supporting organizations must c	omplete Sec	tions A through E.	
Sectio	n A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 1	let short-term capital gain	1	TAME MANAGEMENT OF THE STATE OF	
2 F	Recoveries of prior year distributions	2		
<u>3</u> (Other gross income (see instructions)	3		
4 A	dd lines 1 through 3	4		
5 C	epreciation and depletion	5		IA CALLANDA ATTAMINA TORRA TOR
6 F	ortion of operating expenses paid or incurred for production or			
С	ollection of gross income or for management, conservation, or			
rì	naintenance of property held for production of income (see instructions)	6	***************************************	
7 C	Other expenses (see instructions)	7		THE RESERVE OF THE PROPERTY OF
8 4	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	INDIVANDANIA	
ection	ந் - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 A	ggregate fair market value of all non-exempt-use assets (see			
ir	structions for short tax year or assets held for part of year):			
a A	verage monthly value of securities	1a		
b A	verage monthly cash balances	1b		
c F	air market value of other non-exempt-use assets	1c		
d T	otal (add lines 1a, 1b, and 1c)	1d		
e D	iscount claimed for blockage or other			
fa	ctors (explain in detail in Part VI):			
2 A	cquisition indebtedness applicable to non-exempt-use assets	2		
3 \$	ubtract line 2 from line 1d	3		
4 C	ash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
50	ee instructions)	4		
5 N	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 M	lultiply line 5 by .035	6		
7 R	ecoveries of prior-year distributions	7		
8 N	linimum Asset Amount (add line 7 to line 6)	8		
ection	C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, Column A)	1		
2 E	nter 85% of line 1	2	- Minimum and a second	
3 M	inimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 E	nter greater of line 2 or line 3	4		
5 in	come tax imposed in prior year	5		
	istributable Amount. Subtract line 5 from line 4, unless subject to			
	nergency temporary reduction (see instructions)	6		

Schedule A (Form 990 or 990-EZ) 2017

Sch	eduje A (Form 990 or 990-EZ) 2017 PRO PUBLICA,			L4-2007220 Page 7
	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)	
Sec	tion D - Distributions		OF OTT THE MANY CONTRACTOR OF THE PROPERTY OF	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity	THE THE THE TAXABLE PARTY OF THE TAXABLE PARTY OF THE TAXABLE PARTY OF THE TAXABLE PARTY.	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	AND REPORT OF THE PROPERTY OF
3	Administrative expenses paid to accomptish exempt purpos			
4_	Amounts paid to acquire exempt use assets	The transfer of the state of		
5	Qualified set aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which to	ne organization is responsive		·
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		WANTANA MANAGAMAN IN MANAGAMAN AND AND AND AND AND AND AND AND AND A	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	,		
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
ä				
b	From 2013	7177444 CONTRACTOR OF THE STREET		
Ç	From 2014			
ď	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
ì	Carryover from 2012 not applied (see instructions)			
j	Remainder, Subtract lines 3g, 3h, and 3i from 3f.	,		
4	Distributions for 2017 from Section D,			
	line 7; \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017, Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j		,	
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015		•	

Schedule A (Form 990 or 990-EZ) 2017

d Excess from 2016 e Excess from 2017

Schedule A (F											14-200722	0 Page 8
F li S	'art IV, S ne 1; Pa section £	ection A. rt IV. Sect	lines 1, 2 ion D, lin	2, 3b, 3c, 4 ses 2 and 3	16, 4¢, 5 3: Part l'	ia, 6, 9a, 9b, V. Section E	, 9c, 11a, 11 , lines 1c, 2	b, and 1 a. 2b. 3a	1c; Part IV, I , and 3b; Pa	Section B. lines	r 17b; Part III, line 12 1 and 2; Part IV, Sec V, Section B, line 1e; anal information.	tion C.
SCHEDUL	ΕA,	PART	II,	LINE	10,	EXPLA	NATION	FOR	OTHER	INCOME:		
HONORAR	IUMS	REVE	NUE	T TOTAL IN COLUMN TO THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER								ii Denimore and Administration (Constant
2013 AM	TNUC	: \$	10,1	.00.						ETTETTE BESTENDEN STONES SENSEN SENSEN SENSEN SENSEN SENSEN SENSEN SENSEN SENSEN SENSEN SENSEN SENSEN SENSEN S	NOT WELLOW, THE PROPERTY OF TH	
2014 AM	TNUC	: \$	23,3	379.			nomenia antarian eraka ka saka	THE RESERVE OF THE PERSON NAMED IN COLUMN				
2015 AM	OUNT:	\$	10,0	92.		THE THE THE THE THE THE THE THE THE THE	75 J. C. L. S. C. L. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C.					
2016 AM	OUNT:	\$	26,7	750.	, , , ,		Description of the state of the				,	
2017 AMO	OUNT:	\$	90,7	34.		······································	rantan dalam da serangan da da serangan da da serangan da da serangan da da serangan da da serangan da da sera					
REIMBURS	EMEN	T OF	LEGA	L FEE	S		AND THE RESERVE OF THE PERSON				1	
2016 AM	TAUC	\$	218,	464.						**************************************		
2017 AMC	: TRUC	\$	17,5	24.				TOTALIS DE SECUENCIA DE SECUENCIA DE SEL	POLICE CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONT			
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	,,		W-D-MANAGEMENT									
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization Employer identification number PRO PUBLICA, INC. 14-2007220 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions, Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and It. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. 🔟 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule 8 (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part ! if additions	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FORD FOUNDATION 320 EAST 43RD STREET NEW YORK, NY 10017	\$ <u>7,500,050</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d)
2	Name, address, and ZIP + 4 PEACE BY PIECES FUND / PEW CHARITABLE TRUSTS 901 E STREET NW WASHINGTON, DC 20004	\$ 3,035,964.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
3	JOHN D. AND CATHERINE T. MACARTHUR FOUNDATION 140 S. DEARBORN STREET CHICAGO, IL 60603	s3,000,600.	Person X Payroll Noncesh (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	DEMOCRACY FUND 1200 17TH STREET NW WASHINGTON, DC 20036	\$ <u>3,000,000</u> .	Person X Payroll Noncash (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	THE SANDLER FOUNDATION 121 STEUART STREET SAN FRANCISCO, CA 94105	\$ 3,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	LAURA AND JOHN ARNOLD 1717 WEST LOOP SOUTH HOUSTON, TX 77027	s2,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

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FRU	PUBLICA,	INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	KATIE MCGRATH & J.J. ABRAMS FAMILY FOUNDATION C/O GETTLESON, WITZER & O'CONNOR, 16000 VENTURA BOULEVARD, SUITE 900 ENCINO, CA 91436	s1,500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	CRAIG NEWMARK FOUNDATION 235 MONTGOMERY STREET SAN FRANCISCO, CA 94104	\$ <u>1,000,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	KERFUFFLE FOUNDATION / FIDELITY CHARITABLE PO BOX 770001 CINCINNATI, OH 45277-0053	s1,000,000.	Person X Payrotl Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
10	YELLOW CHAIR FOUNDATION 1660 BUSH STREET, SUITE 300 SAN FRANCISCO, CA 94109-5308	\$ <u>1,000,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	FOUNDATION TO PROMOTE OPEN SOCIETY 400 WEST 59TH STREET NEW YORK, NY 10019	\$ <u>835,058.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(5) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
12	ROBERT WOOD JOHNSON FOUNDATION P.O. BOX 2316 PRINCETON, NJ 08543-2316	\$ 766,738.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

PRO	PUBLICA,	INC.	14-2007220

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
13	THE WILLIAM AND FLORA HEWLETT FOUNDATION 2121 SAND HILL ROAD MENLO PARK, CA 94025	\$600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	THE JEROME L. GREENE FOUNDATION 146 CENTRAL PARK WEST NEW YORK, NY 10023	s400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	BARR FOUNDATION TWO ATLANTIC AVENUE BOSTON, MA 02110	s <u>400,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	MARISLA FOUNDATION 668 NORTH COAST HIGHWAY, PMB 1400 LAGUNA BEACH, CA 92651	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	ABRAMS FOUNDATION 222 BERKELEY STREET BOSTON, MA 02116	s <u>381,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	JAMES M. AND CATHLEEN D. STONE FOUNDATION / BOSTON FOUNDATION 75 ARLINGTON STREET BOSTON, MA 02116	s250,000.	Person X Payroll Noncash (Complete Part If for noncash contributions.)

Employer identification number

PRO	PUBLICA,	INC.	14-2007220

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	PAUL AND ANN SAGAN FAMILY FUND / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 250,000.	Person X Payroll
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	S. DONALD SUSSMAN C/O STE. 210, 888 EAST LAS OLAS BLVD FORT LAUDERDALE, FL 33301	\$ <u>250,000</u> .	Person X Payroli Noncash (Complete Part It for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	DYSON FOUNDATION 25 HALCYON RD. MILLBROOK, NY 12545-6137	s250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c)	(d)
22	Name, address, and ZIP + 4 TOMKAT FUND / SAN FRANCISCO FOUNDATION ONE EMBARCADERO CENTER, SUITE 1400 SAN FRANCISCO, CA 94111	Total contributions \$ 250,000+	Person X Payroll Moncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	WELLSPRING PHILANTHROPIC FUND / FIDELITY CHARITABLE GIFT FUND PO BOX 770001 CINCINNATI, OH 45277	\$ 250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	GLOBAL VILLAGE CHARITABLE TRUST / NORTHERN TRUST 600 BRICKELL AVENUE, SUITE 2400 MIAMI, FL 33131	\$ 200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

PRO	PUBL	ICA,	INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(G)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
25	LISA AND JOHN PRITZKER FAMILY FUND 2503 CLAY STREET SAN FRANCISCO, CA 94115	\$ 200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	. (b)	(c)	(d)
No.	Name, address, and ZP + 4 SOLIDARITY GIVING /SILICON VALLEY	Total contributions	Type of contribution
26	COMMUNITY FOUNDATION 2440 W EL CAMINO REAL MOUNTAIN VIEW, CA 94040	\$ 200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	STEPHEN M. SILBERSTEIN FOUNDATION 29 EUCALYPTUS RD. BELVEDERE, CA 94920-2435	\$ 200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	DEBORAH SIMON 950 LAURELWOOD CARMEL, IN 46032-8738	\$ 175,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	ANONYMOUS / VANGUARD CHARITABLE P.O. BOX 9509 WARWICK, RI 02889-9512	s 152,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	CRAIGSLIST CHARITABLE FUND 222 SUTTER STREET, 9TH FLOOR SAN FRANCISCO, CA 94108	s150,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	HEISING-SIMONS FOUNDATION 400 MAIN STREET, SUITE 200 LOS ALTOS, CA 94022	s150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	THE HARTZBAND FAMILY CHARITABLE FUND / NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE ROAD, SUITE 1200 JENKINTOWN, PA 19046	s150,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	THE JOYCE FOUNDATION 321 NORTH CLARK STREET CHICAGO, IL 60654	\$ <u>150,000.</u>	Person X. Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	ALFRED P. SLOAN FOUNDATION 630 FIFTH AVENUE SUITE 2200 NEW YORK , NY 10111	s125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	RICK AND RHONA THOMPSON / SCHWAB CHARITABLE P.O. BOX 628298 ORLANDO, FL 32862	s 125,000.	Person X Payroll Noncesh (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	PARK FOUNDATION 140 SENECA WAY, SUITE 100 ITHACA, NY 14850	s 125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

PRO PUBLICA, I	INC
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Part I	Contributors (see Instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3.7	THE PETER AND CARMEN LUCIA BUCK FOUNDATION 633 THIRD AVENUE, 16TH FLOOR NEW YORK, NY 10017	s125,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	CRANKSTART FOUNDATION 2626 VALLEJO STREET SAN FRANCISCO, CA 94123	\$\$	Person X Payroll — Noncash — (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>39</u>	EAGLE POINT DONOR FUND / MAINE COMMUNITY FOUNDATION 245 MAINE STREET ELLSWORTH, ME 04605	\$100,000.	Person X Payroll Noncash (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	CAROLYN S. BUCKSBAUM REVOCABLE TRUST 1 NORTH FRANKLIN STREET CHICAGO, IL 60606	\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
41	THE GOLDHIRSH FOUNDATION, INC 6380 WILSHIRE BOULEVARD LOS ANGELES, CA 90048	s100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42	BRIGHT HORIZON FUND / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

PRO P	UBLICA, INC.		14-2007220
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(≄)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
43	CHARINA ENDOWMENT FUND		Person X

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Training additions, and all the training additional and a second and a		Type or contribution
<u>43</u>	CHARINA ENDOWMENT FUND 375 PARK AVENUE NEW YORK, NY 10152	s100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	CHARLES E. SCHEIDT FAMILY FOUNDATION / FOUNDATION SOURCE 501 SILVERSIDE ROAD, SUITE 123 WILMINGTON, DE 19809	s 100,000.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
45	Name, address, and ZIP + 4 GERALDINE R. DODGE FOUNDATION 14 MAPLE AVENUE, SUITE 400 MORRISTOWN, NJ 07960	\$ 100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	GOLD BAY FOUNDATION		Person X
	1917 LOGAN AVENUE SOUTH MINNEAPOLIS, MN 55403	s100,000.	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	MINNEAPOLIS, MN 55403 (b) Name, address, and ZIP + 4	\$ 100,000. (c) Total contributions	Noncash (Complete Part II for
	MINNEAPOLIS, MN 55403	(c)	Noncash (Complete Part II for noncash contributions.) (d)
No.	MINNEAPOLIS, MN 55403 (b) Name, address, and ZIP + 4 METABOLIC STUDIO / ANNENBERG FOUNDATION 2000 AVENUE OF THE STARTS, SUITE 1000	(c) Total contributions	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

380 LAFAYETTE STREET

(b)

Name, address, and ZtP + 4

NEW YORK, NY 10003

Name of organization

Employer Identification number

PRO PUBLICA, INC.			14-2007220
Part I	Contributors (see instructions). Use duplicate copies of Part I if additions	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	SKOLL GLOBAL THREATS FUND 1808 WEDEMEYER STREET, SUITE 300 SAN FRANCISCO, CA 94129	\$ 100,000	Person X Payrolt Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
50	THE KOHLBERG FOUNDATION 111 RADIO CIRCLE MT KISCO, NY 10549	s <u>100,000</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51	EMILY KAISER AND GENE BULMASH / TULSA COMMUNITY FOUNDATION 7030 SOUTH YALE AVENUE, SUITE 600 TULSA, OK 74136	\$ 90,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52	SELECT EQUITY GROUP, INC.		Person X

<u>53</u>	THE SELZ FOUNDATION 121 EAST 73RD STREET NEW YORK, NY 10021	\$73,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54	ALTMAN FOUNDATION 8 WEST 40TH STREET, 19TH FLOOR NEW YORK, NY 10018	\$ 60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Payroli

Noncash

(Complete Part If for noncash contributions.)

(d)

Type of contribution

78,625.

(c)

Total contributions

(a)

No.

Employer identification number

noncash contributions.)

(d)

Type of contribution

Person Payroll

Noncash

(Complete Part II for

noncash contributions.)

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PRO P	UBLICA, INC.	14-2007220	
Part I	Contributors (see Instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
<u>55</u>	JOHN HAIN AND JENNIFER ALLEN 38042 PALO COLORADO ROAD CARMEL, CA 93923	\$51,1 <u>!</u>	Person Payrofl Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
56	ROBERT R. MCCORMICK FOUNDATION 205 N. MICHIGAN AVE. CHICAGO, IL 60601	\$50,00	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
57	ESTATE OF GEORGE E. BUKER 564 CRIMSON OAK LANE FUQUAY VARINA, NC 27526	\$50,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
58	JOAN AND IRWIN JACOBS FUND / JEWISH COMMUNITY FOUNDATION 4950 MURPHY CANYON ROAD SAN DIEGO, CA 92123	\$50,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
59	MAXIMILIAN AND DEBORAH STONE P.O. BOX 860	s50,00	Person X Payroll

(c)

Total contributions

50,000.

(a)

Nφ.

60

SARATOGA SPRINGS, NY 12866

3 COURT STREET, P.O. BOX 30

MIDDLEBURY, VT 05753

(b)

Name, address, and ZIP + 4

THE VERMONT COMMUNITY FOUNDATION

Employer identification number

PRO	P١	UBL	ΙÇΙ	١,	INC

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	ANONYMOUS FOUNDATION, C/O NUTTER, MCCLENNEN & FISH 155 SEAPORT BOULEVARD BOSTON, MA 02210-2604	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62	DONALD A. PELS CHARITABLE TRUST / FIDUCIARY TRUST COMPANY INTERNATIONAL 280 PARK AVENUE, 7TH FLOOR NEW YORK, NY 10017	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63	LEON LEVY FOUNDATION ONE ROCKEFELLER PLAZA, 14 WEST 49TH ST. NEW YORK, NY 10020	s 50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64	MARIPOSA FOUNDATION 31 WEST 27TH STREET NEW YORK, NY 10001	s50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65	SUNRISE FOUNDATION 7906 SPRINGER ROAD BETHESDA, MD 20817	s <u>50,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66	THE ABER D. UNGER FOUNDATION ONE SOUTH STREET BALTIMORE, MD 21202	\$50,000.	Person X Payroll Moncash (Complete Part II for noncash contributions.)

Employer identification number

P	RO	PUB	LI	ĊA.	INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	THE RICHARD H. DRIEHAUS FOUNDATION 737 NORTH MICHIGAN AVENUE, SUITE 2000 CHICAGO, IL 60611	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68	THE WARBURG PINCUS FOUNDATION 450 LEXINGTON AVENUE NEW YORK, NY 10017	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Yotal contributions	(d) Type of contribution
69	ANONYMOUS / JEWISH FEDERATION OF GREATER PHILADELPHIA 2100 ARCH STREET PHILADELPHIA, PA 19103	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70	PALITZ CHARITABLE LEAD TRUST 4520 N. DROMEDARY ROAD PHOENIX, AZ 85018-2938	s49,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71	ANONYMOUS / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	s45,670.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72	MARTY AND DOROTHY SILVERMAN FOUNDATION 130 EAST 59TH STREET NEW YORK, NY 10022		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

PRO	PUBL	ICA,	INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	THE LA FETRA FOUNDATION 2001 E. FINANCIAL WAY GLENDORA, CA 91741	\$\$0,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74	ANONYMOUS / BESSEMER TRUST COMPANY 100 WOODBRIDGE CENTER DRIVE WOODBRIDGE, NJ 07095-1191	s33,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75	ANONYMOUS / JEWISH COMMUNAL FUND 575 MADISON AVENUE, SUITE 703 NEW YORK, NY 10022	\$32,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76	ANONYMOUS / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	s31,560.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77	BRIAN M. MCINERNEY 304 COUNTY ROAD 438 ROCHEPORT, MO 65279	s30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
78	SUSAN TEMPLETON P.O. BOX 1510 MINNEAPOLIS, MN 55440	s30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

PRO	PUBLI	CA,	INC
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	ALLEN BLUE AND KIRA SNYDER FUND / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45276	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80	JOHN S. AND JAMES L. KNIGHT FOUNDATION 200 SOUTH BISCAYNE BLVD., SUITE 3300 MIAMI, FL 33131-2349	\$ 25,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81	DIANE WILSEY 2352 PINE STREET SAN FRANCISCO, CA 94115	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82	THE JIM COX, JR. FOUNDATION 3414 PEACHTREE ROAD, N.E. ATLANTA, GA 30326	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
83	FUND FOR SECOND NATURE, C/O BESSEMER TRUST 630 5TH AVENUE NEW YORK, NY 10111	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84.	L. JOHN DOERR AND ANN HOWLAND DOERR 251 LAUREL STREET SAN CARLOS, CA 94070	s25,000.	Person X Payroll Noncash (Complete Part II for попсаsh contributions.)

Employer identification number

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PRO E	UBLICA, INC	•	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8 <u>5</u>	ANONYMOUS / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 86	THE GOLDEN MERCER CHARITABLE GIVING FUND / NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE ROAD, SUITE 1200 JENKINTOWN, PA 19046	\$25,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87	DONGJU SONG 51 WEST 52ND STREET NEW YORK, NY 10019	ss	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88	EDWARDS FAMILY FUND / SILICON VALLEY COMMUNITY FOUNDATION 2440 W EL CAMINO REAL #300 MOUNTAIN VIEW, CA 94040	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89	HANNAH, ELIZABETH & MOLLY COOPER / THE NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE ROAD, SUITE 1200 JENKINTOWN, PA 19046	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90	MANSUETO FOUNDATION 22 WEST WASHINGTON STREET CHICAGO, IL 60602	\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

PRO P	UBLICA, INC.		14-2007220
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
91	MARK COLODNY GIVING FUND / FIDELITY CHARITABLE P.O. BOX 770001	s 25,0	(Complete Part II for
	CINCINNATI, OH 45277		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
92	MILLICENT AND EUGENE BELL FOUNDATION 155 SEAPORT BOULEVARD	s <u>25,0</u>	Person X Payroll Noncash (Complete Part II for
	BOSTON, MA 02210-2604		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
93	RONALD AND JANE OLSON / SILICON VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMINO REAL, SUITE 300 MOUNTAIN VIEW, CA 94040	\$ 25,0	Person X Payroll Noncash (Gomplete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
94	THE JEANNIE TSENG AND COLIN RUST CHARITABLE FUND / VANGUARD CHARITABLE P.O. BOX 9509	\$ 25.0	Person X Payroll Noncash
	WARWICK, RI 02889-9510		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
95	THE MARC HAAS FOUNDATION		Person X Payroll

25,000.

(c)

Total contributions

(a)

No.

96

135 WEST 50TH ST.

NEW YORK, NY 10020

SUITE 400

(b)

Name, address, and ZIP + 4

THE TOM AND JANET UNTERMAN FAMILY GIFT

FOUNDATION, 221 S. FIGUEROA STREET,

FUND / CALIFORNIA COMMUNITY

LOS ANGELES, CA 90012

Noncash

Person

(Complete Part II for noncesh contributions.)

(d)

Type of contribution

Employer identification number

PRO	PUBL	ICA,	INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
97	ANONYMOUS / AMERICAN ENDOWMENT FOUNDATION 5700 DARROW ROAD, SUITE 118	\$ <u>24,500.</u>	Person X Payroll Noncash
	HUDSON, OH 44236		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
98	Name, address, and ZIP + 4 PETER EDWARDS AND ROSE GUTFELD / SCHWAB CHARITABLE	Total contributions	Type of contribution Person X
	P.O. BOX 628298	\$ 21,000.	Payroll Noncash (Complete Part II for
	ORLANDO, FL 32862		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99	DANIEL AND COLEEN SLOSBERG		Person X Payroli
	2560 EMERALD AVENUE	\$ 20,700.	Noncash (Complete Part II for
	ANN ARBOR, MI 48104		noncash contributions.)
(a) No.	· (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
100	JANET LEWIS		Person Payroll
٠	1226 N PEGRAM STREET	\$	Noncash X (Complete Part II for
	ALEXANDRIA, VA 22304		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
101	AL MAILMAN FAMILY FOUNDATION		Person X Payroll
	707 WESTCHESTER AVENUE	s <u>20,000.</u>	Noncash [
,	WHITE PLAINS, NY 10604		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102	ELIZABETH LIEBMAN		Person X
	910 N. LAKESHORE DRIVE	\$ <u>20,000.</u>	Payroll
	CHICAGO, IL 60611		(Complete Part II for noncash contributions.)

PRO PUBLICA, INC.	14-2007220
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	JAMES FOUNDATION INC. P.O. BOX 456 HADDONFIELD, NJ 08033	\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104	LEAH AND BENJAMIN SPERO / AMERICAN ENDOWMENT FOUNDATION 5700 DARROW ROAD, STE. 118 HUDSON, OH 44236	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1.05	PINION STREET FOUNDATION / JEWISH COMMUNITY FEDERATION 121 STEUART STREET SAN FRANCISCO, CA 94105	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(6)	(c) Total contributions	(d) Type of contribution
No. 106	Name, address, and ZIP + 4 SARNAT-HOFFMAN FAMILY FOUNDATION FUND / JEWISH COMMUNITY FEDERATION 121 STEUART STREET SAN FRANCISCO, CA 94105	\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
107	THE LLEWELLYN FOUNDATION 116 UPLAND ROAD CAMBRIDGE, MA 02140	\$ <u>20,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108	ANONYMOUS / NORTHERN TRUST CHARITABLE GIVING PROGRAM 225 NORTH MICHIGAN AVENUE, SUITE 2200 CHICAGO, IL 60601	\$ 20,000.	Person X Payroll

Employer identification number

	PRO	PUBLICA,	INC.
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	THE SHAYNE FOUNDATION 3201 FERNWOOD AVENUE LOS ANGELES, CA 90039	\$16,000.	Person X Payroll Noncash (Complete Part It for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
110	JEFFREY AND SOPHIE DRUBNER 500 CHASE PARKWAY WATERBURY, CT 06708-3346	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
111	LONGHILL CHARITABLE FOUNDATION 200 OAK HILL ROAD ITHACA, NY 14850	\$ 15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
112	BLINKHORN LLC 23 GRANT AVENUE OLD GREENWICH, CT 06870-2227	\$15,000	Person X Payroll D Noncash (Complete Part Il for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
113	ALICE UNDERWOOD CHARITABLE FUND / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$15,000.	Person X Payroll Noncash (Complete Part It for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
114	ALICE AND BENJAMIN REITER / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	s <u>15,000</u> .	Person X Payroll (Complete Part II for noncash contributions.)

Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	DENCKLA/REBER FAMILY FUND / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45278	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116	ELBAZ FAMILY FOUNDATION 9663 SANTA MONICA BLVD. LOS ANGELES, CA 90210-4303	\$ 15,000.	Person X Payroll Noncash (Complete Part It for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
117	RATHMANN FAMILY FOUNDATION P.O. BOX 352 ARNOLD, MD 21012-0352	\$ 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 118	Name, address, and ZiP + 4 ROGERS FAMILY CHARITABLE FOUNDATION / FOUNDATION SOURCE 55 WALLS DRIVE, 3RD FLOOR FAIRFIELD, CT 06824	s 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
119	THE DAVID R. AND PATRICIA D. ATKINSON FOUNDATION 100 OVERLOOK CENTER - SECOND FLOOR PRINCETON, NJ 08540	s <u>15,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
120	THE KAY FAMILY FUND / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$ 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	THE PHILLIPS FAMILY / SCHWAB CHARITABLE FUND VEHICLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
122	ZEGAR FAMILY FUND / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123	ANONYMOUS / BMO CHARITABLE FUND PROGRAM 165 TOWNSHIP LINE ROAD, SUITE 1200 JENKINTOWN, PA 19046	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
124	MJ CHELSEA FUND 7 COLUMBIA TURNPIKE FLORHAM PARK, NJ 07932	s <u>14</u> ,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(¢) Total contributions	(d) Type of contribution
125	DICK AND DIANA BEATTIE FUND / NORTHERN TRUST CHARITABLE GIVING PROGRAM 225 NORTH MICHIGAN AVENUE, SUITE 2200 CHICAGO, IL 60601	\$ 12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
126	DANIEL BUTTERFIELD 155 5TH ST., 6TH FLOOR SAN FRANCISCO, CA 94103	s12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	LINCOLN HEALTHCARE FOUNDATION 838 KENMORE DRIVE CHAPEL HILL, NC 27514	\$ 12,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
128	TEMBO PRESERVE / MARIN COMMUNITY FOUNDATION 5 HAMILTON LANDING, SUTIE 200 NOVATO, CA 94949	\$ 11,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
129	CHRIS FRALEY P.O. BOX 31989 SEATTLE, WA 98103	s10,838.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	. (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
130	BARBETTA FAMILY FOUNDATION 4201 WILSON BLVD ARLINGTON, VA 22203	\$ 10,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
131	ANONYMOUS 155 AVENUE OF THE AMERICAS, 13FL NEW YORK, NY 10013	\$ 10,210.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
132	RICHARD REVESZ AND VICKI BEEN 230 WEST 11TH STREET NEW YORK, NY 10014	\$10,000.	Person X Payroll

Employer identification number

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Part (Contributors (see instructions). Use duplicate copies of Part Lif additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	THE CHRIS HONDROS FUND C/O GETTY IMAGES 75 VARICK STREET NEW YORK, NY 10013	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
134	TIDES FOUNDATION P.O. BOX 29198 SAN FRANCISCO, CA 94129-0198	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
135	CHRIS AND LISA KANEB FUND / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45279	s 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
136	A & J SAKS FOUNDATION, INC. P.O. BOX 471 NEW YORK, NY 10021	\$ <u>10,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
137	ARDEA FUND P.O. BOX 29155 SAN FRANCISCO, CA 94129-0155	\$ <u>10,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
138	BEATRICE LIU 360 EAST 88TH STREET NEW YORK, NY 10128	s <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

PRO	PUBLICA,	INC.	•	14-2007220

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	CAVALI FOUNDATION 327 CENTRAL PARK WEST NEW YORK, NY 10025	\$10,000.	Person X Payroll Noncash (Complete Part It for noncash contributions.)
(a) No.	. (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140	CLOUDSPLITTER FOUNDATION P.O. BOX 1357 SARANAC LAKE, NY 12983	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
141	COXE FUND / SILICON VALLEY COMMUNITY FOUNDATION 2440 W EL CAMINO REAL #300 MOUNTAIN VIEW, CA 94040	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
142	DAVID ESTES 101 POLK STREET SAN FRANCISCO, CA 94102	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
143	DHANAM FOUNDATION C/O CTC MYCFO LLC P.O. BOX 10195 PALO ALTO, CA 94303	s10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
144	DROR AND MELISSA BAR-ZIV 1 MARKET STREET STEUART TOWER SAN FRANCISCO, CA 94105	\$ <u>10,000.</u>	Person X Payroll

PRO	PUBLICA,	INC.	14-2007220

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(¢) Total contributions	(d) Type of contribution
145	EDELMAN 250 HUDSON STREET NEW YORK, NY 10013	\$ 10,000.	Person X Payroll Noncash (Complete Part il for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
146	ELLEN P. TYKESON & KEN HIDAY / SCHWAB CHARITABLE P.O. BOX 628298 ORLANDO, FL 32862	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
147	KATHLEEN AND JAMES O'BRIEN 72 PARK SLOPE RIDGEWOOD, NJ 07450	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
148	LEAR FAMILY FOUNDATION 100 N. CRESCENT DRIVE BEVERLY HILLS, CA 90210	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
149	MARILYN LIPMAN 21 OLD BELLE MONTE ROAD CHESTERFIELD, MO 63107-6052	\$10,000.	Person X Payroll Concash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZtP + 4	(c) Total contributions	(d) Type of contribution
150	PHILIP R. JONSSON FOUNDATION P.O. BOX 251304 LITTLE ROCK, AR 72225	s <u>10,000</u> .	Person X Payroll Noncesh (Complete Part II for noncash contributions.)

PRO PUBLICA, INC.	14-2007220

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151	POLAKOF AND OSHER CHARITABLE FAMILY FUND / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
152	RENEE B. FISHER FOUNDATION / SILICON VALLEY COMMUNITY FOUNDATION 2440 W EL CAMINO REAL #300 MOUNTAIN VIEW, CA 94040	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
153	RICHARD RAVITCH FOUNDATION 1115 5TH AVE. NEW YORK, NY 10128	\$ 10,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 154	ROBERTS FAMILY FOUNDATION 2542 12TH AVENUE W SEATTLE, WA 98119	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIF + 4	(c) Total contributions	(d) Type of contribution
155	SAMUEL LIEBER AND MARY RUBIN 2 BEACH AVENUE LARCHMONT, NY 10538-4005	s10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
156	SLATER RIDER CHARITABLE FUND / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
157	SPROCKET FOUNDATION P.O. BOX 70 FRENCHTOWN, NJ 08825	s10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
158	SUSAN KARP AND PAUL HAAHR / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
159	THE FERRON FAMILY CHARITABLE FUND /SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
160	THE JOHN WOLTHUIS CHARITABLE FUND / J.P. MORGAN CHARITABLE GIFT FUND 165 TOWNSHIP LINE ROAD, SUITE 1200 JENKINTOWN, PA 19046	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
161	THE KOIVU FUND / VANGUARD CHARITABLE P.O. BOX 9509 WARWICK, RI 02889-9509	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
162	THE LU FOUNDATION 820 S. MONACO PARKWAY DENVER, CO 80224	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a)	(b)	(¢)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
163	THE NARARO FOUNDATION 30TH STREET TRAIN STATION P.O. BOX 38613 PHILADELPHIA, PA 19104	\$ <u>10,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(þ)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
164	THE NELLIE BOWLES FUND / VANGUARD CHARITABLE P.O. BOX 9509 WARWICK, RI 02889-9511	s10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 165	Name, address, and ZP+4 THEODORE CROSS FAMILY CHARITABLE FOUNDATION / CROSS ASSOCIATES , LLC 100 MERRICK ROAD ROCKVILLE CENTER, NY 11570	* 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
166	THE RALPH EARLE AND JANE MENDILLO CHARITABLE GIFT FUND / VANGUARD CHARITABLE, P.O. BOX 9509 WARWICK, RI 02889-9512	s 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
167	THE S. DECKER AND SHERRON ANSTROM FAMILY FOUNDATION / THE NATIONAL PHILANTHROPIC TRUST, 165 TOWNSHIP LINE ROAD, SUITE 1200 JENKINTOWN, PA 19046	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 168	Name, address, and ZIP + 4 THE WITTRUP AND RHODES FAMILY CHARITABLE FUND / VANGUARD CHARITABLE P.O. BOX 9509 WARWICK, RI 02889-9512	\$10,000.	Person X Payroll Complete Part II for noncash contributions.)
723452 11-01	- 17	Schedule 8 (Form 9	90, 990-EZ, or 990-PF) (2017)

Employer identification number

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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	
169	ZANKEL CHARITABLE LEAD TRUST 333 GRANT AVENUE SAN FRANCISCO, CA 94108	s <u>10,000.</u>	Person X Payroli Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
170	ANONYMOUS / NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DRIVE, SUITE 500 ALPHARETTA, GA 30009	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(5) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
171	331 ROSES TRUST / MERRILL LYNCH 2029 CENTURY PARK EAST, SUITE 2800 LOS ANGELES, CA 90067	\$9,920.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
172	WARNER-MURCHIE-FARQUHAR FAMILY FUND / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 9,000.	Person X Payroll Noncash (Complete Part If for noncash contributions.)	
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution	
173	ANONYMOUS / NORTHERN TRUST COMPANY: CHICAGO 50 SOUTH LA CALLE STREET CHICAGO, IL 60603	s	Person X Payroll Soncash Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
174	JULIA HALBERSTAM AND RYAN HARVEY 180 STAMFORD AVENUE STAMFORD, CT 06902	\$8,203.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Employer identification number

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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
175	PETER WELCH / VANGUARD P.O. BOX 2600 VALLEY FORGE, PA 19482	\$8,000.	Person X Payroll Concash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
176	HOLLY GRAY 25 RIVER DRIVE NORWALK, CT 06855-2518	\$7,918.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
177	PETER WIRINGA AND AMANDA HUMPAGE 1927 JAMES AVENUE SAINT PAUL, MN 55105	\$ <u>7,589.</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
178	TWIG FOUNDATION, INC. P.O. BOX 876 CAMDEN, ME 04843	\$ 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
179	BARBARA MCCANN 1439 MONROE STREET NW WASHINGTON, DC 20010	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
180	THE SHERWOOD FAMILY TRUST 15260 VENTURA BOULEVARD SHERMAN OAKS, CA 91403	\$ <u>7,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

PRO P	UBLICA, INC.		4-2007220
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181	SHAPIRO FAMILY FOUNDATION 5610 WISCONSIN AVENUE CHEVY CHASE, MD 20815-4434	\$7,500.	Person X Payroli Concash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
182	THE BAY AND PAUL FOUNDATIONS 17 WEST 94TH STREET NEW YORK, NY 10025	\$ 7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
183	HOSHINO-QUIGLEY MORGAN STANLEY GLOBAL IMPACT FUNDING TRUST, INC. C/O DRINKER BIDDLE & REATH, 1177 AVENUE OF THE AMERICAS NEW YORK, NY 10036-2714	\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
184	SURVEYMONKEY 101 LYTTON AVENUE PALO ALTO, CA 94301	\$6,828.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
185	MCS FOUNDATION / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$ 6,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
186	JOHN PADRNOS 35 WINGATE SQUARE LONDON, UNITED KINGDOM	\$6,000.	Person X Payroil

Employer identification number

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	Contributors (see instructions). Use duplicate copies of Part I if additional	el space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
187	HARRIS GILBERT / CHARLES SCHWAB 211 MAIN STREET SAN FRANCISCO, CA 94105	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZiP + 4	Total contributions	Type of contribution
188	KAHRS MARGOLIS GIVING FUND / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
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(a)	(b)	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 THE JOSEPHINE M. SIMON FUND 1988, C/O	10(SI CONFIDUROUS	Type of Continuous
189	CETERA ADVISORS, LLC 4600 SOUTH SYRACUSE STREET, SUITE 600 DENVER, CO 80237	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
190	TIMOTHY ANDREWS		Person X
AND ACTUAL TO THE STATE OF THE	613 SNOWDEN LANE PRINCETON, NJ 08540	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
AND A TRACE OF THE STREET, STR	613 SNOWDEN LANE PRINCETON, NJ 08540 (b)	(c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	PRINCETON, NJ 08540 (b) Name, address, and ZIP + 4		Payroll Noncash (Complete Part II for noncash contributions.)
(∌)	613 SNOWDEN LANE PRINCETON, NJ 08540 (b)	(c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No. 191	PRINCETON, NJ 08540 (b) Name, address, and Z:P + 4 TOM AND MADELEINE SHEARER CHARITABLE FUND / FIDELITY CHARITABLE P.O. BOX 770001	(c) Total contributions \$ 6,000.	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	613 SNOWDEN LANE PRINCETON, NJ 08540 (b) Name, address, and ZiP + 4 TOM AND MADELEINE SHEARER CHARITABLE FUND / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277 (b) Name, address, and ZiP + 4	(c) Total contributions \$ 6,000.	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No. 191	613 SNOWDEN LANE PRINCETON, NJ 08540 (b) Name, address, and ZiP + 4 TOM AND MADELEINE SHEARER CHARITABLE FUND / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277 (b) Name, address, and ZiP + 4 ALEXANDRA SIMONE GEORGE MEMORIAL FUND / CALIFORNIA COMMUNITY FOUNDATION	(c) Total contributions \$ 6,000. (c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Person Payroll
(a) No. 191 (a) No.	613 SNOWDEN LANE PRINCETON, NJ 08540 (b) Name, address, and ZIP + 4 TOM AND MADELEINE SHEARER CHARITABLE FUND / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277 (b) Name, address, and ZIP + 4 ALEXANDRA SIMONE GEORGE MEMORIAL FUND	(c) Total contributions \$ 6,000.	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash Payroll Noncash
(a) No. 191 (a) No.	613 SNOWDEN LANE PRINCETON, NJ 08540 (b) Name, address, and ZiP + 4 TOM AND MADELEINE SHEARER CHARITABLE FUND / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277 (b) Name, address, and ZiP + 4 ALEXANDRA SIMONE GEORGE MEMORIAL FUND / CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUEROA STREET, SUITE 400 LOS ANGELES, CA 90012	(c) Total contributions \$ 6,000. (c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Person Payroll

Employer identification number

PRO	ΡŲ	$_{ m BL}$	IÇA,	, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193	ANONYMOUS 155 AVENUE OF THE AMERICAS, 13FL NEW YORK, NY 10013	s5,431.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
194	THOMAS DURST 1071 VALLEJO STREET SAN FRANCISCO, CA 94133	\$ 5,400.	Person X Payroll [
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
195	THE BIRNBAUM FAMILY 711 GRAND AVE SAN RAFAEL, CA 94901	\$ 5,125.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
196	SUSAN AND STEVEN BLOOM 11 WRIGHTS MILL ROAD ARMONK, NY 10504-1129	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
197	THE FELCHER / BAZERMAN FUND / VANGUARD CHARITABLE P.O. BOX 9509 WARWICK, RI 02889-9512	\$ 5,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
198	JUDITH YAFET 161 KILBURN PLACE SOUTH ORANGE, NJ 07079	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

PRO :	PUBI	JICA,	INC
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	i space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>199</u>	NANCY ROTHWELL 14 KINGSWAY, HESWALL MERSEYSIDE, UNITED KINGDOM	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
200	SUSAN S. & KENNETH L. WALLACH FOUNDATION THREE MANHATTANVILLE ROAD PURCHASE, NY 10577	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
201	ROGER AND MARGOT MILLIKEN 157 PINE STREET PORTLAND, ME 04102	\$5,000.	Person X Payroll Noncash (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
202	BARBARA FAHNESTOCK 1200 KEYSTONE DRIVE SELLERSVILLE, PA 18960-3354	\$\$	Person X Payroll Noncash (Complete Part Il for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
203	MARY ANN STERNBERG / MORGAN STANLEY 1300 THAMES STREET WHARF, 4TH FLOOR BALTIMORE, MD 21231	\$5,000.	Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
204	WILLIAM AND DEBBIE BECKER 627 MONTGOMERY SCHOOL LANE WYNNEWOOD, PA 19096	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

PRO	PUBLI	CA.	INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205	ANNE BATTLE 810 ARROYO ROAD LOS ALTOS, CA 94024	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
206	BARBARA WRIGHT 2209 ENGLEWOOD AVENUE DURHAM, NC 27705	\$5,000.	Person X Payroll Noncash (Complete Part It for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
207	CRANALEITH FOUNDATION INC. 5910 S WATSON LANE LITTLETON, CO 80123	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
208	ED PESKOWITZ, C/O UNITED COMMUNICATIONS GROUP 9737 WASHINGTONIAN BOULEVARD GAITHERSBURG, MD 20878-7364	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
209	LESLIE PETERSON C/O BENEVITY #700 611 MEREDITH ROAD NE CALGARY, ALBERTA, CANADA	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
210	MICHAEL MILLS 6 BANK ALLEY SARATOGA SPRINGS, NY 12866	\$ 5,000.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
723452 11-01	- 17	Schedule B (Form 9	990, 990-EZ, or 990-PF) (2017)

Employer identification number

PRO	PUEL	TCA	INC
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211	ROBERT CARTER AND MARGARET MCCLOSKEY 348 I AVENUE CORONADO, CA 92118	\$5,000.	Person X Payroll Noncash (Complete Part It for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
212	TARA DWYER 317 W 89TH STREET NEW YORK, NY 10024	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
213	THE BETTNER FAMILY FUND / GOLDMAN SACHS PHILANTHROPY FUND P.O. BOX 15203 ALBANY, NY 12212-5203	\$ 5,000.	Person X Payroll Complete Part Il for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
214	TIGER BARON FOUNDATION 233 BROADWAY, SUITE 2200 NEW YORK, NY 10279	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
215	WALTER MOSSBERG 10804 DEBORAH DR. POTOMAC, MD 20854	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
216	VHF FOUNDATION 126 OAKDALE ROAD NEWTOWN, MA 02461	s5,000.	Person X Payrol! Noncash (Complete Part I! for noncash contributions.)

Employer identification number

OSG	PUBLICA.	INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217	ROSENBERG/SLAFSKY FAMILY TRUST / AMERICAN ENDOWMENT FOUNDATION 5700 DARROW ROAD, SUITE 118 HUDSON, OH 44236	\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
218	ANCHOR POINT GIFT FUND OF BRADLEY A. FELD AND M. AMY BATCHELOR / THE COMMUNITY FOUNDATION SERVING BOULDER COUNTY, 1123 SPRUCE STREET BOULDER, CO 80302	- - - -	Person X Payroli Noncash (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
219	ANDREW AUGUST 860 3RD STREET SANTA MONICA, CA 90403	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
220	BETTY MILLARD FOUNDATION 360 WEST 22ND STREET NEW YORK, NY 10011	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
221	CATHE GIFFUNI 240 E. 27TH STREET NEW YORK, NY 10016-9238	\$\$,000.	Person X Payroll Noncash (Complete Part Il for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
222	SARAH JESSICA PARKER AND MATTHEW BRODERICK C/O ALTMAN, GREENFIELD & SELVAGGI, LLP, 200 PARK AVENUE SOUTH NEW YORK, NY 10003	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

PRO	PUBLICA,	INC
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZfP + 4	(c) Total contributions	(d) Type of contribution
223	CYNTHEA GEERDES 26040 ELENA RD LOS ALTOS HILLS, CA 94022	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
224	DALE TAYLOR AND ANGELA LUSTIG 2314 N LINCOLN PARK WEST CHICAGO, IL 60614	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
225	DAVID AND PAIGE MORSE 1333 ASHLAND STREET HOUSTON, TX 77008	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
226	DAVID ZUCKERMAN FAMILY TRUST GIFT FUND / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
227	DIANA STARK 1325 HOWARD AVENUE BURLINGAME, CA 94010	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
228	DIANE HALLMAN 644 17TH STREET BROOKLYN, NY 11218-1113	\$ 5,000.	Person X Payroll

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PRO PUBLICA, INC.		14-2007220
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Part I	Contributors (see instructions). Use duplicate copies of Part Lif additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
229	GARY LIPPMAN DONOR ADVISED FUND / JEWISH COMMUNITY FOUNDATION OF GREATER METROWEST NJ, 901 ROUTE 10 P.O. BOX 929 WHIPPANY, NJ 07981	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
230	HECHINGER FAMILY CHARITABLE GIFT FUND / RENAISSANCE CHARITABLE FOUNDATION		Person X Payroll
	8910 PURDUE RD	\$ 5,000.	Noncash (Complete Part II for
	INDIANAPOLIS, IN 46268		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
231	HENRY LOUIS GATES, JR.	PART BANK AND AND AND AND AND AND AND AND AND AND	Person X
	104 MOUNT AUBURN STREET	s5,000.	Payroll Noncash
	CAMBRIDGE, MA 02138		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
232	HEYWOOD CHARITABLE FUND / FIDELITY CHARITABLE		Person X
	P.O. BOX 770001	\$ <u>5,000</u>	Payroll Noncash
	CINCINNATI, OH 45277		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
233	HOLZER FAMILY FOUNDATION		Person X
	23 NORTH SADDLE BROOKE DRIVE	s5,000.	Payroll Noncash
	HO HO KUS, NJ 07423		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
234	JANET E. TRAUB GIFT FUND / SCHWAB CHARITABLE		Person X
	211 MAIN STREET	\$ 5,000.	Payroll Noncash
	WARRIED TO THE TOTAL THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE	AMALIANA WASANIMANIA MATANJANIMANIMANIMANIMANIMANIMANIMANIMANIMANIM	(Complete Part II for
	SAN FRANCISCO, CA 94105	G. L. J. I. 6. / F 0	noncash contributions.)
23452 11-01	-17	Screams a (Lotur 2	90, 990-EZ, or 990-PF) (2017)

PRO PUBLICA, INC.	14-2007220
PRO PUBLICA, INC.	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
235	JOANNA STONE HERMAN AND LAURENCE R. HERMAN 150 E 77TH STREET NEW YORK, NY 10075-1927	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
236	MARIA GOTSCH ONE BATTERY PARK PLAZA, 5TH FLOOR NEW YORK, NY 10004	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
237	MARY BLODGETT 1490 VIRGINIA ROAD SAN MARINO, CA 91108	\$5,000.	Person X Payroli Noncash (Complete Part Il for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
238	MICHAEL WASHBURN / CHARLES SCHWAB & COINC. 211 MAIN STREET SAN FRANCISCO, CA 94105	s5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
239	MINIMONEY FUND / VANGUARD CHARITABLE P.O. BOX 9509 WARWICK, RI 02889-9512	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	. (d) Type of contribution
No. 240	MULLER FAMILY FOUNDATION 12938 GREENLEAF STREET STUDIO CITY, CA 91604	\$ 5,000.	Person X Payroll Noncash (Complete Part If for noncash contributions.)
23452 11-01	-17	Schedule B (Form 9	90, 990-EZ, or 990-PF) (2017)

Employer identification number

PRO P	UBLICA, INC.		14-2007220
Part I	Contributors (see instructions). Use duplicate copies of Part i if additional	l space is needed.	
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contribution	(d) s Type of contribution
241	PAUL'S FRIEND'S CHARITABLE TRUST / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$5,00	Person X Payroll Noncash (Complete Part It for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
242	THE BEN WILLIAMS RI/MBC FUND #3 / VANGUARD CHARITABLE P.O. BOX 9509 WARWICK, RI 02889-9512	\$5,00	Person X Payroll Noncash (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
243	RICHARD S. MCKINLEY / SCHWAB CHARITABLE FUND VEHICLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$5,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	· (b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
244	ROBERT AND MAURINE ROTHSCHILD FUND, INC. 132 NASSAU STREET NEW YORK, NY 10038	s5,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
245	ROBERTS J. AND PAULA B. REYNOLDS FUND, C/O MCF 5 HAMILTON LANDING, SUITE 200 NOVATO, CA 94949	\$5,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4 ROCKER FAMILY FOUNDATION / JEWISH	(c) Total contributions	(d) Type of contribution

5,000.

Person

Payroll

Noncash

(Complete Part II for noncash contributions.)

929

246

COMMUNITY FOUNDATION OF GREATER

WHIPPANY, NJ 07981

METROWEST NJ, 901 ROUTE 10, P.O. BOX

Employer identification number

PRO	PUBLICA,	INC
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
247	SANDPIPER FUND, INC 640 PELHAM ROAD	\$ 5,000.	Person X Payroll Noncash (Complete Part II for
	NEW ROCHELLE, NY 10805		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
248	SUTTON FAMILY CHARITABLE FUND / VANGUARD CHARITABLE P.O. BOX 9509	s 5,000.	Person X Payroll Noncash
'	WARWICK, RI 02889-9512	Tundamaninas sorrivon	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
249	THE EISNER FOUNDATION, INC. 9401 WILSHIRE BLVD.	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	BEVERLY HILLS, CA 90212-2946 (b)	(c)	(d)
No. 250	Name, address, and ZIP + 4 THE JEANNIE BLAUSTEIN AND PETER BOKOR FUND / JEWISH COMMUNAL FUND 575 MADISON AVENUE, SUITE 703 NEW YORK, NY 10022	S 5,000.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
251	THE MCLEAN-OTTMER CHARITABLE FUND / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
252	THE ROGOVY FOUNDATION		Person X
	93 WORTH STREET	\$ 5,000.	Noncash (Complete Part II for
28462 13-01	NEW YORK, NY 10013	Schedule B (Form 9	noncash contributions.) 990, 990-EZ, or 990-PF) (2017)

Employer identification number

PRO PUBLICA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
253	THE STEPHANIE AND STEVEN SILVERMAN FAMILY FUND / VANGUARD CHARITABLE P.O. BOX 9509 WARWICK, RI 02889-9512	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
254	THE SUSAN H. SCHWARTZ FUND / VANGUARD CHARITABLE P.O. BOX 9509 WARWICK, RI 02889-9512	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
255	THE ZANKEL FUND 70 WASHINGTON STREET BROOKLYN, NY 11201	s <u>5,000.</u>	Person X Payroll Noncash (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
256	THE ZEPHYR FUND / VANGUARD CHARITABLE P.O. BOX 9509 WARWICK, RI 02889-9512	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
257	THOMAS AND BARBARA METCALF / SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
258	TIMOTHY STUMPFF 2870 MILL CREEK TERRACE COLUMBIA, MO 65203	\$5,000.	Person X Payroll Noncesh (Complete Part II for noncash contributions.)

Employer identification number

PRO	PU	BL	ICA	, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ŻIP + 4	(c) Total contributions	(d) Type of contribution
259	WATERSTON FAMILY FOUNDATION, INC., C/O ZEIDERMAN MANAGEMENT CORPORATION 170 AVERY ROAD GARRISON, NY 10524	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
260	LAKE ROAD FOUNDATION 839 ORIENTA AVENUE MAMARONECK, NY 10543	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
261	ZEH WEXLER CHARITABLE FUND / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	\$5,000.	Person X Payroll Noncash (Complete Part It for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
262	EDWARD AND MARJORIE GOLDBERGER FOUNDATION, C/O KINZEL & CO., LLC 195 FAIRFIELD AVENUE, SUITE 1D WEST CALDWELL, NJ 07006	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
263	HART GIVING FUND / FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277	s5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
264	PAUL LECLERC AND JUDITH GINSBERG / TIAA CHARITABLE 8910 PURDUE ROAD, SUITE 500 INDIANAPOLIS, IN 46268	\$5,000.	Person X Payroll Noncash (Complete Part If for noncash contributions.)

Employer identification number

PRO	PUBL	ICA	. INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
265	ANONYMOUS / COMMUNITY FOUNDATION OF WESTERN MASSACHUSSETTS 333 BRIDGE STREET SPRINGFIELD, MA 01103-1411	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
266	ANONYMOUS / RENAISSANCE CHARITABLE FOUNDATION 8910 PURDUE ROAD, SUITE 555 INDIANAPOLIS, IN 46268	\$ 5,000.	Person X Payroll Noncash (Complete Part It for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash (Complete Part II for noncash contributions.)
(a) No.	. · (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
,		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

PRO PUBLICA, INC.

(c) (c) (d)	Part II	Noncash Property (see instructions). Use duplicate copies of Part II is	f additional space is needed.	
S S1,157. 12/21/17	No. from	, ,	FMV (or estimate)	,
S 51,157. 12/21/17		300 SHARES OF APPLE STOCK	_	ALACHAT MINITARY TO THE TANKS OF THE SECTION OF THE
(a) No. Tom Description of noncash property given (b) No. Tom Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. Tom Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (d) Date received (e) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (e) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.)	<u>55</u>	THE PARTY AND TH	_	
No. from Part 1 100 255 SHARES OF POPEYES STOCK S 20,138. 03/22/17 (a)	;		\$ 51,157.	12/21/17
100	No. from	···	FMV (or estimate)	
S		255 SHARES OF POPEYES STOCK	_	
(a) No. from Pert 1 Description of noncash property given (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received 129 10,838. 09/27/17 (a) No. from Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received 131 25 SHARES IUSG STOCK (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received FMV (or estimate) (See instructions.) 12/28/17 (d) Date received 25 SHARES IUSG STOCK & 91 SHARES OF WELLS FARGO STOCK (c) FMV (or estimate) (See instructions.) 26 SHARES IUSG STOCK & 91 SHARES OF WELLS FARGO STOCK (c) FMV (or estimate) (See instructions.) 27 Description of noncash property given (c) FMV (or estimate) (See instructions.) Description of noncash property given Description of noncash property given Description of noncash property given Description of noncash property given Description of noncash property given Description of noncash property given Description of noncash property given Description of noncash property given Description of noncash property given Description of noncash property given Description of noncash property given Description of noncash property given Description of noncash property given Description of noncash property given Description of noncash property given Description of noncash property given Description of noncash property given	100		_	
No. from Part 1 129 To SHARES OF ISHARES US PHARMACEUTICALS			\$ 20,138.	03/22/17
from Part 1 129 To SHARES OF ISHARES US PHARMACEUTICALS S 10,838. 09/27/17			(c)	
129		, ,	FMV (or estimate)	
\$ 10,838. 09/27/17 (a) No. (b) FMV (or estimate) (See instructions.) APPLE STOCK (a) No. (b) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (Co) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received 25 SHARES IUSG STOCK 6 91 SHARES OF WELLS FARGO STOCK (a) No. (b) FMV (or estimate) (See instructions.) (a) No. (b) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.) (a) No. (b) FMV (or estimate) (See instructions.) (b) Date received	Part!		(See instructions.)	
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from Part I Description of noncash property given FMV (or estimate) (See instructions.) Date received 131	(a)	TO THE PROPERTY OF THE PROPERT		
Part I APPLE STOCK (a) No. from Part I 95 SHARES IUSG STOCK £ 91 SHARES OF WELLS FARGO STOCK (b) Compared to the state of the state	· I	, ,		,
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No. from Part i Description of noncash property given Part i		EAST-MATERIAL CONTROL OF CONTROL	s <u>10,210.</u>	12/28/17
from Part i Description of noncash property given 95 SHARES IUSG STOCK & 91 SHARES OF WELLS FARGO STOCK 171 (a) No. from Part i Description of noncash property given (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (d) Part i (d) Date received 176 Description of noncash property given Description of noncash property given Description of noncash property given Description of noncash property given Description of noncash property given Description of noncash property given Description of noncash property given Description of noncash property given Description of noncash property given Description of noncash property given Description of noncash property given	(a)	· · · · · · · · · · · · · · · · · · ·		***************************************
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(a) No. from Part I DEERE (DE) STOCK DONATION S 9,920. 12/19/17 (c) FMV (or estimate) (See instructions.) Description of noncash property given (See instructions.)	İ	95 SHARES IUSG STOCK & 91 SHARES OF WELLS FARGO STOCK		
(a) No. from Part I Description of noncash property given Description of noncash property given Description of noncash property given Description of noncash property given (See instructions.) Description of noncash property given Date received	171			
(a) No. from Part I Description of noncash property given Description of noncash property given Description of noncash property given Description of noncash property given (See instructions.) Description of noncash property given Date received	1		9.920	12/19/17
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from Description of noncash property given (See instructions.) Deere (DE) STOCK CONATION 176			(c)	4.5
Part! (See instructions.) DEERE (DE) STOCK DONATION			FMV (or estimate)	
176			(See instructions.)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	175	DEERE (DE) STOCK DONATION		
\$ 7,918. 12/26/17	T/6			
			7,918.	12/26/17

Employer identification number

PRO PUBLICA, INC.

art II	Noncash Property (see instructions). Use duplicate copies of Property	art II if additional space is needed.	
(≇) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
177	124 SHARES OF HAGIX STOCK	\$ 7,589.	11/30/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
93	EXXON (XOM) STOCK	s 5,431.	12/18/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions.)	(d) Date received
		\$ wata as over the second transfer that the second transfer the second transfer that the second transfer the second transfer that the second trans	1 11 11 11 1 11 1 1 1 1 1 1 1 1 1 1 1
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7704000		S WITH AND AND AND AND AND AND AND AND AND AND	· · · · · · · · · · · · · · · · · · ·
(a) No. rom 'art l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		S	

Name of organization Employer identification number PRO PUBLICA, INC.

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

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Name of the organization

14-2007220 PRO PUBLICA, INC.

Ра	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line				Somplete if the			
		(a) Donor advised funds		(b) Funds a	ind other accou	ints		
1	Total number at end of year							
2	Aggregate value of contributions to (during year)			www				
3	Aggregate value of grants from (during year)			*				
4	Aggregate value at end of year	A LANDA BANDA BANDA BANDARA BA						
5	Oid the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	ised func	is				
	are the organization's property, subject to the organization's ea				Yes	No.		
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can b	e used o	nly				
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos	e conferr	ing				
	impermissible private benefit?	- A S & A A A A A A A A A A A A A A A A A			Yes	No		
Pai	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990	, Part IV,	tine 7.				
1	Purpose(s) of conservation easements held by the organization							
	Preservation of land for public use (e.g., recreation or education)							
	Protection of natural habitat Preservation of a certified historic structure							
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the forr	n of a co					
	day of the tax year.			Hel	d at the End of th	<u>ie Tax Year</u>		
a								
b	Total acreage restricted by conservation easements			2b				
¢	Number of conservation easements on a certified historic struc			2c				
d	Number of conservation easements included in (c) acquired aft				·			
	listed in the National Register			2d				
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by th	e organi	zation duri	ng the tax			
	year 🟲	·						
4	Number of states where property subject to conservation ease	***************************************	_					
5	Does the organization have a written policy regarding the period		f			processors)		
	violations, and enforcement of the conservation easements it h					No		
6	Staff and volunteer hours devoted to monitoring, inspecting, he	andling of violations, and enforcing co	nservatio	n easemen	its during the ye	ear .		
	<u> </u>							
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserv	ation eas	sements du	ring the year			
	\$			•••				
8	Does each conservation easement reported on line 2(d) above				Yes			
_	and section 170(h)(4)(B)(ii)?					No		
9	In Part XIII, describe how the organization reports conservation							
	include, if applicable, the text of the footnote to the organization.	on s financial statements that describe:	s the orga	anization s	accounting for			
Dar	conservation easements. t III Organizations Maintaining Collections of A	Art Historical Treasures or C	ther S	imilar As	sets.			
r ca	Complete if the organization answered "Yes" on Form 9							
	If the organization elected, as permitted under SFAS 116 (ASC	1.0000	ment an	d halanca s	heat works of	ort		
18	if the organization elected, as permitted under SFAS 110 (ASC historical treasures, or other similar assets held for public exhib							
	the text of the footnote to its financial statements that describe		CILIOS IN P	الم اصف فالشاشان	ce, provide, iir	art Ains		
_	If the organization elected, as permitted under SFAS 116 (ASC		at and ha	tence shee	it works of art i	historical		
b	treasures, or other similar assets held for public exhibition, edu							
		reading or resource in forther ance of pr	25m/2 (20) /	e, provid	o and tollowing	will de la la la la la la la la la la la la la		
	relating to these items:			- «				
	(i) Revenue included on Form 990, Part VIII, line 1							
^	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treas	uras, or other similar assets for financi						
2	<u> </u>		er Banı, k	NOVIDE				
	the following amounts required to be reported under SFAS 116			* \$				
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			\$	MANAGEMENT APPETUTATION TO THE TOTAL			
r)	Manera englished in Elian application							

Sche	dule D (Form 990) 2017 PRO PUB	LICA, INC.						14-20			
Pa	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	Simila	r Assets	(continu	e <i>d</i>)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	following that	are a sig	mificant u	use of its c	ollection it	ems	
	(check all that apply):										
a	Public exhibition	d			hange progra						
þ	Scholarly research	e	. []	Other							
c	Preservation for future generations										
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 of								- ·		
	to be sold to raise funds rather than to be ma								Yes	<u>No</u>	
Pa	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered '	'Yes" on	Form 990), Part (V, i	ine 9, or		
	reported an amount on Form 990, Pa	THE PROPERTY OF THE PROPERTY O									
1a	Is the organization an agent, trustee, custodi							[7 v	No	
	on Form 990, Part X?							,	Yes	[] NO	
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing t	abie:				1	Amount		
									Amount	Manne	
¢	Beginning balance	•					,				
d	Additions during the year							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
е	Distributions during the year										
f	Ending balance							<u> </u>	Yes	No	
	Did the organization include an amount on F						tyr	Larrow	1 462		
_	If "Yes," explain the arrangement in Part XIII. † V Endowment Funds. Complete						0	Marian Indiana da America de Amer			
Pa	t V Endownient Funds. Complete	I WATER AND THE STREET		rior year	(c) Two yea			years back	(e) Four v	ears back	
		(a) Current year	(D) F	rior year	(C) (WO year	IS UZCK	(d) intes	yours dack	(4)	out brok	
1a	Beginning of year balance	LIMANA V RAMANIA TO THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTA		- Commence - The Total						The state of the s	
b	Contributions				A_00.00000						
¢	Net investment earnings, gains, and losses			- I - I - I - I - I - I - I - I - I - I							
d	Grants or scholarships		/Lnm.mv		}						
e	Other expenditures for facilities										
_	and programs	1		VIII MARKET TO THE STATE OF THE							
1	Administrative expenses					+					
9	End of year balance Provide the estimated percentage of the curl	Land was and balance		s column (a	1 bald aar						
2			ov A (nuter ré	g, column (a	y new as.						
#	Board designated or quasi-endowment	9/	—″ 5								
ь	Permanent endowment	% %									
¢	Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c sho	***************************************									
a -	Are there endowment funds not in the posse		ition tha	t are held ar	nd administer	ed for th	e organiz	ation			
34		SSIO() OF THE OIGHTEE	20017 010	i di di i i i i i i	io daiminetti				[\sqrt	es No	
	by: (i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)	"	
4	If "Yes" on line 3a(ii), are the related organiza	ntions listed as requir	ed on S	chedule 8?			,,		["		
4	Describe in Part XIII the intended uses of the					,					
THE WOOD IN MAIN	t VI Land, Buildings, and Equipm			MVIIII I							
	Complete if the organization answere), Part N	/, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr	ther	(b) Cost	t or other (other)	(c) A	ocumulat preciation		(d) Book	value	
12	Land				A CONTRACTOR OF THE PARTY OF TH						
b	Buildings										
r.	Leasehold improvements				9,956.		44,3			,597.	
đ	Equipment	i		CALLED TO SECURE OF THE SECURE	8,303.	WILLIAM TO THE TOTAL THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE	347,5			,744.	
_	Other	ş		46	5,529.		<u>194,6</u>	35.		<u>,894.</u>	
	. Add lines 1a through 1e. (Column (d) must e		V - +1	- Di lina 1	On 1				677	,235.	

Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990, Part IV, iii	ne 115, See Form 990, Part	X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua	tion: Cost or end-of-year market value
(1) Financial derivatives			# JANSAN THE TOTAL THE TOT
(2) Closely-held equity interests			
(3) Other			
(A)			WANTED TO THE PARTY OF THE PART
(B)			
(C)			William I
(D)			Land to the state of the state
(=)			
(F)			A A A A A A A A A A A A A A A A A A A
(G) (H)			Land Beauty David Control of the Con
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, li (b) Book value	ne 11c. See Form 990, Part (c) Method of valua	X, line 13. ition: Cost or end-of-year market value
(1)			and the second s
(2)			
(3)			
(4)			THE PARTY AND TH
(5)			THE PROPERTY OF THE PROPERTY O
(6)			THE RESERVE THE THE PERSON OF
(7)		· · · · · · · · · · · · · · · · · · ·	The state of the s
(8)	- Luu-aluulivannassin en		
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	1		
Part IX Other Assets.	C* 000 Bort N/ 5	ne 11d See Form 990 Part	X line 15
Complete if the organization answered "Yes"	On Form 990, Part IV, ii Description	ne (10. See Form 550, Part	(b) Book value
The state of the s	, we will be a second of the s		The state of the s
(1)	THE RESIDENCE OF THE PARTY OF T	THE RESIDENCE OF THE PARTY OF T	ALIAN AND AND AND AND AND AND AND AND AND A
(3)			
(4)			- ALLEGA AND AND AND AND AND AND AND AND AND AN
(5)			
(6)		(AREATTI	
(7)			- LILLIA ANNO TELLIA
(8)	· · · · · · · · · · · · · · · · · · ·		NUMBER OF THE PROPERTY OF THE
(9)			
Totel. (Column (b) must equal Form 990. Part X. col. (B) lin Part X Other Liabilities.	e 15.)	A Control of the Cont	
Complete if the organization answered "Yes"	on Form 990, Part IV, ii	ne 11e or 11t. See Form 99	0, Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)		III.) ALI WAN MENTINETTI TI	
(6)			
(7)			
(8)		ALLOVENIUM HITTER	
(9)			
Total. (Column (b) must equal Form 990, Part X. col. (B) lin	0 25.1	to the even piration!	oial statements that reports the

17,524.

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LOSS ON DISPOSAL OF ASSET

VIII

Schedule D (Form 990) 2017 PRO PUBLICA, INC. [Part XIII Supplemental Information (continued)	14-2007220 Page 5
TOTAL TO SCHEDULE D, PART XI, LINE 4B	
	THE RESIDENCE OF THE PROPERTY
PART XII, LINE 4B - OTHER ADJUSTMENTS:	W. SAWARAN .
REIMBURSEMENTS OF LEGAL DEFENSE EXPENSES REPORTED ON PART	
VIII	17,524.
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THE RESIDENCE OF THE PROPERTY	AND AND AND AND AND AND AND AND AND AND
THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF	

SCHEDULE (Form 990)

Department of the Treasury. Internal Revenue Service Name of the organization

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

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

► Attach to Form 990.

the latest information.	
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to www.irs.gov/Form990 fo	
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CIME INC. 1343-604	2	,

Open to Public Inspection

Employer identification number

Š 14-2007220 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisa!, (e) Amount of assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) Enter total number of other organizations listed in the line 1 table Part I General Information on Grants and Assistance PRO PUBLICA, INC. NI3 (9) criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Part II

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

Schedule I (Form 990) (2017)

INC PRO PUBLICA, Schedale I (Form 990) (2017)

Part 🔢

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

Page 2

14-2007220

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) PART THE THE Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. THEIR QUALIFICATIONS AND CAREER PROSPECTS STIPEND PAYMENT PROCESS. IF THE FUNDING IS PROVIDED THROUGH PROPUBLICA'S SELECTED VIA A COMPETITIVE APPLICATION PROCESS IN WHICH THE ď, IN VARIOUS PROPUBLICA OUTREACH PROGRAMS. PARTICIPANTS IN OF FUNDING AVAILABLE AND MAY INFORM FUNDING IS OFTEN PROVIDED AS GRANT ASSISTANCE PROVIDED TO (d) Amount of non-cash assistance ď. THE GRANT ö 0 INSTANCES, 45,000, 5, 725. 2,100. (c) Amount of cash grant 10 11 IN SUCH (b) Number of recipients INVESTIGATIVE JOURNALISM. A FORM OF A GRANT RECEIVED BY PROPUBLICA. REQUIREMENTS DETERMINE THE AMOUNT CHOSEN BASED ON STIPEND PAYMENTS REPRESENT (a) Type of grant or assistance EMERGING REPORTER STIPEND DATA INSTITUTE STIPEND APPLICANTS ARE OF PARTICIPANTS PROGRAMS ARE LINE DIVERSITY STIPSED THE FIELD PART I, Q.

ARE INCLUDED IN THE EXPLANATION OF NEED, THE AMOUNT AWARDED MAY BE REDUCED.

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

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

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

PRO PUBLICA, INC.

Employer identification number

14-2007220

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

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

Schedule J (Form 990) 2017

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

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

Note: The sum of columns (B)(th-litt) 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.

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				other deferred	į	(E) TOSATOL COLUMNS	(F) Compensation
	(i) Base compensation	(iii) Bonus & incentive	(iii) Other reportable	сопрепsation	S	(n-filia)	in column (4) reported as deferred on prior Form 990
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Schedule J (Form 990) 2017

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

PRO PUBLICA. INC. Employer identification number 14-2007220

Part Types of Property (a) (b) (d) (c) Noncash contribution Number of Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art 2 Art - Historical treasures Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 191,950.AVG. SELLING PRICE Securities · Publicly traded Х 53 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other ... 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 19 Food inventory Drugs and medical supplies _____ 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 8,776.COST (SOFTWARE 25 Other 26 Other 27 Öther Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 0 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? Х 30a b If "Yes," describe the arrangement in Part It. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32ab If "Yes," describe in Part II, If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2017 PRO PUBLICA, INC. [Part II] Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organ is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also contributional information.	Page 2 hization omplete
SCHEDULE M, PART I, COLUMN (B):	
THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART 1,	
COLUMN (B) OF SCHEDULE M.	Yaran Marian Indonesia Ind
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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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PRO PUBLICA, INC.

Employer identification number 14-2007220

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BY GOVERNMENT, BUSINESS, AND OTHER INSTITUTIONS, USING THE MORAL FORCE
OF INVESTIGATIVE JOURNALISM TO SPUR REFORM THROUGH THE SUSTAINED
SPOTLIGHTING OF WRONGDOING.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WE PRODUCE JOURNALISM THAT SHINES A LIGHT ON EXPLOITATION OF THE WEAK
BY THE STRONG AND ON THE FAILURES OF THOSE WITH POWER TO VINDICATE THE
TRUST PLACED IN THEM. IN THE BEST TRADITIONS OF AMERICAN JOURNALISM IN
THE PUBLIC SERVICE, WE AIM TO STIMULATE POSITIVE CHANGE, UNCOVERING
UNSAVORY PRACTICES AND ABUSES OF POWER IN ORDER TO PROD REFORM. WE DO
THIS IN AN ENTIRELY NON-PARTISAN AND NON-IDEOLOGICAL MANNER, ADHERING
TO THE STRICTEST STANDARDS OF JOURNALISTIC IMPARTIALITY.
OUR STATED MISSION IS "TO EXPOSE ABUSES OF POWER AND BETRAYALS OF THE
PUBLIC TRUST BY GOVERNMENT, BUSINESS, AND OTHER INSTITUTIONS, USING THE
MORAL FORCE OF INVESTIGATIVE JOURNALISM TO SPUR REFORM THROUGH THE
SUSTAINED SPOTLIGHTING OF WRONGDOING."
FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:
WHEN PROPUBLICA BEGAN PUBLISHING IN 2008, WE WERE DRIVEN BY A MISSION
TO FILL SOME OF THE GAPS LEFT BY THE BUSINESS CRISIS OF THE PRESS AND
THE HOLLOWING OUT OF INVESTIGATIVE JOURNALISM. WE SOUGHT TO BUILD A
NEW, SUSTAINABLE MODEL TO CARRY FORWARD THIS VITAL WORK.
NEARLY TEN YEARS LATER, PROPUBLICA HAS INVESTIGATED A WIDE RANGE OF

NATIONAL AND LOCAL ISSUES, SHINING A LIGHT ON ABUSES OF POWER AND

ONE OF PROPUBLICA ILLINOIS' FIRST STORIES, PUBLISHED IN PARTNERSHIP

TO A GRANT PROJECT WITH THE ILLINOIS HUMANITIES COUNCIL FOCUSED ON

JOURNALISTS, FROM PARTNERSHIPS WITH A DIVERSE GROUP OF LOCAL NEWSROOMS

ORGANIZATIONS TO BUILD A BROADER COMMUNITY OF INVESTIGATIVE

REACHING UNDERSERVED AUDIENCES.

PRO PUBLICA, INC.

Employer identification number 14-2007220

WITH THE CHICAGO TRIBUNE, SHED LIGHT ON A COMPLEX, SPECIALIZED ISSUE,

BUT ONE OF DEEP CONCERN FOR MANY CHICAGO RESIDENTS: PROPERTY TAXES. FOR

DECADES, COOK COUNTY RESIDENTS HAD SUSPECTED THEIR PROPERTY TAXES WERE

BASED ON INACCURATE ASSESSMENTS, OVERVALUING MANY LOW-PRICED HOMES

WHILE UNDER-VALUING MANY HIGHER PRICED ONES. PROPUBLICA ILLINOIS

REPORTERS JASON GROTTO AND SANDHYA KAMBHAMPATI DUG INTO THE STORY,

EXPOSING WIDESPREAD INEQUITIES AND EGREGIOUS ERRORS IN ASSESSMENTS

WHICH GIVE THE WEALTHY UNSANCTIONED TAX BREAKS AND LINE THE POCKETS OF

POLITICALLY CONNECTED TAX ATTORNEYS.

THANKS TO THIS TENACIOUS REPORTING, COOK COUNTY'S BROKEN ASSESSMENT

SYSTEM MAY BE HELD TO ACCOUNT. WITHIN WEEKS OF PUBLICATION OF THE FIRST

STORIES, THE COUNTY'S INSPECTOR GENERAL LAUNCHED AN INVESTIGATION OF

THE ASSESSOR'S OFFICE. THE COOK COUNTY BOARD REQUIRED ASSESSOR JOSEPH

BERRIOS TO TESTIFY AT A PUBLIC HEARING, AND STATE AND LOCAL LAWMAKERS

INTRODUCED LEGISLATION TO LIMIT CAMPAIGN CONTRIBUTIONS TO THE ASSESSOR.

CITING OUR REPORTING, THREE PROMINENT PUBLIC INTEREST LAW OFFICES SUED

BERRIOS AND THE COUNTY IN DECEMBER, ALLEGING VIOLATIONS OF STATE AND

FEDERAL CIVIL RIGHTS AND HOUSING LAWS. FAIRNESS IN THE PROPERTY TAX

SYSTEM HAS BECOME A MAJOR ISSUE IN STATEWIDE ELECTIONS FOR 2018, WITH

MULTIPLE CANDIDATES CALLING ON THE ASSESSOR TO RESIGN FOLLOWING THE

SERIES.

ANOTHER PROPUBLICA ILLINOIS STORY, BY REPORTER DUAA ELDEIB, EXPOSED A
YOUTH FACILITY IN SOUTHERN ILLINOIS WHERE MINOR OFFENSES, SUCH AS
SPITTING AT OR SHOVING A GUARD, LED TO LENGTHY ADULT SENTENCES FOR
JUVENILE OFFENDERS. UNDERSTANDING THE IMPORTANCE OF TALKING WITH

Name of the organization PRO PUBLICA, INC.	Employer identification number 14-2007220
CORRECTIONS FOR WEEKS TO WIN PERMISSION TO DO SO. SHE PUT	NEARLY 1,500
MILES ON HER CAR TO MAKE MULTIPLE TRIPS TO A STATE PRISON	
JAIL.	
	- 1
REPORTER MICK DUMKE, IN PARTNERSHIP WITH WBEZ (CHICAGO PUB	LIC RADIO)
AND THE CHICAGO SUN-TIMES, TOOK ON ONE OF THE UNDERLYING I	SSUES OF GUN
VIOLENCE IN CHICAGO: HOW ILLEGAL GUNS MOVE THROUGH THE CIT	Y. THE STORY
FOCUSED ON THE TROUBLING CASE OF A YOUNG MAN NAMED JOHN TH	OMAS WHO
BROKERED ALMOST TWO DOZEN ILLEGAL GUN SALES AT THE URGING	OF A FRIEND,
WHO TURNED OUT TO BE A PAID FEDERAL INFORMANT. THROUGH INT	ERVIEWS WITH
THOMAS, FAMILY MEMBERS, OTHER DEFENDANTS, ATTORNEYS, POLICE	E AND
PROSECUTORS, AS WELL AS EXAMINING HUNDREDS OF PAGES OF POL	ICE REPORTS
AND COURT RECORDS, DUMKE EXPOSED THE SHORTCOMINGS OF FEDER	LAL
ENFORCEMENT EFFORTS TO STEM THE FLOW OF WEAPONS, RAISING C	UESTIONS
ABOUT WHETHER THEY ARE DISMANTLING GUN NETWORKS OR EFFECTI	VELY HELPING
TO SET THEM UP.	LANGUAGO CONTRACTOR CO
	A CONTRACT OF THE CONTRACT OF
COMMUNITIES AROUND THE COUNTRY ARE FREQUENTLY THE FOCUS OF	STORIES WITH
NATIONAL IMPORT. PROPUBLICA SAW THAT FIRSTHAND THROUGH SEV	YERAL OF OUR
2017 INVESTIGATIONS.	
The state of the s	AMANAN IN THE ST.
IN "SOLD FOR PARTS," A COLLABORATION WITH THE NEW YORKER,	REPORTER
MICHAEL GRABELL TOLD THE STORY OF HOW CASE FARMS, A CHICKE	N PROCESSING
COMPANY WITH PLANTS IN OHIO AND NORTH CAROLINA, BUILT ITS	BUSINESS BY
RECRUITING SOME OF THE WORLD'S MOST VULNERABLE IMMIGRANTS	
UNDOCUMENTED, AND SOME UNDERAGE SUBJECTING THEM TO HARSH,	EVEN
ILLEGAL, WORKPLACE CONDITIONS. THE COMPANY THEN USED THEIR	N WORKERS'
UNDOCUMENTED STATUS TO GET RID OF THEM IF THEY PROTESTED C	DR WERE dule O (Form 990 or 990-EZ) (2017)
732212 09-07-17	***** + /

Schedule O (Form 990 or 990 EZ) (2017) Name of the organization PRO PUBLICA, INC.	Employer identification number 14-2007220
HAVE BEEN USED AROUND THE COUNTRY TO PRODUCE MORE THAN 30	LOCAL
STORIES, PROVIDING READERS WITH INFORMATION THAT ALLOWS TH	
INDEPENDENTLY ASSESS THEIR SAFETY.	
Make of the view of the second	
AFTER A VIDEO WENT VIRAL LAST SUMMER OF A YOUNG AFRICAN-AM	ERICAN MAN IN
JACKSONVILLE, FLORIDA, BEING TICKETED AND THREATENED WITH	ARREST FOR
JAYWALKING AND FAILING TO CARRY AN ID CARD, PROPUBLICA REP	
SANDERS SAW THE POTENTIAL FOR A LARGER STORY. HE TEAMED UP	
CONARCK OF THE FLORIDA TIMES-UNION FOR "WALKING WHILE BLAC	
SHOWING THAT POLICE USE OF PEDESTRIAN TICKETS IN JACKSONVI	
RACIALLY DISPROPORTIONATE.	A MANUAL WATER TO
PEDESTRIANS CAN BE TICKETED FOR 28 DIFFERENT INFRACTIONS I	N THE CITY,
INCLUDING FAILING TO CROSS A STREET AT A RIGHT ANGLE AND N	OT WALKING ON
THE LEFT SIDE OF A ROAD WHEN THERE ARE NO SIDEWALKS. ANALY	ZING DATA
FROM LOCAL AND STATE AGENCIES - IN ADDITION TO STAKING OUT	
LOCATIONS TO WITNESS DOZENS OF UNIFORMED OFFICERS VIOLATIN	
PEDESTRIAN LAWS FOR WHICH THEIR AGENCY ISSUED CITATIONS -	SANDERS AND
CONARCK FOUND THAT BLACK RESIDENTS WERE OVERREPRESENTED IN	
CATEGORY, RECEIVING 55 PERCENT OF ALL PEDESTRIAN TICKETS I	
JACKSONVILLE WHILE ACCOUNTING FOR ONLY 29 PERCENT OF THE P	
THE INVESTIGATION PROMPTED THE SHERIFF TO SEEK GUIDANCE FR	OM THE LOCAL
STATE ATTORNEY ON WHETHER HIS OFFICERS WERE PROPERLY INTER	PRETING THE
STATUTES, AND HE ORDERED OFFICERS TO CEASE WRITING ERRONEC	OUS TICKETS
FOR PEDESTRIANS WHO DID NOT HAVE ID ON THEM. THE SHERIFF '	
INITIATED BIAS TRAINING FOR OFFICERS WHO WORK IN JACKSONVI	
PREDOMINANTLY BLACK COMMUNITIES, AND STATE TRANSIT EXPERTS	

Name of the organization PRO PUBLICA, INC.	Employer identification number 14-2007220
ARTICLES ARMED THEM WITH ADDITIONAL EVIDENCE FOR REWRITING	FLORIDA'S
PEDESTRIAN STATUTES.	
A ATTE ADMINISTRATION THE NEW YEAR	
A NEW NETWORK FOR THE NEW YEAR	ONIC CINCE
PROPUBLICA HAS COLLABORATED WITH 156 OTHER NEWS ORGANIZATI 2008, AND OUR REPORTING RECIPES HAVE SPURRED LOCAL REPORTI	
EXTENDED THE REACH OF OUR IMPACT INTO COMMUNITIES NATIONWI	
SEEN FIRSTHAND THE ENTHUSIASM THAT LOCAL NEWSROOMS HAVE FO	R DEEP-DIVE
INVESTIGATIVE JOURNALISM, EVEN IN PLACES THAT HAVE BEEN HI	T BY MASSIVE
LAYOFFS.	
ALEXANDER	
TO SUPPORT MORE OF THIS WORK, WE CREATED THE PROPUBLICA LC	CAL REPORTING
NETWORK, AN INITIATIVE TO SUPPORT SEVEN LOCAL INVESTIGATIVE	E PROJECTS IN
NEWSROOMS THAT SERVE COMMUNITIES WITH POPULATIONS BELOW 1	MILLION. IN
2018, WE WILL FUND ONE YEAR'S SALARY FOR EACH OF THE SEVEN	
PARTICIPATING REPORTERS, WHO WILL COLLABORATE WITH PROPUBL	ICA SENIOR
EDITOR CHARLES ORNSTEIN AS THEY EMBARK ON INVESTIGATIVE RE	PORTING
WITHIN THEIR LOCAL COMMUNITIES. PROPUBLICA'S EXPERTISE WIT	PH DATA,
RESEARCH AND ENGAGEMENT WILL ALSO BE MADE AVAILABLE IN SUF	
WORK.	A STATE OF THE STA
ANNOUNCED IN DECEMBER, OUR LOCAL REPORTING NETWORK SELECTE	ED ITS INITIAL
PARTNERS FROM A POOL OF 239 APPLICATIONS FROM 45 STATES, I	
WASHINGTON, D.C., AND PUERTO RICO. EDITORS CHOSE PROJECTS	
INCLUDING CONFLICTS OF INTEREST, HOUSING, MENTAL HEALTH CA	
JUSTICE AND WORKPLACE SAFETY.	
TOTAL AND ANY CAME (PAGON BOYICE LOIT)	TCTANA)

732212 08-07-17

PRO PUBLICA, INC.

Employer identification number 14-2007220

IMPACT. BY THIS, WE MEAN NOT AUDIENCE SIZE OR PRIZES, BUT REAL-WORLD CHANGE. OUR GROWTH OVER THE PAST YEAR HAS ALSO FUELED MORE OF THIS KIND OF IMPACT, INCLUDING CHANGES IN BEHAVIORS, POLICIES AND LEGISLATION. LEARN MORE ABOUT OUR IMPACT AND TRACK THE RESULTS OF OUR REPORTING AT PROPUBLICA.ORG/IMPACT.

FACEBOOK POLICIES ON HATE SPEECH AND DISCRIMINATION REWRITTEN AFTER OUR 2016 INVESTIGATION REVEALED THAT FACEBOOK ADVERTISERS COULD TARGET HOUSING ADS TO WHITES ONLY, THE COMPANY ANNOUNCED THAT IT HAD BUILT A SYSTEM TO SPOT AND REJECT DISCRIMINATORY ADS. IN 2017, WE RETESTED - AND FOUND THAT FACEBOOK STILL ALLOWS HOUSING ADVERTISERS TO EXCLUDE AFRICAN AMERICANS, JEWS, SPANISH SPEAKERS AND OTHER GROUPS, WHICH IS A VIOLATION OF FEDERAL LAW. FACEBOOK SAID IT WOULD TEMPORARILY STOP ADVERTISERS FROM BEING ABLE TO BAR VIEWERS BY RACE WHILE IT FURTHER STUDIES ITS AD TARGETING SYSTEM.

WE ALSO REPORTED ON THE SECRET GUIDELINES THAT FACEBOOK'S CENSORS USE TO DISTINGUISH BETWEEN HATE SPEECH AND LEGITIMATE POLITICAL EXPRESSION, REVEALING INTERNAL DOCUMENTS THAT LAY OUT FACEBOOK'S RATIONALE BEHIND SEEMINGLY INCONSISTENT DECISIONS ON THE USER POSTS IT DELETES. WE DISCLOSED A PARADOX IN THE SOCIAL NETWORK'S RULES. WHITE MEN FALL UNDER PROTECTED CATEGORIES OF PEOPLE - BASED ON GENDER, RACE OR RELIGIOUS AFFILIATION - BUT BLACK CHILDREN DO NOT. FOLLOWING THE STORY, FACEBOOK CHANGED ITS RULES TO ADD AGE AS A PROTECTED CATEGORY, AN ADJUSTMENT THAT WILL NOW LEAD TO THE DELETION OF SOME SLURS.

IN SEPTEMBER, WE FURTHER INVESTIGATED FACEBOOK'S AD-BUYING PLATFORM. WE FOUND THAT ADVERTISERS WERE ABLE TO TAILOR THEIR PITCHES TO PEOPLE WHO Schedule O (Form 990 or 990-EZ) (2017)

FULL PARDON. IN A FOLLOW-UP STORY ABOUT DEMETRIUS SMITH, WHO WAS

WRONGFULLY CONVICTED OF MURDER IN BALTIMORE AND ALSO AGREED TO AN

ALFORD PLEA, WE REPORTED THAT THE PROSECUTOR HAD BLOCKED SMITH'S

REQUEST TO REVISE HIS UNUSUAL PLEA DEAL AND MODIFY HIS SENTENCE.

PROMPTED BY OUR STORY, THE PROSECUTOR FILED A MOTION SAYING HE HAD BEEN

WRONG TO VETO THIS REQUEST, AND ASKED A JUDGE TO SCHEDULE A NEW HEARING

FOR SMITH. IN JANUARY 2018, THE HEARING ENDED WITH SMITH'S CRIMINAL

RECORD BEING CLEARED.

PROPUBLICA AND THE NEW YORK DAILY NEWS REPORTED IN 2016 ON ABUSES IN

THE NEW YORK CITY POLICE DEPARTMENT'S ENFORCEMENT OF NUISANCE ABATEMENT

ACTIONS, WHICH ALLOW POLICE TO BAR PEOPLE FROM THEIR HOMES OR

BUSINESSES, WITHOUT DUE PROCESS, UNDER CLAIMS THAT THEY ARE BEING USED

FOR ILLEGAL PURPOSES. CITING OUR REPORTING, THE NEW YORK CITY COUNCIL

PASSED 13 BILLS IN FEBRUARY 2017 THAT MADE SWEEPING REFORMS IN THE WAY

THE NYPD CAN CARRY OUT NUISANCE ABATEMENT ACTIONS, INCLUDING THE

VIRTUAL ELIMINATION OF ONE OF THE MOST CONTROVERSIAL ASPECTS OF THE

LAW: THE CITY'S ABILITY TO CLOSE LOCATIONS WITHOUT WARNING, PENDING A

RESOLUTION TO THE CASE. THE NEW LAWS CARVE OUT EXCEPTIONS ONLY FOR

CASES INVOLVING PROSTITUTION, CERTAIN BUILDING CODE VIOLATIONS AND

BUSINESSES THAT POSE A SIGNIFICANT RISK OF PHYSICAL HARM TO THE PUBLIC.

THE REFORMS MARK THE MOST SWEEPING CHANGES TO THE NUISANCE ABATEMENT

LAW SINCE IT WAS ENACTED IN THE 1970S.

DISCRIMINATORY CAR INSURANCE PRACTICES REFORMED

IN PARTNERSHIP WITH CONSUMER REPORTS, WE PUBLISHED OUR FINDINGS THAT

CAR INSURANCE COMPANIES ACROSS CALIFORNIA, ILLINOIS AND TWO OTHER

STATES CHARGE SAFE DRIVERS IN MINORITY ZIP CODES AT LEAST 10 PERCENT

MORE, ON AVERAGE, THAN IN WHITER ZIP CODES. SPURRED BY OUR REPORTING,

REGULATORS AT THE CALIFORNIA DEPARTMENT OF INSURANCE HAVE SINCE

WE ALSO REPORTED THAT THE TRUMP ADMINISTRATION HIRED TAYLOR HANSEN, A LOBBYIST FOR THE LARGEST TRADE GROUP OF FOR-PROFIT COLLEGES WHO HAD PUSHED TO WEAKEN THEIR REGULATION. THREE DAYS AFTER WE REVEALED HIS

POSITION.

Schedule O (Form 990 or 990-EZ) (2017) Employer identification number Name of the organization 14-2007220 PRO PUBLICA, INC. ROLE, SEN. ELIZABETH WARREN SENT A LETTER TO EDUCATION SECRETARY BETSY DEVOS, CITING PROPUBLICA'S REPORTING AND REQUESTING MORE INFORMATION. THAT SAME DAY, HANSEN RESIGNED FROM THE EDUCATION DEPARTMENT. AFTER OUR REPORTING IN FEBRUARY THAT IVANKA TRUMP HAD NOT CEDED CONTROL OF HER BUSINESSES - AS SHE HAD PLEDGED TO DO BEFORE HER FATHER BECAME PRESIDENT - SHE QUICKLY SIGNED AND FILED THE NECESSARY PAPERWORK TO RESIGN FROM HER COMPANIES. MATERNAL HEALTH CRISIS DETECTED - AND A WOMAN'S LIFE SAVED OUR REPORTING WITH NPR ABOUT MATERNAL MORTALITY IN THE U.S. SPOTLIGHTED PREECLAMPSIA, A DANGEROUS TYPE OF HYPERTENSION THAT CAN EMERGE AFTER A BABY IS DELIVERED. HAVING RECENTLY READ THE STORY AND FOUR DAYS AFTER DELIVERING HER FIRST CHILD, MARIE MCCAUSLAND, A 27-YEAR-OLD SCIENTIST IN OHIO, RECOGNIZED THAT HER PAINFUL SYMPTOMS MIGHT BE PREECLAMPSIA AND RACED TO THE NEAREST EMERGENCY ROOM. ALTHOUGH THE ER DOCTOR CLAIMED NOTHING WAS WRONG, SHE STAYED UNTIL ANOTHER DOCTOR WAS CONSULTED - AND HER SEVERE PREECLAMPSIA WAS TREATED. LIKELY SAVING HER LIFE. TECH COMPANY RELATIONSHIPS WITH EXTREMIST SITES SEVERED IN AUGUST, WE REPORTED HOW LEADING TECH COMPANIES WERE HELPING EXTREMIST SITES CAPITALIZE ON THEIR ONLINE TRAFFIC. PAYPAL FACILITATED DONATIONS TO THE ANTI-IMMIGRATION SITE VDARE, FOR EXAMPLE, DESPITE PAYPAL'S ANNOUNCED POLICIES AGAINST DOING BUSINESS WITH HATE GROUPS. AFTER THE STORY, PAYMENT PROCESSORS PAYPAL AND PLASSO DISCONTINUED SERVICES TO AT LEAST FIVE SITES IDENTIFIED BY PROPUBLICA.

A 2016 PROPUBLICA INVESTIGATION PUBLISHED WITH THE NEW YORK TIMES

MAGAZINE SPOTLIGHTED HOW THE HOUSTON POLICE DEPARTMENT USED ROADSIDE

DRUG TESTS TO SECURE GUILTY PLEAS, SENDING HUNDREDS OF PEOPLE TO JAIL

IN RECENT YEARS -DESPITE WIDESPREAD EVIDENCE THAT THE TESTS ROUTINELY

PRODUCE FALSE POSITIVES. IN JULY, THE POLICE DEPARTMENT ENDED ITS

LONGSTANDING PRACTICE OF USING THE FAULTY TESTS, FOLLOWING AN ORDER

FROM THE THEN-DISTRICT ATTORNEY OF HARRIS COUNTY TO REQUIRE THAT ANY

POSITIVE FIELD TESTS BE CONFIRMED IN A CRIME LAB BEFORE A GUILTY PLEA

COULD BE WON.

SPYING TV'S STOPPED

WE REPORTED IN 2015 THAT VIZIO SMART TVS TRACKED USERS' VIEWING HABITS

AND SHARED THEM WITH ADVERTISERS, WHO COULD THEN FIND USERS ON THEIR

PHONES AND OTHER DEVICES. IN FEBRUARY, THE FEDERAL TRADE COMMISSION

FINED VIZIO \$2.2 MILLION FOR SURREPTITIOUSLY COLLECTING DETAILS ON

VIEWERS' WATCHING HABITS. VIZIO ALSO AGREED TO DELETE DATA COLLECTED

BEFORE MARCH 1, 2016, TO GET CONSENT BEFORE GATHERING DATA AND TO

CREATE A PRIVACY PROGRAM.

PREDATORY MORTGAGE FEES HALTED (AND REFUNDED)

WE REPORTED IN JANUARY THAT WELLS FARGO HAD IMPROPERLY CHARGED

CUSTOMERS EXORBITANT FEES TO EXTEND THEIR PROMISED INTEREST RATES WHEN

MORTGAGE PAPERWORK WAS DELAYED - DELAYS THAT WERE THE BANK'S FAULT.

WEEKS LATER, WELLS FARGO OPENED AN INVESTIGATION OF ITS MORTGAGE FEE

PRACTICES, FOLLOWED BY ANOTHER INVESTIGATION BY THE CONSUMER FINANCIAL

PROTECTION BUREAU. THE EXECUTIVE IN CHARGE OF WELLS FARGO'S

HOME-LENDING OPERATION IN LOS ANGELES COUNTY (WHERE OUR STORY WAS

BASED) RESIGNED FROM HIS POSITION. WELLS FARGO ULTIMATELY ACKNOWLEDGED

JACKSONVILLE BRANCHES OF THE NAACP AND SOUTHERN CHRISTIAN LEADERSHIP

CONFERENCE, CALLED FOR THE JACKSONVILLE SHERIFF 'S OFFICE TO STOP

KUSHNER BUSINESS PRACTICES INVESTIGATED

IN A STORY CO-PUBLISHED WITH THE NEW YORK TIMES MAGAZINE, WE

SPOTLIGHTED JARED KUSHNER'S ROLE AS A REAL ESTATE DEVELOPER AND

OPENED AN INVESTIGATION INTO HOW ALTERNATIVE SCHOOLS CLASSIFY STUDENTS

WHO LEAVE WITHOUT GRADUATING.

732212 09-07-17

Name of the organization PRO PUBLICA, INC.	Employer identification number $14-2007220$
PATIENT PRIVACY DEFENDED	A A A A A A A A A A A A A A A A A A A
IN DECEMBER 2015, WITH THE NEW YORK TIMES, PROPUBLICA R	EPORTED ON
PATIENTS WHO HAD DETAILS OF THEIR MENTAL HEALTH DIAGNOS	ES AND
TREATMENTS EXPOSED BY A NEW JERSEY PSYCHOLOGY PRACTICE	SUING THEM OVER
UNPAID BILLS. IN APRIL, THE STATE ATTORNEY GENERAL'S OF	FICE AND THE NEW
JERSEY STATE BOARD OF PSYCHOLOGICAL EXAMINERS FILED A C	OMPLAINT AGAINST
THE PSYCHOLOGIST, BARRY HELFMANN, FOR FAILING TO PROTEC	T PATIENTS'
CONFIDENTIALITY, A MOVE THAT COULD REVOKE OR SUSPEND HI	S LICENSE.
OUR WORK WAS HONORED IN 2017 AS FOLLOWS:	
OUR COLLABORATION WITH THE NEW YORK DAILY NEWS, ON WIDE	SPREAD MISUSE OF
NEW YORK CITY'S NUISANCE ABATEMENT LAW, WON THE PULITZE	R PRIZE FOR
PUBLIC SERVICE. THE STORIES ALSO WON A JAMES ARONSON AW	ARD FOR SOCIAL
JUSTICE JOURNALISM, AND WERE FINALISTS FOR THE DEADLINE	CLUB AWARDS FOR
LOCAL NEWS REPORTING AND MINORITY FOCUS, AND THE INVEST	IGATIVE
REPORTERS AND EDITORS AWARD IN THE PRINT/ONLINE CATEGOR	Y.
"MACHINE BIAS," OUR SERIES EXPLORING THE HIDDEN POWER O	F
COMPUTER-GENERATED ALGORITHMS ACROSS SOCIETY, WAS A FIN	ALIST FOR THE
PULITZER PRIZE FOR EXPLANATORY REPORTING. THE SERIES WO	N THE SCRIPPS
HOWARD AWARD FOR DIGITAL INNOVATION, A SOCIETY FOR NEWS	DESIGN AWARD OF
EXCELLENCE IN THE GRAPHICS CATEGORY AND A SILVER MEDAL	FROM THE
MALOFIEJ INTERNATIONAL GRAPHICS AWARDS.	LONG-TOTAL LA CALLES AND AND AND AND AND AND AND AND AND AND
OUR PRESCIENT PROJECT WITH TEXAS TRIBUNE, "HELL AND HIG	H WATER," ON HOW
A MAJOR HURRICANE COULD DEVASTATE THE HOUSTON REGION, W	ON THE PEABODY
732217 09-07-17	Schedule O (Form 990 or 990-EZ) (201

THOUSANDS OF PEOPLE EVERY YEAR, WON THE JOHN JAY COLLEGE/HARRY FRANK

Schedule O (Form 990 or 990-EZ) (2017)

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ASSOCIATION AWARD FOR INVESTIGATIVE REPORTING, LARGE STAFF.

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

732212 09:07:17

PRO PUBLICA, INC.

Employer Identification number 14-2007220

WEEK TO REVIEW THE PREPARED FORM 990 AND PROVIDE THEIR COMMENTS. ANY

COMMENTS ARE THEN GROUPED, SUMMARIZED AND PROVIDED TO THE AUDIT COMMITTEE

FOR THEIR REVIEW. EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN

IS FINALIZED AND APPROVED FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C: PRO PUBLICA HAS A CONFLICT OF INTEREST POLICY, WHICH APPLIES TO ALL BOARD MEMBERS, OFFICERS, AND EMPLOYEES. EACH OF THE BOARD MEMBERS AND OFFICERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY. AN INTERESTED PERSON MUST DISCLOSE AS SOON AS PRACTICABLE TO THE SECRETARY THE EXISTENCE OF A POTENTIAL CONFLICT OF INTEREST AND ALL MATERIAL FACTS RELATED TO THE CONFLICT. IF A BOARD MEMBER OR OFFICER IS UNCERTAIN ABOUT WHETHER A CONFLICT EXISTS, HE/SHE SHOULD REPORT THE POSSIBLE CONFLICT IN ALL CASES IN WHICH A CRITICAL EXTERNAL OBSERVER MIGHT REASONABLE PERCEIVE A CONFLICT TO EXIST. THE BOARD COMMITTEE WILL DETERMINE IF A CONFLICT OF INTEREST EXISTS. IN THE EVENT THAT A CONFLICT OF INTEREST ARISES, THE BOARD MEMBER OR OFFICER WITH WHOM THE CONFLICT PERTAINS TO IS EXCLUDED FROM VOTING ON THE ISSUE. HE/SHE WILL LEAVE THE ROOM AND THE OTHER BOARD MEMBERS VOTE ON THE ISSUE PERTAINING TO THAT SPECIFIC TRANSACTION. WITH RESPECT TO ANY BOARD COMMITTEE'S DISCUSSION, DECISION, OR ACTIONS INVOLVING TRANSACTIONS IN WHICH A BOARD MEMBER OR OFFICER HAS A CONFLICT OF INTEREST, THE MINUTES OF THE BOARD COMMITTEE MEETING WILL REFLECT THE BOARD'S DELIBERATIONS AND VOTING PROCESS.

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

PRESIDENT MONITORS AND ENFORCES THE ORGANIZATION'S COMPLIANCE WITH ITS

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

HE/SHE EMPLOYEE CANNOT PARTICIPATE IN THE DECISION MAKING OF THE CONFLICTED

Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017) Page 2 Employer Identification number Name of the organization 14-2007220 PRO PUBLICA, INC. TRANSACTION. FORM 990, PART VI, SECTION B, LINE 15: SALARIES FOR THE CEOS ARE SET BY THE BOARD. THE BOARD USES THE SERVICES OF A LAW FIRM (CAPLIN & DRYSDALE, WHO SPECIALIZE IN NOT FOR PROFIT ISSUES) FOR GUIDANCE ON ALL MATTERS OF COMPENSATION. IN 2017, CAPLIN & DRYSDALE UPDATED THE COMPENSATION STUDY FOR CEOS. CAPLIN & DRYSDALE STUDIES COMPENSATION OF SELECT NATIONAL NEWSPAPERS AND RELIED ON THEIR UNDERSTANDING OF PROPUBLICA'S OPERATIONS AND STATUS IN THE FIELD OF JOURNALISM. THE BOARD ESTABLISHED COMPENSATION FOR THE CEOS USING COMPARABLE DATA AND DETERMINED THAT THE SALARIES ARE REASONABLE. COMPARABLE DATA INCLUDES VARIETY OF INFORMATION FROM JOURNALISM OUTLETS AND OTHER NOT FOR PROFIT ORGANIZATIONS. APPROVED SALARY CHANGES ARE DOCUMENTED IN HUMAN RESOURCES FILES AND REQUIRE THE SIGNATURE OF BOTH THE EMPLOYEE AND THE EXECUTIVE CHAIRMAN. THE BOARD'S CONSIDERATION OF THIS MATTER ARE ALSO DOCUMENTED IN THE MINUTES OF THE EXECUTIVE SESSION. THIS PROCESS WAS LAST COMPLETED IN 2017. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: DC,AL,AK,AZ,AR,CA,CT,FL,GA,HI,IL,KS,KY,LA,ME,MD,MA,MI,MN,MS,MS,NH,NJ,NM,NY NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION, THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF

INCORPORATION, FORM 990, FORM 1023, AND BY-LAWS ARE ALSO AVAILABLE UPON

WRITTEN REQUEST, AND ON THE ORGANIZATION'S WEBSITE (WWW.PROPUBLICA.ORG).

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization PRO PUBLICA, INC.	Employer identification number 14-2007220
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FORM 990, PART XII, LINE 2C:	The second secon
PRO PUBLICA HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBI	LITY FOR THE
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND FOR	THE
SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NO	T CHANGED
FROM THE PRIOR YEAR.	

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