Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

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

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

A For the 2020 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change PRO PUBLICA, INC. Name change 14-2007220 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 155 AVE OF THE AMERICAS, 13 FL 212-514-5250 37,821,284. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return NEW YORK, NY 10013 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: RICHARD J. TOFEL for subordinates? ..... Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ( 4947(a)(1) or ) ◀ (insert no.) If "No," attach a list. See instructions J Website: ► WWW.PROPUBLICA.ORG **H(c)** Group exemption number ▶ **K** Form of organization:  $\overline{X}$  Corporation Association Other > L Year of formation: 2007 M State of legal domicile: DE Trust Part I Summary Briefly describe the organization's mission or most significant activities: TO EXPOSE ABUSES OF POWER AND **Activities & Governance** BETRAYALS OF THE PUBLIC TRUST - SEE "SCHEDULE O" FOR CONTINUATION if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 162 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 202,933. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 137,708. **Prior Year Current Year** 37,366,751. 36,816,824. Contributions and grants (Part VIII, line 1h) 8 Revenue 620,950. 77,000. Program service revenue (Part VIII, line 2g) 146,510. 514,196. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 744,987. 472,758. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 39,246,884. 37,513,092. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,384,457. 1,728,901. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 20,702,693. 22,874,147. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 9,600. 16a Professional fundraising fees (Part IX, column (A), line 11e) 13,300. **b** Total fundraising expenses (Part IX, column (D), line 25) 6,533,836. 5,591,844. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 28,630,586. 30,208,192. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 10,616,298. 7,304,900. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 5 51,252,809. 58,666,359. 20 Total assets (Part X, line 16) 748,489. 883,526. 21 Total liabilities (Part X, line 26) 三年 504,320. 782,833 22 Net assets or fund balances. Subtract line 21 from line 20 ...... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign RICHARD J. TOFEL, PRESIDENT Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name GARRETT M. HIGGINS 08/24/21 self-employed P00543209 GARRETT M. HIGGINS Paid Firm's EIN  $\ge 27 - 1728945$ Firm's name ▶ PKF O'CONNOR DAVIES, LLP Preparer Firm's address 500 MAMARONECK AVENUE Use Only Phone no. 914-381-8900 HARRISON, NY 10528-1633 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Form **8879-EO** 

# IRS e-file Signature Authorization for an Exempt Organization

	CIVID ING.	1343-0047	

Department of the Treasury	<b>▶</b> Do n	not send to the IRS. Keep t	or your records.		
Internal Revenue Service		v.irs.gov/Form8879EO for	the latest information.		
Name of exempt organization	or person subject to tax			Taxpayer	identification number
PRO PUBLICA,	INC.			14-2	007220
Name and title of officer or pe					
RICHARD J. TO	· · · · · · · · · · · · · · · · · · ·				
PRESIDENT					
	Return and Return Infori	mation (Whole Dollars O	nly)		
check the box on line 1a, 2 blank, then leave line 1b, 2	n for which you are using this F a, 3a, 4a, 5a, 6a, or 7a below, b, 3b, 4b, 5b, 6b, or 7b, whiche applicable line below. <b>Do not</b>	and the amount on that line ever is applicable, blank (do	for the return being filed with not enter -0-). But, if you enter	this form v	vas
1a Form 990 check here	▶ X b Total revenue, i	if any (Form 990, Part VIII, co	olumn (A), line 12)	1b	37,513,092.
2a Form 990-EZ check h			9)		
3a Form 1120-POL chec					
4a Form 990-PF check h			m 990-PF, Part VI, line 5)		
5a Form 8868 check here					
6a Form 990-T check he					
7a Form 4720 check here					
	on and Signature Autho	orization of Officer or	Person Subject to Tax	15	
	I declare that X I am an offi				with respect to
	racolaro triat [==] ram amoni	=	·	-	•
to receive from the IÁS (a) processing the return or re Agent to initiate an electro software for payment of th a payment, I must contact (settlement) date. I also au confidential information ne identification number (PIN) PIN: check one box only	nediate service provider, transr an acknowledgement of receip fund, and (c) the date of any re- ic funds withdrawal (direct deb e federal taxes owed on this ret the U.S. Treasury Financial Age horize the financial institutions cessary to answer inquiries and as my signature for the electron	of the return and, if applicable, I authorized the fund. If applicable, I authorized the financial institution, and the financial institution at 1-888-353-4537 no late involved in the processing of resolve issues related to the nic return and, if applicable,	e transmission, <b>(b)</b> the reasce the U.S. Treasury and its ditution account indicated in the tion to debit the entry to this are than 2 business days prior of the electronic payment of tale payment. I have selected a the consent to electronic fundament.	on for any designated for the tax preparaccount. To to the payn ixes to recept of the withdraw	lelay in Financial aration Direvoke nent Dive
X I authorize PK	F O'CONNOR DAVIE	S, LLP		to enter m	y PIN 21231
		ERO firm name			Enter five numbers, but do not enter all zeros
a state agency(ie	on the tax year 2020 electronic s) regulating charities as part o o's disclosure consent screen.	-			•
electronically file	erson subject to tax with respe d return. If I have indicated with es as part of the IRS Fed/State	nin this return that a copy of	the return is being filed with a	state ager	ncy(ies)
Signature of officer or person subject				Dat	e ▶ 08/24/21
	tion and Authentication				
	ur six-digit electronic filing ident your five-digit self-selected PIN		26242337440 Do not enter all zeros		
that I am submitting this re IRS e-file Providers for Bus		quirements of <b>Pub. 4163,</b> M	ctronically filed return indicat odernized e-File (MeF) Informa	ation for Au	
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**ERO Must Retain This Form - See Instructions** 

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

### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

OMB No. 1545-0047

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. 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. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print PRO PUBLICA, INC. 14-2007220 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 155 AVE OF THE AMERICAS, 13 FL return. See instructions 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** Return Application Return Code Is For Code Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 1041-A Form 990-BL 02 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF Ω4 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 Form 990-T (trust other than above) 06 12 STEPHANIE N. LITTLE, VP, FINANCE & ADMINISTRATION The books are in the care of ► 155 AVE OF THE AMERICAS, 13 FL - NEW YORK, NY 10013 Telephone No. ► 212-514-5250 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2020 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: | Initial return Final return 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 0. any nonrefundable credits. See instructions. За 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. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

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

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2020)

instructions

	rt III   Statement of Program Service Accomplishments
ı u	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	PRO PUBLICA IS AN INDEPENDENT, NON-PROFIT, PULITZER PRIZE-WINNING
	NEWSROOM THAT PRODUCES INVESTIGATIVE JOURNALISM IN THE PUBLIC
	INTEREST. OUR WORK FOCUSES EXCLUSIVELY ON TRULY IMPORTANT STORIES. WE
	PRODUCE JOURNALISM THAT SHINES A LIGHT ON EXPLOITATION OF THE WEAK BY
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
 4а	(Code:) (Expenses \$25,867,160 . including grants of \$1,728,901 . ) (Revenue \$146,395 . )
та	INVESTIGATIVE JOURNALISM IN THE PUBLIC INTEREST - SEE SCHEDULE O FOR
	DETAILS
4b	(Code:) (Expenses \$
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
4-1	Other are were any ileas (Describe on Cabadula O.)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 25,867,160.

Form 990 (2020) PRO PUBLICA, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			- v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			- v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		<b>₩</b>
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			X
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			<b>₩</b>
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		X
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
<b>L</b>	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	116		X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		1
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		<del> </del>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	- 110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

Form 990 (2020) PRO PUBLICA, INC.
Part IV Checklist of Required Schedules (continued)

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

#### Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 162 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За Х b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

16

Х

If "Yes," complete Form 4720, Schedule O.

Form 990 (2020) PRO PUBLICA, INC. 14-2007220 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X					
Sec	tion 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?	10a		X					
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?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13	Х						
14	Did the organization have a written document retention and destruction policy?	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?								
а	The organization's CEO, Executive Director, or top management official	15a	Х						
b	Other officers or key employees of the organization	15b		Х					
	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?	16a		X					
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							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE O								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble					
	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 on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	STEPHANIE N. LITTLE, VP, FINANCE & ADMINISTRATION - 212-514-5250								
	155 AVE OF THE AMERICAS 13 FL. NEW YORK NY 10013								

14-2007220

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average			Position eck more than one			Reportable	Reportable	Estimated	
	hours per		, unles cer an					compensation from	compensation from related	amount of other
	week (list any	tor						the	organizations	compensation
	hours for	direc				p.		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC)	,	organization
	organizations	al trus	nal tr		loyee	comp				and related
	below	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CHERVEN ENGLI DEDG	line)	n P	ıı	#0	ağ.	; 를 '등	-PG			
(1) STEPHEN ENGELBERG CO-CEO & EDITOR-IN-CHIEF	40.00	1		х				/10 112	0.	E1 221
(2) RICHARD TOFEL, PRESIDENT	40.00			Δ				418,112.	0.	51,331.
CO-CEO & TREASURER	40.00	1		Х				427,692.	0.	27,187.
(3) ROBIN FIELDS	40.00							427,052.	0.	27,107.
MANAGING EDITOR	40.00	1				x		306,360.	0.	17,976.
(4) JESSE EISINGER	40.00							300,300.	•	17,370.
SENIOR EDITOR & REPORTER	1000	1				x		242,770.	0.	46,753.
(5) CHARLES ORNSTEIN	40.00							,		
SENIOR EDITOR		1				X		241,461.	0.	43,904.
(6) RAGAN RHYNE, VICE PRESIDENT OF	40.00							·		,
DEVELOPMENT & SECRETARY				Х				265,159.	0.	14,760.
(7) TRACY WEBER	40.00									
DEPUTY MANAGING EDITOR						Х		233,262.	0.	34,915.
(8) JOSEPH SEXTON	40.00									
SENIOR EDITOR						X		227,524.	0.	31,980.
(9) PAUL E. STEIGER	30.00	]							_	
EXECUTIVE CHAIRMAN		Х		Х				49,325.	0.	6,617.
(10) PAUL SAGAN	2.00	1								
CHAIRMAN		Х		Х				0.	0.	0.
(11) DANIELLE ALLEN	1.00	ļ								
DIRECTOR THRU 12/13/20	1 00	Х						0.	0.	0.
(12) CLAIRE BERNARD	1.00	ļ							•	•
DIRECTOR	1 00	Х						0.	0.	0.
(13) MARK COLODNY	1.00	٠,,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(14) STEVE DAETZ	1.00	₹.						0.	0	0
DIRECTOR  (15) ANGELA ELLO	1 00	Х						0.	0.	0.
(15) ANGELA FILO DIRECTOR	1.00	х						0.	0.	0.
(16) HENRY LOUIS GATES, JR.	1.00	┢						1	0.	· ·
DIRECTOR	1.00	Х						0.	0.	0.
(17) CLAIRE HOFFMAN	1.00								<b></b>	<u>_</u>
DIRECTOR	1.00	х						0.	0.	0.
	1								J.	Form <b>990</b> (2020)

Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C		'				
(A)	( <b>B</b> ) Average	(C) Position			1		(D)	(E)		_	(F)		
Name and title	hours per		(do not check more than one box, unless person is both an					Reportable Reportab compensation compensat			l '	timate nount (	
	week		cer ar					from	from related				
	(list any	ector						the	organization			pensa	
	hours for related	Individual trustee or director	e e			ated		organization	(W-2/1099-MI	SC)	l	om the	
	organizations	rustee	Institutional trustee		99	npens		(W-2/1099-MISC)				anizati d relati	
	below	dual t	ntio na	_	nploy	st cor	. in				l	nizati	
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former						
(18) KATIE MCGRATH	1.00												
DIRECTOR		Х				_		0.		0.			0.
(19) ROBERT C.S. MONKS	1.00	ļ											_
DIRECTOR	1 00	Х				┝		0.		0.	<del> </del>		0.
(20) RONALD OLSON	1.00	х								^			0
DIRECTOR (21) JAMES STONE	1.00	Λ				$\vdash$		0.		0.			0.
DIRECTOR	1.00	Х						0.		0.			0.
(22) S. DONALD SUSSMAN	1.00	25				$\vdash$		•		<u> </u>			<del>••</del>
DIRECTOR		Х						0.		0.			0.
		1											
						_					<u> </u>		
		-											
						┢				$\longrightarrow$			
		1											
1b Subtotal		I					<b></b>	2,411,665.		0.	27!	5,42	23.
c Total from continuation sheets to Part VI							<b>•</b>	0.		0.			0.
d Total (add lines 1b and 1c)							<b></b>	2,411,665.		0.	27!	5,42	23.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	Э			
compensation from the organization												<del></del>	84
										1		Yes	No
3 Did the organization list any <b>former</b> officer,	,	,	,		,	,	_	, , ,	,		3		Х
line 1a? If "Yes," complete Schedule J for some for any individual listed on line 1a, is the su											3		
and related organizations greater than \$150	•							•	•		4	х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com					•			•			5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of com	pensa	tion fro	m	
	the organization. Report compensation for the calendar year ending with or within the organization's tax year.												
<b>(A)</b> Name and business	address							<b>(B)</b> Description of s	ervices	C	(C omper		n
RYAN MCCARTHY	4441000							B occompanion or o	01 11000		<del>ompor</del>		
240 12TH STREET APT 2, BR	OOKLYN.	N	Y	11	21	5		EDITING SERV	ICES		14:	2,6	58.
AMAZON WEB SERVICES	,						$\overline{}$	WEBSITE HOST					
PO BOX 84023, SEATTLE, WA	98124-	84	<u>2</u> 3				- 1	SERVICES			132	2,69	<u>97.</u>

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2020) PRO PUBLICA, INC.
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any line	e in this Part VIII			
		Officer if Generalic G contains a response	Si flote to arry link	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							300010113 0 12 0 14
nts		Federated campaigns 1a					
Gra		Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events 1c					
		Related organizations 1d					
imi	е	Government grants (contributions) 1e					
rior S	f	All other contributions, gifts, grants, and					
ig the		similar amounts not included above 1f	36,816,824.				
dat	g	Noncash contributions included in lines 1a-1f	306,075.				
a C a	h	Total. Add lines 1a-1f	<b>&gt;</b>	36,816,824.			
			Business Code				
o o	2 a	JOURNALISM AND EDITORIAL FEES	519130	77,000.	77,000.		
, ki	b						
Ser	c						
E S	d						
gra Re	u 0						
Program Service Revenue	f	All other program service revenue					
_			<b>•</b>	77,000.			
$\overline{}$		Total. Add lines 2a-2f		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	3	Investment income (including dividends, intere		146 204			146 204
		other similar amounts)		146,204.			146,204.
	4	Income from investment of tax-exempt bond p		102 500	60.205		54.205
	5	Royalties		123,700.	69,395.		54,305.
		(i) Real	(ii) Personal				
		Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	<b></b>				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b> 308,498.					
	b	Less: cost or other basis					
ē		and sales expenses 7b 308,192.					
en	С	Gain or (loss) 7c 306.					
Revenue		Net gain or (loss)	<b>•</b>	306.			306.
e		Gross income from fundraising events (not					
G.F	-	including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	h						
		Less: direct expenses					
			<b>_</b>				
	э а	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses					
		Net income or (loss) from gaming activities	<b>P</b>				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold10b					
$\longrightarrow$	С	Net income or (loss) from sales of inventory	<b>&gt;</b>				
ς l			Business Code				
on a	11 a	ADVERTISING REVENUE	541800	202,933.		202,933.	
ane	b	INSURANCE REIMB. OF LEGAL FEES	900099	116,536.			116,536.
Miscellaneous Revenue	С	HONORARIA AND OTHER REVENUE	900099	29,589.			29,589.
disc B	d	All other revenue					
2	е	Total. Add lines 11a-11d	<b></b>	349,058.			
	12	Total revenue See instructions		37 513 092.	146 395.	202 933.	346 940.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B)
Program service
expenses (C)
Management and general expenses (**D**)
Fundraising (A) Total expenses Do not include amounts reported on lines 6b. expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 1,577,740. 1,577,740. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 151,161. 151,161. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... Benefits paid to or for members ..... Compensation of current officers, directors, 1,260,183. 454,878. 525,386. 279,919. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 17,660,400. 15,653,192. 1,553,651. 453,557. 7 Pension plan accruals and contributions (include 726,400. 646,382. 62,457. 17,561. section 401(k) and 403(b) employer contributions) 1,839,632. 175,955. 73,633. 1,590,044. Other employee benefits 9 387,532. 1,209,191. 129,003. 49,338. 10 Payroll taxes 11 Fees for services (nonemployees): Management 190,501. 165,150. 9,961. 15,390. Legal 63,650. 63,650. Accounting Lobbying 13,300. 13,300. Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 535,731. 526,985. 7,782. 964. column (A) amount, list line 11g expenses on Sch O.) 10,360. 285,185. 225,449. 49,376. Advertising and promotion 12 616,704. 268,606. 36,206. 311,892. Office expenses 13 942,927. 748,890. 87,087. 106,950. 14 Information technology Royalties 15 61,492. 1,300,263. 1,112,105. 126,666. 16 Occupancy 387,796. 376,594. 7,375. 3,827. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 16,172. 450. 18,058. 1,436. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 329,604. 280,164. 32,960. 16,480. Depreciation, depletion, and amortization 22 364,973.16,941. 287,716. 60,316. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 6,900. 6,900. UBIT TAX EXPENSE PUBLIC REC. COP. & SUBS 339,338. 339,338. 125,428. 54,268. RECRUITMENT/PROF DEVEL. 92,204. 32,041. 1,183. 47,225. 4,747. d REPAIRS AND MAINTENANCE 2,296. 3,052. 30,518. 27.466. e All other expenses 30,208,192. 25,867,160. 2,904,513. 1,436,519. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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

Form 990 (2020)
Part X Balance Sheet

Pai	τx	Balance Sneet					
		Check if Schedule O contains a response or note	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			5,266,631.	1	4,195,076.
	2	Savings and temporary cash investments			27,716,756.	2	37,782,891.
	3	Pledges and grants receivable, net			16,985,216.	3	15,350,410.
	4	Accounts receivable, net			24,712.	4	27,793.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
¥	9	5			530,134.	9	764,575.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,375,843.			
	b			890,739.	628,991.	10c	485,104.
	11	Investments - publicly traded securities	15,200.	11	14,866.		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		85,169.	15	45,644.	
	16	Total assets. Add lines 1 through 15 (must equa	3)	51,252,809.	16	58,666,359.	
	17	Accounts payable and accrued expenses		254,144.	17	462,210.	
	18	Grants payable		18			
	19	Deferred revenue			494,345.	19	421,316.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
S	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa					
ia de		controlled entity or family member of any of thes				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			740 400	25	002 526
	26	Total liabilities. Add lines 17 through 25		\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	748,489.	26	883,526.
S		Organizations that follow FASB ASC 958, chec	ck here				
JCe		and complete lines 27, 28, 32, and 33.			28,252,244.	0=	24 270 056
<u>a</u>	27	Net assets without donor restrictions	22,252,076.	27	34,370,956. 23,411,877.		
e B	28	Net assets with donor restrictions	22,232,070.	28	23,411,077.		
ڃَ		Organizations that do not follow FASB ASC 95	os, cne	eck nere			
P	00	and complete lines 29 through 33.				00	
şt	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			50,504,320.	31	57,782,833.
ž	32	Total net assets or fund balances			51,252,809.	32	
	33	Total liabilities and net assets/fund balances			JI, 4J4, 009.	33	58,666,359.

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI					X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	7,51	3,0	92.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	3(	0,20	8,1	92.			
3	Revenue less expenses. Subtract line 2 from line 1	3		7,30					
4									
5	Net unrealized gains (losses) on investments	5		-2	4,4	95.			
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9		_	1,8	392.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	5	7,78	2,8	33.			
Pa	rt XII Financial Statements and Reporting	•		-					
	Check if Schedule O contains a response or note to any line in this Part XII					X			
					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 (	Э.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			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								
b	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	basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing								
	Act and OMB Circular A-133?	-		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	dit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h					

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

**Employer identification number** Name of the organization PRO PUBLICA 14-2007220 INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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 normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	13765153.	43063123.	25576127.	37366751.	36816824.	<u> 156587978</u>
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	13765153.	43063123.	<u> 25576127.</u>	<u>37366751.</u>	<u>36816824.</u>	156587978
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						21552941.
	Public support. Subtract line 5 from line 4.						135035037
	ction B. Total Support	<u> </u>			1	ı	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	***************************************	13765153.	43063123.	255/612/.	3/366/51.	36816824.	<u> 15658/9/8</u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	105 265	01 606	440 700	625 400	200 500	1400750
	and income from similar sources	105,365.	91,606.	449,799.	635,480.	200,509.	1482759.
9	Net income from unrelated business						
	activities, whether or not the	0 220	E0 755	26 205	60 040	127 700	204 027
40	business is regularly carried on	8,230.	52,755.	36,395.	00,949.	137,708.	304,037.
10	Other income. Do not include gain						
	or loss from the sale of capital	245,214.	100 250	220 170	454,278.	146 125	1104054
44	assets (Explain in Part VI.)	243,214.	100,230.	230,179.	434,270.		159558828
	<b>Total support.</b> Add lines 7 through 10		>				,860,963.
	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•	,	fourth or fifth town			,000,505.
13	organization, check this box and stop	-			•		
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2020 (I			column (f))		14	84.63 %
	Public support percentage from 2019					15	78.48 %
	<b>33 1/3% support test - 2020.</b> If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the o						
-	and <b>stop here.</b> The organization qual	•		•		•	
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			-			▶ □
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						
	organization meets the facts-and-circu		•				<b>▶</b> □
18	<b>Private foundation.</b> If the organization				•		s <b>&gt;</b>

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

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

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness 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						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T		T	T	T
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
K	Unrelated business taxable income (less section 511 taxes) from businesses						
	, , , , , , , , , , , , , , , , , , ,						
	acquired after June 30, 1975  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						
12	Other income. Do not include gain					1	
_	or loss from the sale of capital						
13	assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst second third	fourth or fifth tax	vear as a section 5	i01(c)(3) organizatio	on .
	check this box and <b>stop here</b>	•			-		
Se	ction C. Computation of Publi						<u>, —</u>
15	Public support percentage for 2020 (I	ine 8, column (f), o	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	<b>)20</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	<b>2019</b> Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2020. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	tion	<b>&gt;</b>
k	33 1/3% support tests - 2019. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t <b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

# Part IV | Supporting Organizations

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

## Section A. All Supporting Organizations

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

	Yes	No
1		
•		
2		
3a		
3.5		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
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9a		
9b		
9c		
10a		
405		
10b n 990 or 99	0-EZ)	2020

Fai	LIV	Supporting Organizations (continued)			
		·		Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described in line 11a above?	11b		
С	A 35%	% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	_	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sec	tion (	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	•	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		eason of the relationship described in line 2, above, did the organization's supported organizations have a			
	-	ficant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ok the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
а	Did s	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		these activities constituted substantially all of its activities.	2a		
b		the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-		ees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	За		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt v   Type III Non-Functionally Integrated 509(a)(3) Support	ing Organia	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	nally integrated	Type III supporting orga	nization (see		

Schedule A (Form 990 or 990-EZ) 2020

instructions).

· u	type in Non-1 unotionally integrated 600(	u/(o/ oupporting orga	meations (continu	uea)	
Sect	ion D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	SVIGO GOLGIIO III		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	,	(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ns	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
	Excess from 2017				
С	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: HONORARIA AND OTHER REVENUE 2016 AMOUNT: \$ 26,750. 2017 AMOUNT: \$ 90,734. 2018 AMOUNT: \$ 77,346. 2019 AMOUNT: \$ 49,055. 2020 AMOUNT: \$ 29,589. INSURANCE REIMB. OF LEGAL FEES 2016 AMOUNT: \$ 218,464. 2017 AMOUNT: \$ 17,524. 2018 AMOUNT: \$ 152,833. 2019 AMOUNT: \$ 405,223. 2020 AMOUNT: \$ 116,536.

# 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

**2020** 

Name of the organization	Employer identification number
PRO PUBLICA, INC.	14-2007220
Owner and the state of the stat	,

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990	D-EZ X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 <b>General Rule</b> or a <b>Special Rule</b> .  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.						
	organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or y) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
section any one	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 s 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 e 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; orm 990-EZ, line 1. Complete Parts I and II.						
contrib literary,	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, co is chec purpos	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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \bigsim \frac{1}{2} \f						
but it <b>must</b> ansv	anization 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), ver "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 easn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No. 1	Name, address, and ZIP + 4  THE PEW CHARITABLE TRUSTS  2005 MARKET STREET, SUITE 2800  PHILADELPHIA, PA 19103	* 5,747,569.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	KATIE MCGRATH & J.J. ABRAMS FAMILY FOUNDATION C/O GETTLESON, WITZER & O'CONNOR, 16000 VENTURA BOULEVARD ENCINO, CA 91436	\$3,750,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	FIDELITY CHARITABLE  P.O. BOX 770001  CINCINNATI, OH 45277	\$_3,279,613.	Person X Payroll		
(a)	(b)	(c)	(d)		
No. 4_	Name, address, and ZIP + 4  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		
5	ABRAMS FOUNDATION  222 BERKELEY STREET  BOSTON, MA 02116	\$ <u>1,410,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	THE JEROME L. GREENE FOUNDATION  146 CENTRAL PARK WEST  NEW YORK, NY 10023	\$1,200,000.	Person X Payroll		

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
	Name, address, and ZIP + 4  START SMALL FOUNDATION / FIDELITY  CHARITABLE	Total contributions	Type of contribution  Person X  Payroll		
	PO BOX 770001 CINCINNATI, OH 45277	\$1,000,000.	Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
	Name, address, and ZIP + 4  KERFUFFLE FOUNDATION / FIDELITY CHARITABLE  PO BOX 770001  CINCINNATI, OH 45277-0053	\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	SCHWAB CHARITABLE  211 MAIN STREET SAN  FRANCISCO, CA 94105	\$805,681.	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		
10	HOLLYHOCK FOUNDATION  55 EAST 59TH STREET  NEW YORK, NY 10022	\$ 785,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)		
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11_	ROBERT WOOD JOHNSON FOUNDATION  50 COLLEGE ROAD EAST  PRINCETON, NJ 08540	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
12	THE LAURA AND JOHN ARNOLD FOUNDATION  1717 WEST LOOP SOUTH, SUITE 1800  HOUSTON, TX 77027	\$516,574.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)		

PRO PUBLICA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 PAUL AND ANN SAGAN FAMILY FUND /	Total contributions	Type of contribution
13	FIDELITY CHARITABLE  PO BOX 770001  CINCINNATI, OH 45277	\$500,099.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	VANGUARD CHARITABLE  P.O. BOX 9509  WARWICK, RI 02889-9509	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 15_	Name, address, and ZIP + 4  CHARLES H. REVSON FOUNDATION  55 EAST 59TH STREET  NEW YORK, NY 10022	\$ 400,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No. 16	THE JOYCE FOUNDATION  321 NORTH CLARK STREET  CHICAGO, IL 60654	\$ 400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	MARISLA FOUNDATION  668 NORTH COAST HIGHWAY  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
18	CRANKSTART FOUNDATION  4 EMBARCADERO CENTER  SAN FRANCISCO, CA 94111	\$325,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	THE BOSTON FOUNDATION  75 ARLINGTON STREET  BOSTON, MA 02116	\$ 268,500.	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
20	JAMES M. AND CATHLEEN D. STONE FOUNDATION, INC./ BOSTON FOUNDATION  75 ARLINGTON STREET  BOSTON, MA 02116	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21_	MARIPOSA FOUNDATION  333 SEVENTH AVENUE  NEW YORK, NY 10001	\$ <u>250,000</u> .	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  DONALD A. PELS CHARITABLE TRUST / FIDUCIARY TRUST COMPANY INTERNATIONAL  280 PARK AVENUE  NEW YORK, NY 10017	\$ 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
	HENRY L. KIMELMAN FAMILY FOUNDATION / FOUNDATION SOURCE  501 SILVERSIDE ROAD  WILMINGTON, DE 19809	\$\$	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_	HOLLYWOOD FOREIGN PRESS ASSOCIATION  646 NORTH ROBERTSON BOULEVARD  WEST HOLLYWOOD, CA 90069	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

PRO PUBLICA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	MCKINSEY AND COMPANY  711 THIRD AVENUE, 4TH FLOOR  NEW YORK, NY 10017	\$ 212,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	CARNEGIE CORPORATION  437 MADISON AVENUE  NEW YORK, NY 10022	\$ <u>200,075.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	STEPHEN M. SILBERSTEIN FOUNDATION  29 EUCALYPTUS ROAD  BELVEDERE, CA 94920-2435	\$	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  THE TEXAS TRIBUNE  919 CONGRESS AVENUE, 6TH FLOOR  AUSTIN, TX 78701	\$ 172,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	THE ARTHUR M. BLANK FAMILY FOUNDATION  3223 HOWELL MILL ROAD NW  ATLANTA, GA 30327	\$150,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	THE WARBURG PINCUS FOUNDATION  450 LEXINGTON AVENUE  NEW YORK, NY 10017	\$133,000 <b>.</b>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 THE PETER AND CARMEN LUCIA BUCK FOUNDATION	Total contributions	Type of contribution  Person X
	633 THIRD AVENUE	\$125,000.	Payroll Noncash (Complete Part II for
	NEW YORK, NY 10017		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	PARK FOUNDATION		Person X
	140 SENECA WAY	\$125,000.	Payroll Noncash
	ITHACA, NY 14850		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	SCRIPPS HOWARD FOUNDATION  312 WALNUT STREET	\$\$23,000.	Person X Payroll Noncash (Complete Part II for
	CINCINNATI, OH 45202		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	NATIONAL PHILANTHROPIC TRUST  165 TOWNSHIP LINE ROAD		Person X Payroll Noncash
	JENKINTOWN, PA 19046-3594	\$ 104,050.	(Complete Part II for noncash contributions.)
			,
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>35</u>	HEISING-SIMONS FOUNDATION		Person X
	400 MAIN STREET	\$100,200.	Payroll Noncash
	LOS ALTOS, CA 94022		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	SPINNAKER TRUST		Person X
	123 FREE STREET	\$	Payroll Noncash
	PORTLAND, ME 04101		(Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
37	RAJ & VINEETA GAJWANI  155 AVENUE OF THE AMERICAS  NEW YORK, NY 10013	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
38	THE KOHLBERG FOUNDATION  84 BUSINESS PARK DRIVE  ARMONK, NY 10504	\$100,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
	Name, address, and ZIP + 4  THE JEANNIE TSENG AND COLIN RUST CHARITABLE FUND / VANGUARD CHARITABLE  PO BOX 9509  WARWICK, RI 02889-9510	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 40	Name, address, and ZIP + 4  BMO CHARITABLE FUND PROGRAM / NATIONAL PHILANTHROPIC TRUST  165 TOWNSHIP LINE ROAD  JENKINTOWN, PA 19046-3594	\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No. 41	CHARLES E. SCHEIDT FAMILY FOUNDATION C/O FOUNDATION SOURCE  501 SILVERSIDE ROAD WILMINGTON, DE 19809	\$ 90,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 42	Name, address, and ZIP + 4  NOUS FUND/CALIFORNIA COMMUNITY FOUNDATION  221 S. FIGUEROA STREET, SUITE 400	Total contributions  \$ 89,177.	Person X Payroll Noncash (Complete Part II for
	LOS ANGELES, CA 90012		noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	MARTY AND DOROTHY SILVERMAN FOUNDATION C/O SG GROUP  130 EAST 59TH STREET  NEW YORK, NY 10022	\$85,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	THE LORANA SULLIVAN FOUNDATION  551 FIFTH AVENUE  NEW YORK, NY 10176	\$ 75,000.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45	BRIGHT HORIZON FUND / FIDELITY CHARITABLE  P.O BOX 770001  CINCINNATI, OH 45277	\$ 75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 46	Name, address, and ZIP + 4  THE SELZ FOUNDATION  121 EAST 73RD STREET  NEW YORK, NY 10021	\$ 73,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47	BRIAN M. MCINERNEY  304 COUNTY ROAD 438  ROCHEPORT, MO 65279	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48	MARK COLODNY GIVING FUND / FIDELITY CHARITABLE PO BOX 770001 CINCINNATI, OH 45277	\$67,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	KAUTZ FAMILY FOUNDATION  3481 EAST FINGER ROCK ROAD  TUCSON, AZ 85718	\$65,000.	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
50	SELECT EQUITY GROUP, L.P.  380 LAFAYETTE STREET  NEW YORK, NY 10003	\$61,039.	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	THE U.S. CHARITABLE GIFT TRUST  8910 PURDUE ROAD, SUITE 500  INDIANAPOLIS, IN 46268	\$58,650.	Person X Payroll
(a)	(b)	(c)	(d)
No. 52	Name, address, and ZIP + 4  IRVING & ROBERTA LEWIS CHARITABLE FOUNDATION  2640 GREY OAKS DR.  N NAPLES, FL 34105	* 55,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53	331 ROSES TRUST / MERRILL LYNCH  2029 CENTURY PARK EAST  LOS ANGELES, CA 90067	\$ 52,550.	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
54	NORTHERN TRUST COMPANY  50 SOUTH LA CALLE STREET  CHICAGO, IL 60603	\$51,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

PRO PUBLICA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
55	HARRIS GILBERT  500 ELMINGTON  NASHVILLE, TN 37205	\$50,658.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>56</u>	MAXIMILIAN AND DEBORAH STONE  122 FARM ROAD  SHERBORN, MA 01770	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57	ANONYMOUS FOUNDATION C/O NUTTER, MCCLENNEN & FISH  155 SEAPORT BOULEVARD  BOSTON, MA 02210	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  THE TURNBULL-BURNSTEIN FAMILY CHARITABLE FUND / VANGUARD CHARITABLE  PO BOX 9509  WARICK, RI 02889	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59	THE VERMONT COMMUNITY FOUNDATION  3 COURT STREET  MIDDLEBURY, VT 05753	\$50,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60	LEON LEVY FOUNDATION  ONE ROCKEFELLER PLAZA  NEW YORK, NY 10020	\$50,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No. 61	Name, address, and ZIP + 4  ESTATE OF BASIL MERLE DEBUSKEY  311 W. 105TH STREET  NEW YORK, NY 10025	\$ 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	THE DELLOAKES FOUNDATION / FOUNDATION SOURCE  501 SILVERSIDE ROAD  WILMINGTON, DE 19809	\$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
63	SUNRISE FOUNDATION 7906 SPRINGER ROAD BETHESDA, MD 20817	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64	TAWANI FOUNDATION  53 WEST JACKSON BLVD.  CHICAGO, IL 60604	\$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
65	ELIZABETH LIEBMAN  910 N. LAKESHORE DRIVE  CHICAGO, IL 60611	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66	JACOBS FAMILY TRUST  2710 INVERNESS CT.  LA JOLLA, CA 92037	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
67	PINION STREET FOUNDATION / JEWISH COMMUNITY FEDERATION AND ENDOWMENT FUN  121 STEUART STREET  SAN FRANCISCO, CA 94105	\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 BAKER STREET FOUNDATION C/O ARABELLA	Total contributions	Type of contribution
68	ADVISORS  601 CALIFORNIA STREET  SAN FRANCISCO, CA 94108	\$ 50,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
69	HOBSON/LUCAS FAMILY FOUNDATION  P.O. BOX 29916  SAN FRANCISCO, CA 94129	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
70	Name, address, and ZIP + 4  KAPHAN FOUNDATION C/O MCCUTCHEN GROUP LLC  925 FOURTH AVENUE  SEATTLE, WA 98104	\$ 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
71	MICHELLE MERCER AND BRUCE GOLDEN C/O NATIONAL PHILANTHROPIC TRUST  165 TOWNSHIP LINE ROAD  JENKINTOWN, PA 19046-3594	\$ 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
72	DANIEL AND COLEEN SLOSBERG	45.055	Person X Payroll
	2560 EMERALD AVENUE ANN ARBOR, MI 48104	\$ 45,875.	Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	BLUM FAMILY FOUNDATION  2907 WEST STRATHMORE AVENUE  BALTIMORE, MD 21209	\$\$	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
74	NEWMAN'S OWN FOUNDATION  1 MORNINGSIDE DRIVE NORTH  WESTPORT, CT 06880	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No	Name, address, and ZIP + 4  THE DAVID R. AND PATRICIA D. ATKINSON FOUNDATION  100 OVERLOOK CENTER  PRINCETON, NJ 08540	\$ 40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 76	Name, address, and ZIP + 4  ANONYMOUS/SCHWAB CHARITABLE  211 MAIN STREET  SAN FRANCISCO, CA 94105	* 40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  ANONYMOUS/BESSEMER GIVING FUND BESSEMER TRUST COMPANY  100 WOODBRIDGE CENTER DRIVE WOODBRIDGE, NJ 07095-1191	\$ 40,000.	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	IMPACTASSETS C/O CALVERT FOUNDATION, 7315 WISCONSIN AVENUE BETHESDA, MD 20814	\$\$4,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>79</u>	JEWISH COMMUNAL FUND  575 MADISON AVENUE  NEW YORK, NY 10022	\$31,070.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 LISA A. SEIGEL CHARITABLE FUND/SCHWAB	Total contributions	Type of contribution
80	CHARITABLE  211 MAIN STREET  SAN FRANCISCO, CA 94105	\$30,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	ROBERT AND MAURINE ROTHSCHILD FUND, INC.  59 EAST 54TH STREET  NEW YORK, NY 10022-9208	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82	RENAISSANCE CHARITABLE FOUNDATION  8910 PURDUE ROAD, SUITE 555  INDIANAPOLIS, IN 46268	\$\$ 29,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83_	AMERICAN ENDOWMENT FOUNDATION  5700 DARROW ROAD, SUITE 118  HUDSON, OH 44236	\$\$	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No. 84	Name, address, and ZIP + 4  JOHN S. AND JAMES L. KNIGHT FOUNDATION  200 SOUTH BISCAYNE BLVD.	\$ 28,467.	Person X Payroll Noncash
	MIAMI, FL 33131-2349		(Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	JOHNSON CHARITABLE GIFT FUND  3777 WEST FORK ROAD  CINCINNATI, OH 45247	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86	MARCIA RUBENSTEIN  3N 151 WOODVIEW DRIVE  WEST CHICAGO, IL 60185	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 87	Name, address, and ZIP + 4  MORGAN STANLEY GLOBAL IMPACT FUNDING TRUST  2000 WESTCHESTER AVENUE, FLOOR 2  PURCHASE, NY 10577	\$ 26,550.	Person X Payroll
(a)	(b)	(c)	(d)
No. 88	Name, address, and ZIP + 4  ALLEN BLUE AND KIRA SNYDER FUND / FIDELITY CHARITABLE  PO BOX 770001  CINCINNATI, OH 45277	\$ 26,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89	HOLLY GRAY  25 RIVER DRIVE  NORWALK, CT 06855-2518	\$\$	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
90	BESSEMER TRUST COMPANY  100 WOOLBRIDGE CENTER DRIVE  WOOLBRIDGE, NJ 07095	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  DONGJU SONG  345 W. 13TH STREET  NEW YORK, NY 10014	\$ 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
92	THE MARC HAAS FOUNDATION C/O MAZARS USA LLP  135 WEST 50TH STREET  NEW YORK, NY 10020	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93	CHANGE OF TACK / BESSEMER TRUST 630 FIFTH AVENUE NEW YORK, NY 10111	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  THEODORE CROSS FAMILY CHARITABLE FOUNDATION C/O CROSS ASSOCIATES, LLC  100 MERRICK ROAD  ROCKVILLE CENTER, NY 11570	\$ 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
95	JUDY DUBOW  130 HILLENDALE DRIVE  DOYLESTOWN, PA 18901	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96	THE ROGOVY FOUNDATION / FOUNDATION SOURCE  501 SILVERSIDE ROAD	\$\$5,000.	Person X Payroll Noncash (Complete Part II for
	WILMINGTON, DE 19809		noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	MORCOS FAMILY FUND/FIDELITY CHARITABLE  PO BOX 770001  CINCINNATI, OH 45277	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98	DENCKLA/REBER FAMILY FUND / FIDELITY CHARITABLE  PO BOX 770001  CINCINNATI, OH 45277	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  NLJ HARRIS GIVING FUND / FIDELITY  CHARITABLE  PO BOX 770001  CINCINNATI, OH 45277	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  ANONYMOUS / FIDELITY CHARITABLE  PO BOX 770001  CINCINNATI, OH 45277	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  ANONYMOUS/COMMUNITY FOUNDATION FOR SOUTHEAST MICHIGAN  333 WEST FORT STREET  DETROIT, MI 48226	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102	JOE AND RIKA MANSUETO FOUNDATION  22 WEST WASHINGTON STREET  CHICAGO, IL 60602	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  JAMES MABIE  135 S. LASALLE STREET  CHICAGO, IL 60603	* 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
104	WEITZ FAMILY FOUNDATION  1125 SOUTH 103RD STREET  OMAHA, NE 68124	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105	CRANALEITH FOUNDATION INC.  5910 S. WATSON LANE  LITTLETON, CO 80123	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
106	BENIFICUS FOUNDATION  251 LAUREL STREET  SAN CARLOS, CA 94070	\$ 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
107	RON OLSON / SCHWAB CHARITABLE  211 MAIN STREET  SAN FRANCISCO, CA 94105	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108	SUSAN KARP AND PAUL HAAHR / SCHWAB CHARITABLE  211 MAIN STREET  SAN FRANCISCO, CA 94105	\$ 25,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  TIDES FOUNDATION  1014 TORNEY AVENUE  SAN FRANCISCO, CA 94129	\$\$ 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
110	PETER WIRINGA AND AMANDA HUMPAGE  1927 JAMES AVENUE  SAINT PAUL, MN 55105	\$\$	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
111	JULIA MAHER  2932 CASTLE HEIGHTS AVENUE  LOS ANGELES, CA 90034	\$\$	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
112	THE ABER D. UNGER FOUNDATION  ONE SOUTH STREET  BALTIMORE, MD 21202	\$\$22,500.	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
113	THE SHAUNA M. AND KEVIN B. FLANIGAN FAMILY FOUNDATION  333 SOUTH STATE STREET  LAKE OSWEGO, OR 97034	\$\$	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
114	ARDEA FUND/BANK OF AMERICA CHARITABLE GIFT FUND  100 FEDERAL STREET  BOSTON, MA 02110	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	space is needed.	
(a)	(b)	(c)	(d)
No. 115	Name, address, and ZIP + 4 SCHUH-NGUYEN FAMILY FUND VANGUARD CHARITABLE	Total contributions	Type of contribution  Person X
	PO BOX 9509 WARWICK, RI 02889	\$\$	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116	ROSEHILL CHARITABLE FUND / VANGUARD CHARITABLE		Person X Payroll
	PO BOX 9509  WARWICK, RI 02889	\$\$	Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
117	MAX KAGAN FAMILY FOUNDATION  102 FOREST AVENUE	\$ 20,000.	Person X Payroll Noncash
	ORONO, ME 04473		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	Name, address, and ZIP + 4  JAMES FOUNDATION INC.	1	Type of contribution  Person X
		1	Type of contribution  Person X  Payroll  Noncash
	JAMES FOUNDATION INC.	Total contributions	Type of contribution  Person X  Payroll
	JAMES FOUNDATION INC.  PO BOX 456  HADDONFIELD, NJ 08033  (b) Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash (Complete Part II for
	JAMES FOUNDATION INC.  PO BOX 456  HADDONFIELD, NJ 08033  (b)	\$ 20,000.	Person X Payroll
(a)	JAMES FOUNDATION INC.  PO BOX 456  HADDONFIELD, NJ 08033  (b)  Name, address, and ZIP + 4  THE SUDARSKY FAMILY FOUNDATION C/O	\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution
(a) No. 119	JAMES FOUNDATION INC.  PO BOX 456  HADDONFIELD, NJ 08033  (b)  Name, address, and ZIP + 4  THE SUDARSKY FAMILY FOUNDATION C/O  JPMORGAN PRIVATE BANK, PRIVATE FOUNDAT  390 MADISON AVENUE  NEW YORK, NY 10017	\$ 20,000.  (c) Total contributions	Person X Payroll
(a)	JAMES FOUNDATION INC.  PO BOX 456  HADDONFIELD, NJ 08033  (b)  Name, address, and ZIP + 4  THE SUDARSKY FAMILY FOUNDATION C/O JPMORGAN PRIVATE BANK, PRIVATE FOUNDAT  390 MADISON AVENUE	\$ 20,000.	Person X Payroll
(a) No. 119	JAMES FOUNDATION INC.  PO BOX 456  HADDONFIELD, NJ 08033  (b)  Name, address, and ZIP + 4  THE SUDARSKY FAMILY FOUNDATION C/O JPMORGAN PRIVATE BANK, PRIVATE FOUNDAT  390 MADISON AVENUE  NEW YORK, NY 10017	\$ 20,000.  (c) Total contributions  \$ 20,000.	Person X Payroll
(a) No. 119	JAMES FOUNDATION INC.  PO BOX 456  HADDONFIELD, NJ 08033  (b) Name, address, and ZIP + 4  THE SUDARSKY FAMILY FOUNDATION C/O JPMORGAN PRIVATE BANK, PRIVATE FOUNDAT  390 MADISON AVENUE  NEW YORK, NY 10017  (b) Name, address, and ZIP + 4	\$ 20,000.  (c) Total contributions  \$ 20,000.	Person X Payroll

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
121	LONGHILL CHARITABLE FOUNDATION  200 OAK HILL ROAD  ITHACA, NY 14850	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 BARBETTA FAMILY FOUNDATION/FOUNDATION	Total contributions	Type of contribution
122	SOURCE  501 SILVERSIDE ROAD	\$\$	Person X Payroll  Noncash  (Complete Part II for
	WILMINGTON, DE 19809		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123	ED AND PENELOPE PESKOWITZ  1800 TYSONS BLVD	\$ 20,000.	Person X Payroll Noncash
	MCLEAN, VA 22102	\$	(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 124	Name, address, and ZIP + 4  THE RICE FAMILY FOUNDATION	Total contributions	Type of contribution  Person X  Payroll
	2217 HALCYON LANE	\$\$	Noncash
	<u>VIENNA, VA 22181</u>		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
125	WELL DONOR ADVISED FUND/JOHNSON CHARITABLE GIFT FUND	Total contributions	Person X Payroll
	3777 WEST FORK ROAD	\$ 20,000.	Noncash
	CINCINNATI, OH 45247		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
126	RHODES CHARITABLE FUND / FIDELITY CHARITABLE		Person X
	PO BOX 770001	\$	Payroll Noncash
	CINCINNATI, OH 45277		(Complete Part II for noncash contributions.)

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CINCINNATI, OH 45277	(d) Type of contribution
PO BOX 770001   \$ 20,000.	
No.         Name, address, and ZIP + 4         Total contributions           128         PECHET FUND/FIDELITY CHARITABLE         \$ 20,000.           PO BOX 770001         \$ 20,000.           CINCINNATI, OH 45277         (c)           (a)         No.         Name, address, and ZIP + 4           MANAAKI FOUNDATION / JPMORGAN CHASE         Total contributions	Person X Payroll
PO BOX 770001   \$ 20,000.	(d) Type of contribution
No. Name, address, and ZIP + 4 Total contributions  MANAAKI FOUNDATION / JPMORGAN CHASE	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
MANAAKI FOUNDATION / JPMORGAN CHASE	(d)
PO BOX 227237 \$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) (b) (c)	(d)
	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) (b) (c) No. Name, address, and ZIP + 4 Total contributions	(d) Type of contribution
131 MULLER FAMILY FOUNDATION  12938 GREENLEAF STREET \$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) (b) (c) No. Name, address, and ZIP + 4 Total contributions	(d) Type of contribution
THE CARYL B. RATNER CBRAT  FOUNDATION/SCHWAB CHARITABLE  211 MAIN STREET  SAN FRANCISCO, CA 94105	Person X

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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
133	ROBERTS FAMILY FOUNDATION  2542 12TH AVENUE W  SEATTLE, WA 98119	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
134	DAVID ZUCKERMAN FAMILY TRUST GIFT FUND / FIDELITY CHARITABLE  P.O. BOX 770001  CINCINNATI, OH 45277	\$19,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
135	GLOBAL VILLAGE CHARITABLE TRUST / NORTHERN TRUST COMPANY  600 BRICKELL AVENUE  MIAMI, FL 33131	\$18,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 136	Name, address, and ZIP + 4  THE LU FOUNDATION  820 S. MONACO PARKWAY  DENVER, CO 80224	\$ 18,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
137	GOLDMAN SACHS PHILANTHROPY FUND PO BOX 15203 ALBANY, NY 12212	\$17,400.	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	PALITZ CHARITABLE LEAD ANNUITY  4520 N. DROMEDARY ROAD  PHOENIX, AZ 85018-2938	\$16,500.	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	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	NEW YORK COMMUNITY TRUST  909 THIRD AVENUE  NEW YORK, NY 10022	\$\$	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
140	GREGORY AND KATHRYN SOLOMON  899 LEXINGTON AVENUE  NEW YORK, NY 10065	\$15,278.	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	ANNE AND PAUL MARCUS FAMILY FOUNDATION 260 FRANKLIN STREET BOSTON, MA 02110	\$15,000.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  ANN BLINKHORN  23 GRANT AVENUE  OLD GREENWICH, CT 06870	\$ 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
143	THE CLAY AND KELLY BAVOR FAMILY FUND/GOLDMAN SACHS PHILANTHROPY FUND PO BOX 15203 ALBANY, NY 12212	\$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
144	POETS FOR THE PLANET FUND/IMPACT ASSESTS  4340 EAST WEST HIGHWAY BETHESDA, MD 20814	\$ 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
145	ELLEN BARTELT  12591 W. BONNIE BROOK LANE  BEACH PARK, IL 60087	\$15,000.	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
146	PHILIP R. JONSSON FOUNDATION PO BOX 251304	\$15,000.	Person X Payroll Noncash
	LITTLE ROCK, AR 72225		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
147	ALICE AND BEN REITER CHARITABLE FUND / SCHWAB CHARITABLE  211 MAIN STREET  SAN FRANCISCO, CA 94105	\$15,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  THE TIMOTHY M. ANDREWS CHARITABLE FUND / SCHWAB CHARITABLE  211 MAIN STREET  SAN FRANCISCO, CA 94105	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
149	ELBAZ FAMILY FOUNDATION  9663 SANTA MONICA BLVD.  LOS ANGELES, CA 90210-4303	\$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
150	ROY FAMILY CHARITABLE FUND/SCHWAB CHARITABLE 211 MAIN STREET	\$14,000.	Person X Payroll Noncash
	SAN FRANCISCO, CA 94105		(Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151	SILICON VALLEY COMMUNITY FOUNDATION  2440 W EL CAMINO REAL  MOUNTAIN VIEW, CA 94040	\$13,900.	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	BANK OF AMERICA CHARITABLE GIFT FUND  100 FEDERAL STREET  BOSTON, MA 02110	\$12,750.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  BURKE FAMILY TRUST C/O ENCANTO PARTNERS FINANCIAL SERVICE, INC.  1920 MAIN STREET  IRVINE, CA 92614	\$ 12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  TIAA CHARITABLE  8910 PURDUE ROAD, SUITE 500  INDIANAPOLIS, IN 46268	* 11,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  THE HANAVAN FAMILY CHARITABLE FUND/ VANGUARD CHARITABLE  PO BOX 9509  WARWICK, RI 02889-9510	\$11,000.	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	ELIZABETH SIMPSON  180 STERLING PLACE  BROOKLYN, NY 11217	\$10,974.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157	BRAD AND KATHRYN KERCHOF  641 WHITE OAK RD SW  ROANOKE, VA 24014	\$10,634 <b>.</b> _	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
158	SUSAN NICKERSON  1976 S LA CIENEGA BL 696  LOS ANGELES, CA 90034	\$10,500 <b>.</b> _	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>159</u>	CHRISTOPHER AND MICHELLE DELONG  15 DOLMA ROAD  SCARSDALE, NY 10583	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
160	JESSICA CASE C/O ARETE ADVISORS  ONE ROCKEFELLER PLAZA  NEW YORK, NY 10111	\$ 10,074.	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
161	JANET LEWIS  1226 N PEGRAM STREET  ALEXANDRIA, VA 22304	\$ 10,069.	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
162	ANONYMOUS  155 AVENUE OF THE AMERICAS  NEW YORK, NY 10013	\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
163	GILBERT FUND/ THE BOSTON FOUNDATION  75 ARLINGTON STREET  BOSTON, MA 02116	\$10,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  THE DAVID AND JENNIFER MICHAEL FAMILY FUND / VANGUARD CHARITABLE  PO BOX 9509  WARWICK, RI 02889	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
165	HOUGHTELING/DUNING FAMILY FUND / VANGUARD CHARITABLE  PO BOX 9509  WARWICK, RI 02889	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  THE WITTRUP AND RHODES FAMILY CHARITABLE FUND/ VANGUARD CHARITABLE  PO BOX 9509  WARWICK, RI 02889	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
167	OSAMOSA FUND / VANGUARD CHARITABLE PO BOX 9509 WARWICK, RI 02889	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
168	DJ MCMANUS FOUNDATION INC.  420 WEST BROADWAY  NEW YORK, NY 10012	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 PETER MENSCH FUND/JEWISH COMMUNAL FUND	Total contributions	Type of contribution
169	575 MADISON AVENUE NEW YORK, NY 10022	\$\$	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
170	CAVALI FOUNDATION 327 CENTRAL PARK WEST	\$ 10,000.	Person X Payroll Noncash
	NEW YORK, NY 10025		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
171	JOHN AND MARGARET RUTTENBERG  1133 FIFTH AVENUE  NEW YORK, NY 10128	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	CROSS RIDGE FOUNDATION, INC.  60 E. 42ND ST.  NEW YORK , NY 10165	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
173	THE S. DECKER AND SHERRON ANSTROM FAMILY FOUNDATION / THE NATIONAL PHILA  165 TOWNSHIP LINE ROAD  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
174	THE BDM FAMILY FOUNDATION / FOUNDATION SOURCE		Person X Payroll
	501 SILVERSIDE ROAD WILMINGTON, DE 19809	\$10,000.	Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>175</u>	JEFFREY HAYES  1515 15TH STREET NW  WASHINGTON , DC 20005	\$10,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 POLLAK/FISHER FAMILY FUND/	Total contributions	Type of contribution
176	IMPACTASSETS  4340 EAST WEST HIGHWAY  BETHESDA, MD 20814	\$\$	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
177	ROSS WALLER  509 BORDEN ROAD  LEXINGTON, VA 24450	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
	Name, address, and ZIP + 4  THE JIM COX, JR. FOUNDATION  3414 PEACHTREE ROAD, N.E.  ATLANTA, GA 30326	\$ 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
179	SUSAN NELSON BENWAY / MERRILL LYNCH P.O. BOX 43247  JACKSONVILLE, FL 32231	\$\$	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 IV FUND  1111 SUPERIOR AVENUE EAST  CLEVELAND, OH 44114	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181	CHIS AND LISA KANEB FUND / FIDELITY CHARITABLE  PO BOX 770001  CINCINNATI, OH 45277	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
182	POLAKOF AND OSHER CHARITABLE FAMILY FUND / FIDELITY CHARITABLE  PO 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
183	LITTLE FAMILY GIVING FUND / FIDELITY CHARITABLE  PO BOX 770001  CINCINNATI, OH 45277	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
184	SPERO CHARITABLE 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
185	GRANDY FAMILY FUND / FIDELITY CHARITABLE  PO BOX 770001  CINCINNATI, OH 45277	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
186	MOLEDINA CHARITY / FIDELITY CHARITABLE  PO BOX 770001  CINCINNATI, OH 45277	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a)	(b)	(c)	(d)
No. 187	Name, address, and ZIP + 4 GARON FAMILY FUND / FIDELITY CHARITABLE	Total contributions	Type of contribution  Person X
	PO BOX 770001	\$10,000.	Payroll Noncash (Complete Part II for
	CINCINNATI, OH 45277		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
188	THE WEGE FOUNDATION		Person X Payroll
	99 MONROE AVENUE NW	\$10,000.	Noncash (Complete Part II for
	GRAND RAPIDS, MI 49503		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
189	DICK AND DIANA BEATTIE FUND/ CHICAGO COMMUNITY FOUNDATION		Person X Payroll
	225 NORTH MICHIGAN AVENUE	\$10,000.	Noncash (Complete Part II for
	CHICAGO, IL 60601		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
190	MARILYN LIPMAN		Person X
	21 OLD BELLE MONTE ROAD	\$10,000.	Payroll Noncash
	CHESTERFIELD, MO 63107		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
191	NEAL BRENNAN/ NETWORK FOR GOOD		Person X Payroll
	PO BOX 202018	\$10,000.	Noncash
	AUSTIN, TX 78720		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
192	MARGULF FOUNDATION		Person X
	370 17TH STREET	\$10,000.	Payroll Noncash
			(Complete Part II for

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  NANCI ERSKINE  1507 WELCH STREET  FORT COLLINS, CO 80524	\$ 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
194	GPK FOUNDATION  1400 KINGSBURY DRIVE  CASPER, WY 82609	\$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
195	GARDNER GROUT FOUNDATION C/O CAPITAL BANK & TRUST COMPANY  50 WEST LIBERTY STREET  RENO, NV 89501	\$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
196	THE STREISAND FOUNDATION  1327 OCEAN AVENUE SANTA  MONICA, CA 90401	\$\$	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	COXE FUND / SILICON VALLEY COMMUNITY FOUNDATION  2440 W EL CAMINO REAL  MOUNTAIN VIEW, CA 94040	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
198	RAMP FOUNDATION  301 OLIVE HILL LANE  WOODSIDE, CA 94062	\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

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Part I	<b>Contributors</b> (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
199	KIVEL-GOLDSTEIN FAMILY FUND/SCHWAB CHARITABLE  211 MAIN STREET  SAN FRANCISCO, CA 94105	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
200	VROLYK FAMILY CHARITABLE/SCHWAB CHARITABLE  211 MAIN STREET  SAN FRANCISCO, CA 94105	\$	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	S + F CHARITABLE FUND/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
202	TODD VOGEL AND KAREN HUST/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
203	DARCY COHN AND SPENCER SEIDMAN  1319 6TH AVENUE  SAN FRANCISCO, CA 94122	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
204	DHANAM FOUNDATION C/O ROSEWOOD FAMILY ADVISORS LLP PO BOX 61239 PALO ALTO, CA 94306	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205	THE BRANTLY-LEW FAMILY FUND/VANGUARD CHARITABLE  PO BOX 9509  WARWICK, RI 02889-9509	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
206	THE ELIZABETH JARDINA AND BRIAN STOLER FUND/VANGUARD CHARITABLE  PO BOX 9509  WARWICK, RI 02889-9509	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
207	THE ROCKHAVEN CHARITABLE FUND/VANGUARD CHARITABLE  PO BOX 9509  WARWICK, RI 02889-9509	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
208	THE PIRSIG FAMILY FUND/VANGUARD CHARITABLE  PO BOX 9509  WARWICK, RI 02889-9509	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
209	SHIFTING FOUNDATION  136 E. SOUTH TEMPLE  SALT LAKE CITY, UT 84111-1132	\$	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	LESLIE C. AND LEONARD A. SHAPIRO FAMILY FOUNDATION C/O STOCK YARDS BANK  11450 NORTH MERIDIAN STREET  CARMEL, IN 46032	\$8,500.	Person X Payroll

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
211	KEITH KUHLEMEIER  4315 ERICSON ROAD  ELLICOTT, MD 21043	\$8,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
212	TRIANGLE COMMUNITY FOUNDATION		Person X Payroll
	PO BOX 12729	\$8,000.	Noncash
	DURHAM, NC 27709		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	LEE-MURPHY CHARITABLE GIFT	Total Contributions	Type or contribution
213	FUND/RENAISSANCE CHARITABLE FOUNDATION 8910 PURDUE ROAD	\$8,000.	Person X  Payroll  Noncash
	INDIANAPOLIS, IN 46268	,	(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
214	DAS CHARITABLE FOUNDATION		Person X
	3961 COBBLESTONE DRIVE	\$8,000.	Payroll Noncash
	DALLAS, TX 75229		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
215	THE MINDY LOISELLE AND LANNY LEVENSON GIFT FUND/SCHWAB CHARITABLE		Person X
	211 MAIN STREET	\$8,000.	Payroll Noncash
	SAN FRANCISCO, CA 94105		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
216	ZANKEL CHARITABLE LEAD TRUST		Person X
	333 GRANT AVENUE	\$7,945.	Payroll Noncash
			(Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
217	GANNETT FOUNDATION/YOURCAUSE 6111 WEST PLANO PARKWAY PLANO, TX 75093	\$7,600.	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
218	PAUL ASENTE AND RON JENKS  2538 BREWSTER AVENUE  REDWOOD CITY, CA 94062	\$7,544.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  KATHY AND JIM O'BRIEN CHARITABLE FUND / FIDELITY CHARITABLE  PO BOX 770001  CINCINNATI, OH 45277	* 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  GRABER FAMILY FOUNDATION  1369 FAIRWAY DRIVE  LAKE FOREST, IL 60045	\$ 7,500.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	KUTNICK FOUNDATION /BANK OF AMERICA, N.A.  1300 AMERICAN BOULEVARD, MSC 0303  PENNINGTON, NJ 08534-4127	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
222	THE PAUL & MARIAN CONES CHARITABLE FUND / FIDELITY CHARITABLE PO BOX 770001	\$	Person X Payroll Noncash (Complete Part II for
	CINCINNATI, OH 45277		noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223	SUSAN GILARDI  250 HAWTHORNE AVENUE  LARKSPUR, CA 94939	\$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
224	UNITED JEWISH FOUNDATION OF METROPOLITAN DETROIT  6735 TELEGRAPH ROAD  BLOOMFIELD HILLS, MI 48301	\$6,500.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
225	ROGER BERKLEY  9275 MENAGIO COURT  NAPLES, FL 03411	\$6,210.	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
226	DAVE YOUNG 725 S FIGUEROA STREET LOS ANGELES, CA 90017	\$6,210.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
227	EDWARD AND MARJORIE GOLDBERGER FOUNDATION C/O KINZEL & CO., LLC  195 FAIRFIELD AVENUE  WEST CALDWELL, NJ 07006	\$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
228	TIM CARVELL  250 W. 89TH STREET  NEW YORK, NY 10024	\$6,000.	Person X Payroll

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
229	I.L. COHEN FOUNDATION  8130 CEDAR ROAD  ELKINS PARK, PA 19027	\$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
230	WARNOCK FAMILY FOUNDATION  500 EAST PRATT STREET  BALTIMORE, MD 21202	\$6,000.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  CLAUDIA DAVIDOFF AND JOSEPH KAHAN FUND/FIDELITY CHARITABLE  PO BOX 770001  CINCINNATI, OH 45277	\$ 6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  YALE AND IRENE GOTSDINER FAMILY / JEWISH FEDERATION OF OMAHA FOUNDATION  333 SOUTH 132ND STREET  OMAHA, NE 68154	\$ 6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
233	MARCIA FRENCH  2325 88TH AVENUE NE  CLYDE HILL, WA 98004	\$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
234	THE SUSAN H. SCHWARTZ FUND / VANGUARD CHARITABLE  P.O. BOX 9509  WARWICK, RI 02889-9513	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
	KEY FOUNDATION  P.O. BOX 798  CAMP HILL, PA 17001-0798	\$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
236	JOEL L. FLEISHMAN FOUNDATION  PO BOX 90522  DURHAM, NC 27708-0522	\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
237	MARY SIVE /FIDELITY CHARITABLE  PO BOX 770001  CINCINNATI, OH 45277-0053	\$6,000.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  JEWISH COMMUNITY FEDERATION AND ENDOWMENT FUND  121 STEUART STREET  SAN FRANCISCO, CA 94105	\$ 5,650.	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	MARIA GOTSCH  123 EAST 75TH STREET  NEW YORK, NY 10021	\$5,525.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
240	DAVID STEIN  144 PARK PLACE  BROOKLYN, NY 11217	\$5,374.	Person Payroll Noncash  (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
241	J.P. MORGAN CHARITABLE GIFT FUND  165 TOWNSHIP LINE ROAD  JENKINTOWN, PA 19046	\$5,250.	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
242	LESLIE PETERSON		Person Payroll
	7 CATHY PLACE	\$5,211.	Noncash X
	MENLO PARK, CA 94025		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Total Golfa Bations	
243	NORBERT GOLDFIELD 72 LAUREL PARK	\$ 5,175.	Person X  Payroll  Noncash
		Ψ <u>3,173•</u>	(Complete Part II for
	NORTHAMPTON, MA 01060		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Total contributions	
244	ASHLEY TIMMER		Person X Payroll
	1 CENTRAL PARK WEST	\$5,175.	Noncash
	NEW YORK, NY 10023		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
245	JEREMY COOK		Person X
	544 UNION AVENUE	\$5,175.	Payroll Noncash
	BROOKLYN, NY 11211		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
246	SILVIO CHIANESE		Person X
	17520 FAYSMITH AVENUE	\$5,175.	Payroll Noncash
	TORRANCE, CA 90504		(Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
247	TIMOTHY MAI  125 S MAIN STREET  SEBASTOPOL, CA 95472	\$5,175.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
248	CHRISTINE BOURDETTE C/O U.S. BANK  101 E FIFTH STREET  SAINT PAUL, MN 55101	\$5,002.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  THE WISTERIA FUND C/O COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS  333 BRIDGE STREET  SPRINGFIELD, MA 01103	\$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
250	ADVENT HEALTH  902 INSPIRATION AVENUE  ALTAMONTE SPRINGS, FL 32714	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
251	AJG FOUNDATION  575 PARK AVENUE  NEW YORK, NY 10065	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
252	ALEC CLOWES GIVING ACCOUNT / FIDELITY CHARITABLE  PO BOX 770001  CINCINNATI, OH 45277	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
253	ALICE UNDERWOOD CHARITABLE FUND / SCHWAB CHARITABLE  211 MAIN STREET	\$5,000.	Person X Payroll  Noncash  (Complete Part II for
	SAN FRANCISCO, CA 94105		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
254	AMARE VITA/FIDELITY CHARITABLE		Person X
	PO BOX 770001	\$5,000.	Payroll Noncash  Complete Part II for
	CINCINNATI, OH 45277		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
255	ANNE PETERSON BARRY / MORGAN STANLEY GLOBAL IMPACT FUNDING TRUST, INC.		Person X
	1177 AVENUE OF THE AMERICAS	\$5,000.	Payroll Noncash
	NEW YORK, NY 10036-2714		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
256	ANU KHOSLA		Person X
	630 LOS TRANCOS ROAD	\$5,000.	Payroll Noncash
	PORTOLA VALLEY, CA 94028		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
257	ARIELLE COHEN		Person X
	106 5TH STREET	\$5,000.	Payroll Noncash
	CAMBRIDGE, MA 02141		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
258	BARBARA FAHNESTOCK		Person X
	1200 KEYSTONE DRIVE	\$5,000.	Payroll Noncash
	SELLERSVILLE, PA 18960-3354		(Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
259	BEATRICE RENFIELD FOUNDATION  PO BOX 1326  REDDING CENTER, CT 06875	\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
260	BENJAMIN RAHN  1881 HARMON STREET  BERKELEY, CA 94703	\$5,000.	Person X Payroll
			,
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
261	BLUE HERON CHARITABLE FUND/SCHWAB CHARITABLE  211 MAIN STREET SAN FRANCISCO, CA 94105	\$5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  BRUCE WINTMAN AND JONNA GABERMAN  100 ASHFORD ROAD  LONGMEADOW, MA 01106	\$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	CALLAHAM-HSU CHARITABLE FUND/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
264	CAT'S EAR ACCOUNT / SCHWAB CHARITABLE  211 MAIN STREET  SAN FRANCISCO, CA 94105	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  CHRISTOPHER PIKULA  207 CURWEN ROAD  BRYN MAWR, PA 19010	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
	Name, address, and ZIP + 4  CYNTHEA GEERDES AND TODD MARTINEZ  26040 ELENA ROAD  LOS ALTOS HILLS, CA 94022	\$5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
267	DANIEL FEINER AND NANCY STOUTENBURG  1221 SW 10TH AVENUE  PORTLAND, OR 97205	\$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
268	DAVID AND PAIGE MORSE  1333 ASHLAND STREET  HOUSTON, TX 77008	\$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
269	DIANA STARK  1325 HOWARD AVENUE  BURLINGAME, CA 94010	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
270	DROR BAR-ZIV  2443 FILLMORE STREET  SAN FRANCISCO, CA 94115	\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

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Part I	<b>Contributors</b> (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
271	EDWARD CHENG  8209 WOBURN ABBEY ROAD  GLENN DALE, MD 20769	\$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
272	EDWIN DARDEN / BENEVITY  611 MEREDITH ROAD NE  CALGARY, AB T2E 2W5, 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
273	ELIOT BROWN  1001 HAMPSHIRE STREET  SAN FRANCISCO, CA 94110	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
274	EVAGENE BOND C/O EDWARD JONES  201 PROGRESS PARKWAY  MARYLAND HEIGHTS, MO 63043	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
275	FEINBERG FOUNDATION 415 E. NORTH WATER STREET CHICAGO, IL 60611	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
276	FINLEY FAMILY CHARITABLE FOUNDATION  31 SOQUILI TRAIL  JASPER, GA 30143	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
277	FRANCES AND BENJAMIN BENENSON FOUNDATION, INC.  155 EAST 44TH STREET  NEW YORK, NY 10017	\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
278	FRANK FAMILY FOUNDATION FUND/TULSA COMMUNITY FOUNDATION  7030 S. YALE, SUITE 600  TULSA, OK 74136	\$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
279	GANEM-WEINTRUB FAMILY CHARITABLE FUND/SCHWAB CHARITABLE  211 MAIN STREET  SAN FRANCISCO, CA 94105	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 280	Name, address, and ZIP + 4  GSLW FUND/THE NEW YORK COMMUNITY TRUST  909 THIRD AVENUE  NEW YORK, NY 10022	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
281	HART GIVING FUND / FIDELITY CHARITABLE  PO BOX 770001  CINCINNATI, OH 45277	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
282	HELIANTHUS FUND / FIDELITY CHARITABLE PO BOX 770001 CINCINNATI, OH 45277	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
283	HOLZER FAMILY FOUNDATION  23 NORTH SADDLE BROOKE DRIVE  HO HO KUS, NJ 07423	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
284	IRINA YAKHNIS  96 BARROW STREET  NEW YORK, NY 10014	\$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
285	JACK B. SMITH  1902 OLD STAGE ROAD  ALEXANDRIA, VA 22308	\$5,000.	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
	Name, address, and ZIP + 4  JAMES HOLMES  PO BOX 4335  TUBAC, AZ 85646	\$ 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
287	JESSE AND JOAN KUPFERBERG FOUNDATION / FOUNDATION SOURCE  501 SILVERSIDE ROAD  WILMINGTON, DE 19809	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
288	JOAN POWELL / GIVEGAB  401 E STATE STREET  ITHACA, NY 14850	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
289	JOANNA STONE HERMAN AND LAURENCE R. HERMAN  240 EAST 47TH STREET  NEW YORK, NY 10017	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
290	JOSEPH ABEL AND KYLE DELWICHE/SCHWAB CHARITABLE  211 MAIN STREET  SAN FRANCISCO, CA 94105	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
291	JOSEPH ZIMMEL  49 SMITHS POINT ROAD  MILFORD, CT 06460	\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 292	Name, address, and ZIP + 4  JULIE PFEFFER  612 WEBSTER STREET  NEW ORLEANS, LA 70118	\$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
293	JULIE SUTARIK  2228 JASMINE STREET  DENVER, CO 80207	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
294	KAI ZINN  158-29 CALIF. INST. OF TECHNOLOGY  PASADENA, CA 91125	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Parti	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
295	KATE R. COLBY CHARITABLE FUND/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
296	KATHERINE KOVNER  415 WASHINGTON STREET  NEW YORK, NY 10013	\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
297	KATHLEEN DALEY C/O CHARLES SCHWAB  211 MAIN STREET  SAN FRANCISCO, CA 94105	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
298	KATHRYN AND FREDRICK JONES  4117 PAINT ROCK DRIVE  AUSTIN, TX 78731-1320	\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
299	KAY GROSSMAN  3161 EAST MOON SPIRIT PLACE  TUCSON, AZ 85718	\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
300	KEET FAMILY FUND/ADIRONDACK FOUNDATION  PO BOX 288  LAKE PLACID, NY 12946	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	<b>Contributors</b> (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
301	KIM MCGUIRE  3332 AMERICAN SADDLER DRIVE  PARK CITY, UT 84060	\$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
302	LAKE ROAD FOUNDATION  839 ORIENTA AVENUE  MAMARONECK, NY 10543	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
303	LAUREN WECK / SCHWAB CHARITABLE  211 MAIN STREET  SAN FRANCISCO, CA 94105	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
304	LICHTERMAN FUND/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
305	LUCIUS T. HILL III AND WENDY Y. HILL FUND / BOSTON FOUNDATION  75 ARLINGTON STREET  BOSTON, MA 02116	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
306	MARCIA ALLINA FUND/NEW YORK COMMUNITY TRUST  909 THIRD AVENUE  NEW YORK, NY 10022	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	<b>Contributors</b> (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
307	MATTHEW AND KATHRYN KAMM  1434 E. BROWN DEER ROAD  BAYSIDE, WI 53217	\$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
308	MELVIN MILLER  150 WEST 79TH 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
309	MICHAEL AND PAULA RANTZ FOUNDATION  330 SANTA RITA AVENUE  PALO ALTO, CA 94301	\$5,000.	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No. 310	Name, address, and ZIP + 4  MOUNT BLUE FUND / ESSEX COUNTY COMMUNITY FOUNDATION  175 ANDOVER STREET, SUITE 101  DANVERS, MA 09123	\$ 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
311	NAJWA AL-QATTAN  1347 BECKWITH AVENUE  LOS ANGELES, CA 90049	\$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
312	NEALL FAMILY CHARITABLE FOUNDATION  4035 RIDGE TOP ROAD  FAIRFAX, VA 22030	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
313	NETFLIX / BENEVITY 611 MEREDITH ROAD CALGARY, AB T2E 2W5, CANADA	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
314	PATRICIA AND THOMAS CANFIELD  1500 WIGHTMAN STREET  PITTSBURGH, PA 15217	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
315	PETER WELCH  1919 CLARENDON BLVD  ARLINGTON, VA 22201	\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 R5 KLAU FAMILY FUND / FIDELITY CHARITABLE PO BOX 770001 CINCINNATI, OH 45277	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
317	ROBERT TRIPP  1 RIDGLEY ROAD CHIDDINGFOLD, GODALMING GU8 4QL, 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
318	ROGER AND MARGOT MILLIKEN  157 PINE STREET  PORTLAND, ME 04102	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
319	ROSENBERG / BOL FAMILY GIVING / FIDELITY CHARITABLE  PO BOX 770001  CINCINNATI, OH 45277	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
320	ROSENBERG/SLAFSKY FAMILY FUND TRUST / AMERICAN ENDOWMENT FOUNDATION  5700 DARROW ROAD  HUDSON, OH 44236	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
321	SANDPIPER FUND, INC.  640 PELHAM ROAD  NEW ROCHELLE, NY 10805	\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 322	Name, address, and ZIP + 4  SARA RANSFORD  1150 RIVER DRIVE  ASPEN, CO 81611	\$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
323	SS210 DONOR ADVISED FUND OF TRIANGLE COMMUNITY FOUNDATION  PO BOX 12729  DURHAM, NC 27709	\$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
324	SUSAN BALFOUR  119 BOLDLEAF COURT  CARY, NC 27513	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
325	SUSAN S. & KENNETH L. WALLACH FOUNDATION  THREE MANHATTANVILLE ROAD  PURCHASE, NY 10577	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
326	SUTTON FAMILY CHARITABLE FUND / VANGUARD CHARITABLE  PO BOX 9509  WARWICK, RI 02889	\$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
327	THE ALEX LLOYD FUND / VANGUARD CHARITABLE  PO BOX 9509  WARWICK, RI 02889	\$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
328	THE AMANDA SCHAPEL AND PATRICK MARKS FAMILY FUND/VANGUARD CHARITABLE  PO BOX 9509  WARWICK, RI 02889	\$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
329	THE BEN WILLIAMS RI/MBC FUND #3 / VANGUARD CHARITABLE  PO BOX 9509  WARWICK, RI 02889	\$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
330	THE BERNHEIM FOUNDATION  33 EAST 70TH STREET  NEW YORK, NY 10021	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
331	THE BLODGET/ZILLIAX FUND/VANGUARD CHARITABLE  PO BOX 9509  WARWICK, RI 02889-9509	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
332	THE EISNER FOUNDATION, INC.  9401 WILSHIRE BLVD.  BEVERLY HILLS, CA 90212	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
333	THE GREAT ISLAND FOUNDATION  115 EAST 69TH STREET  NEW YORK, NY 10021	\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  THE HIRSCH FAMILY FUNDERPANTS/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
335	THE JAMIE AND DENISE JACOB FAMILY FOUNDATION/UNITED JEWISH FOUNDATION OF  6735 TELEGRAPH ROAD  BLOOMFIELD HILLS, MI 48301	\$ 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
336	THE JOCELYN AND ALYSSA SPENCER CHARITABLE FUND/VANGUARD CHARITABLE  P.O. BOX 9509  WARWICK, RI 02889-9509	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

PRO PUBLICA, INC.

	Contributors (see instructions). Use duplicate copies of Part I if additiona	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
337	THE LUCIANO AND BROMER CHARITABLE FUND/NATIONAL PHILANTHROPIC TRUST		
331	FUND/NATIONAL PHILANTHROPIC TRUST		Person X Payroll
	165 TOWNSHIP LINE ROAD	\$ 5,000.	Noncash
			(Complete Part II for
	JENKINTOWN, PA 19046		noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	THE MATHEWS FAMILY CHARITABLE FUND/YHB		,
338	CHARITABLE ENDOWMENT		Person X
			Payroll
	29 SOUTH MAIN STREET	\$5,000.	Noncash
	WEST HARFORD, CT 06107		(Complete Part II for noncash contributions.)
	Made India on the first of the first of the first on the first one of the		,
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 THE MELVIN NEUMAN MILLER CHARITABLE	Total contributions	Type of contribution
339	FUND/RENAISSANCE CHARITABLE FOUNDATION		Person X
			Payroll
	8910 PURDUE ROAD	\$5,000.	Noncash
	TVDT1111D01TG TV 46060		(Complete Part II for
	INDIANAPOLIS, IN 46268		noncash contributions.)
(a)	(b)	(c)	(d)
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 THE WHITE FAMILY FOUNDATION / FIRST	1	Type of contribution
	Name, address, and ZIP + 4	1	Type of contribution  Person X
No.	Name, address, and ZIP + 4 THE WHITE FAMILY FOUNDATION / FIRST	Total contributions	Type of contribution
No.	Name, address, and ZIP + 4  THE WHITE FAMILY FOUNDATION / FIRST REPUBLIC INVESTMENT MANAGEMENT  160 FEDERAL STREET	1	Person X Payroll Noncash (Complete Part II for
No.	Name, address, and ZIP + 4 THE WHITE FAMILY FOUNDATION / FIRST REPUBLIC INVESTMENT MANAGEMENT	Total contributions	Type of contribution  Person X  Payroll   Noncash
No. 340	Name, address, and ZIP + 4  THE WHITE FAMILY FOUNDATION / FIRST REPUBLIC INVESTMENT MANAGEMENT  160 FEDERAL STREET  BOSTON, MA 02110-1700	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No.	Name, address, and ZIP + 4  THE WHITE FAMILY FOUNDATION / FIRST REPUBLIC INVESTMENT MANAGEMENT  160 FEDERAL STREET	Total contributions	Person X Payroll Noncash (Complete Part II for
340 (a) No.	Name, address, and ZIP + 4  THE WHITE FAMILY FOUNDATION / FIRST REPUBLIC INVESTMENT MANAGEMENT  160 FEDERAL STREET  BOSTON, MA 02110-1700  (b) Name, address, and ZIP + 4  THE WHITMAN FAMILY CHARITABLE FUND/JP	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No. 340 (a)	Name, address, and ZIP + 4  THE WHITE FAMILY FOUNDATION / FIRST REPUBLIC INVESTMENT MANAGEMENT  160 FEDERAL STREET  BOSTON, MA 02110-1700  (b) Name, address, and ZIP + 4	\$ 5,000.	Type of contribution  Person X Payroll
340 (a) No.	Name, address, and ZIP + 4  THE WHITE FAMILY FOUNDATION / FIRST REPUBLIC INVESTMENT MANAGEMENT  160 FEDERAL STREET  BOSTON, MA 02110-1700  (b)  Name, address, and ZIP + 4  THE WHITMAN FAMILY CHARITABLE FUND/JP MORGAN CHARITABLE GIVING FUND	\$ 5,000.	Type of contribution  Person X Payroll
340 (a) No.	Name, address, and ZIP + 4  THE WHITE FAMILY FOUNDATION / FIRST REPUBLIC INVESTMENT MANAGEMENT  160 FEDERAL STREET  BOSTON, MA 02110-1700  (b) Name, address, and ZIP + 4  THE WHITMAN FAMILY CHARITABLE FUND/JP	\$ 5,000.	Type of contribution  Person X Payroll
340 (a) No.	Name, address, and ZIP + 4  THE WHITE FAMILY FOUNDATION / FIRST REPUBLIC INVESTMENT MANAGEMENT  160 FEDERAL STREET  BOSTON, MA 02110-1700  (b)  Name, address, and ZIP + 4  THE WHITMAN FAMILY CHARITABLE FUND/JP MORGAN CHARITABLE GIVING FUND	\$ 5,000.	Type of contribution  Person X Payroll
(a) No. 341	Name, address, and ZIP + 4  THE WHITE FAMILY FOUNDATION / FIRST REPUBLIC INVESTMENT MANAGEMENT  160 FEDERAL STREET  BOSTON, MA 02110-1700  (b)  Name, address, and ZIP + 4  THE WHITMAN FAMILY CHARITABLE FUND/JP MORGAN CHARITABLE GIVING FUND  165 TOWNSHIP LINE ROAD  JENKINTOWN, PA 19046	\$ 5,000.	Person X Payroll
(a) No. 341	Name, address, and ZIP + 4  THE WHITE FAMILY FOUNDATION / FIRST REPUBLIC INVESTMENT MANAGEMENT  160 FEDERAL STREET  BOSTON, MA 02110-1700  (b)  Name, address, and ZIP + 4  THE WHITMAN FAMILY CHARITABLE FUND/JP MORGAN CHARITABLE GIVING FUND  165 TOWNSHIP LINE ROAD  JENKINTOWN, PA 19046  (b)	\$ 5,000.  (c) Total contributions  \$ (c) Total contributions	Person X Payroll
(a) No. 341	Name, address, and ZIP + 4  THE WHITE FAMILY FOUNDATION / FIRST REPUBLIC INVESTMENT MANAGEMENT  160 FEDERAL STREET  BOSTON, MA 02110-1700  (b)  Name, address, and ZIP + 4  THE WHITMAN FAMILY CHARITABLE FUND/JP MORGAN CHARITABLE GIVING FUND  165 TOWNSHIP LINE ROAD  JENKINTOWN, PA 19046	\$ 5,000.	Person X Payroll
(a) No. 341	Name, address, and ZIP + 4  THE WHITE FAMILY FOUNDATION / FIRST REPUBLIC INVESTMENT MANAGEMENT  160 FEDERAL STREET  BOSTON, MA 02110-1700  (b)  Name, address, and ZIP + 4  THE WHITMAN FAMILY CHARITABLE FUND/JP MORGAN CHARITABLE GIVING FUND  165 TOWNSHIP LINE ROAD  JENKINTOWN, PA 19046  (b)	\$ 5,000.  (c) Total contributions  \$ (c) Total contributions	Person X Payroll
(a) No. 341	Name, address, and ZIP + 4  THE WHITE FAMILY FOUNDATION / FIRST REPUBLIC INVESTMENT MANAGEMENT  160 FEDERAL STREET  BOSTON, MA 02110-1700  (b)  Name, address, and ZIP + 4  THE WHITMAN FAMILY CHARITABLE FUND/JP MORGAN CHARITABLE GIVING FUND  165 TOWNSHIP LINE ROAD  JENKINTOWN, PA 19046  (b)  Name, address, and ZIP + 4  TIGER BARON FOUNDATION	\$ 5,000.  (c) Total contributions  \$ (c) Total contributions	Person X Payroll
(a) No. 341	Name, address, and ZIP + 4  THE WHITE FAMILY FOUNDATION / FIRST REPUBLIC INVESTMENT MANAGEMENT  160 FEDERAL STREET  BOSTON, MA 02110-1700  (b) Name, address, and ZIP + 4  THE WHITMAN FAMILY CHARITABLE FUND/JP MORGAN CHARITABLE GIVING FUND  165 TOWNSHIP LINE ROAD  JENKINTOWN, PA 19046  (b) Name, address, and ZIP + 4	\$ 5,000.  (c) Total contributions  \$ (c) Total contributions	Person X Payroll
(a) No. 341	Name, address, and ZIP + 4  THE WHITE FAMILY FOUNDATION / FIRST REPUBLIC INVESTMENT MANAGEMENT  160 FEDERAL STREET  BOSTON, MA 02110-1700  (b)  Name, address, and ZIP + 4  THE WHITMAN FAMILY CHARITABLE FUND/JP MORGAN CHARITABLE GIVING FUND  165 TOWNSHIP LINE ROAD  JENKINTOWN, PA 19046  (b)  Name, address, and ZIP + 4  TIGER BARON FOUNDATION	\$ 5,000.  (c) Total contributions  \$ (c) Total contributions	Person X Payroll

PRO PUBLICA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
343	WALNUT FUND / SAN FRANCISCO FOUNDATION  ONE EMBARCADERO CENTER  SAN FRANCISCO, CA 94111	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
344	WILLIAM AND DEBBIE BECKER FUND / THE U.S. CHARITABLE GIFT TRUST  8910 PURDUE ROAD  INDIANAPOLIS, IN 46268	\$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
345	WILLIAM MCHENRY / NETWORK FOR GOOD  PO BOX 202018  AUSTIN, TX 78720	\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 346	Name, address, and ZIP + 4  ZAITLIN-NIENBERG FAMILY FUND / FIDELITY CHARITABLE  PO BOX 770001  CINCINNATI, OH 45277	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll 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.)

PRO PUBLICA, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	1,000 SHARES OF ASTRAZENECA (AZN)	_	
<u>53</u>		_	
		\$\$	10/15/20
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
	250 SHARES OF CIGNA (CI)		
<u>55</u>		_	
		50,658.	12/18/20
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
	1,428 SHARES OF DAVIS NEW YORK VENTURE FUND CLASS A	_	
<u>73</u>	(NYVTX)	_	
		\$\$	11/06/20
(a)		(a)	
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
1 41111	300 SHARES OF EVERSOURCE ENERGY (ES)		
89		_	
		_   05.014	10/00/00
		_ \\$ 25,914.	12/09/20
(a)			
No.	<b>(b)</b>	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
Parti	528.254 SHARES OF TOUCHSTONE MID CAP (TMCPX)		
110		-	
		_	
		_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	12/23/20
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I	EA GUARRIG OF MOREOLY GOMENTERS CORE (MGG)	(===	
157	50 SHARES OF NORFOLK SOUTHERN CORP (NSC)	-	
<del></del>		<b>–</b>	

PRO PUBLICA, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	111 SHARES OF CHEVRON (CVX)	_	
<u>160</u>		_	
		\$10,074 <b>.</b>	12/07/20
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I	60 SHARES OF MICROSOFT CORPORATION (MSFT)	,	
161	OF SHARES OF MICROSOFT CORTORATION (MSF1)	—	
			04/24/20
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	80 SHARES OF JPMORGAN CHASE (JPM)		
<u> 162</u>			
		\$10,001.	12/30/20
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	15 SHARES OF ADOBE (ADBE)		
218			
		\$	12/18/20
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
0.40	11 SHARES OF ADOBE (ADBE)		
_240		<u> </u>	
		\$5,37 <b>4.</b>	10/02/20
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-	43 SHARES OF APPLE (AAPL)		
242			
200450 44.05		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	10/14/20

PRO PUBLICA, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	62 SHARES OF CHEVRON (CVX)		
248			
		\$\$,002.	11/13/20
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
		_	
		\$	
(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
		\$	
(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
	-	_	
		\$	000 000 F7 000 DE\/00

PRO	PUBLICA,	INC
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023454 11-25-20

Part III				1(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	through <b>(e) and</b> the following	g line entry. For or	rganizations
	Use duplicate copies of Part III if additional	space is needed.	1,000 or less for th	te year. (Eittel tills lillo. olice.)
(a) No. from	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held
Part I	(2,1   222 21 3	(-, 3-		
		-		
L				
		(e) Transfe	er of gift	
	Transferee's name, address, ar	nd <b>ZI</b> P + 4	Re	elationship of transferor to transferee
				_
(a) No. from		•		
from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held
		-	-	
		-	-	
F		(e) Transfe	r of gift	
		(e) Transie	a or girt	
	Transferrada nama addresa an	- J 7ID . 4	D	alationahin of turnafanan to turnafana
-	Transferee's name, address, ar	10 ZIP + 4	He	elationship of transferor to transferee
			-	
(a) No			Т	
(a) No. from	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held
Part I				
		-		-
		-		
-				
		(e) Transfe	er of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee
			-	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi		(d) Description of how gift is held
Part I	(b) i di pose di giit	(c) <b>0</b> 3c of gi		(a) Description of now girt is need
Γ		(e) Transfe	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee
Γ				
		-		

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PRO PUBLICA, INC. **Employer identification number** 14-2007220

	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor ad	vised funds
_	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ac		
•	for charitable purposes and not for the benefit of the donor or		
	• •		
Pa			
1	Purpose(s) of conservation easements held by the organization		-,
•	Preservation of land for public use (for example, recreat		n of a historically important land area
	Protection of natural habitat	· —	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 for	rm of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Yea
а			_
b			
С	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired at		
_	listed in the National Register	•	
3	Number of conservation easements modified, transferred, rele		
_	year >	acca, changaichea, chach ann aice a,	and digameaners daming and tank
4	Number of states where property subject to conservation ease	ement is located ▶	
5	Does the organization have a written policy regarding the peri	· · · · · · · · · · · · · · · · · · ·	<del></del> of
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conse	rvation easements during the year
	<b>▶</b> \$	, ,	<b>,</b>
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 1	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservatio		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial state	ements that describes the
	organization's accounting for conservation easements.	· ·	
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statemer	nt and balance sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research ir	n furtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these it	ems.
b	If the organization elected, as permitted under FASB ASC 958	s, to report in its revenue statement an	nd balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	urtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB AS		
	Revenue included on Form 990, Part VIII, line 1	_	<b>&gt;</b> \$
а	nevenue included on rollin coo, rait viii, inie r		

Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, or	Other	Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession									,	
	collection items (check all that apply):										
а	Public exhibition	d	ι 🔲 ι	oan or exc	change progra	ım					
b	Scholarly research	е	. 🗌	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	ne organizatio	n's exem	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, his	torical trea	sures, or othe	r similar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organi	zation's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered "	Yes" on	Form 990	), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for c	ontribution	s or other ass	ets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
С	Beginning balance						1c				
	Additions during the year										
е	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	scrow or cu	ustodial accou	unt liabili	ty?	$\square$	Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization an	swered "	Yes" on Fo	orm 990, Part	IV, line 1	0.				
		(a) Current year	<b>(b)</b> Pr	rior year	(c) Two year	s back	<b>(d)</b> Three y	years back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities								ĺ		
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	, column (a	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held a	nd administer	ed for the	e organiza	ation	-		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fu	ınds.							
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990	), Part IV,	line 11a. S	See Form 990	, Part X, I	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Ad	ccumulate	∍d	(d) Book	k value	e
		basis (investr	ment)	basis	(other)	dep	reciation				
1a	Land										
b	Buildings										
С	Leasehold improvements				6,318.		.33,1			3,15	
d	Equipment				3,726.		69,2			1,45	
<u>e</u>	Other			32	15,799.	1	.88,3	05.		7,49	
	. Add lines 1a through 1e. (Column (d) must e		X colum	n (R) line 1	(Oc.)			▶ 🗆	485	5,10	)4.

	vestments - Other Securities.	an Farm 000 Bart IV line	11h Coo Fours 200 Port V line 10	
	mplete if the organization answered "Yes" of Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
	ivatives			,
	equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) mu	st equal Form 990, Part X, col. (B) line 12.)			
Part VIII Inv	restments - Program Related.			
Cor	mplete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a	) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) mu	st equal Form 990, Part X, col. (B) line 13.)			
	her Assets.			
Cor	nplete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	1
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part X Ot	o) <u>must equal Form 990, Part X, col. (B) line</u> her Liabilities.	e 15.)	······	•
		are Farmer 000. Don't IV. line	11 111 Car Faura 000 Dart V line 05	_
_	mplete if the organization answered "Yes"  (a) Description of liability	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line 25	(b) Book value
1. (4) Fastanali				(b) Book value
	ncome taxes			
(2)	<del></del>			
(3)	<del></del>			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				+
	b) must equal Form 990, Part X, col. (B) line		the executation's financial statements	that rangets the
🚣 Liadility for U	ncertain tax positions. In Part XIII, provide	the text of the foothole to	the organization s ilnancial statements i	mai reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 PRO PUBLICA, INC.			14-	2007220 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			Ι.	27 270 160
1 2	Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	37,370,169.
	Net unrealized gains (losses) on investments	2a	-24,495.		
b	Donated services and use of facilities				
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	-24,495.
3	Subtract line 2e from line 1			3	37,394,664.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b		110 400	-	
	Other (Describe in Part XIII.)		118,428.	١,	110 /20
	Add lines 4a and 4b			4c 5	118,428. 37,513,092.
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  TXII   Reconciliation of Expenses per Audited Financial Statement	ents With	Expenses per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	30,091,656.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a		_	
b	Prior year adjustments	2b		_	
С	Other losses			-	
d	Other (Describe in Part XIII.)				_
_	Add lines 2a through 2d			2e	30,091,656
3 4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	30,091,030.
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)		116,536.		
	Add lines 4a and 4b			4c	116,536.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	30,208,192.
Par	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi	itional inforn	nation.		
-					
PAF	RT X, LINE 2:				
	,				
THE	ORGANIZATION RECOGNIZES THE EFFECT OF INC	COME TA	X POSITION	S O	NLY IF
THO	OSE POSITIONS ARE MORE LIKELY THAN NOT OF E	BEING S	SUSTAINED.	MAN	AGEMENT
TT 7 C	N DEMORNATION MILL ORGANIZATION HAD NO F	nionom?	TN	-m-	OMG
HAS	S DETERMINED THAT THE ORGANIZATION HAD NO U	INCERTA	IN TAX POS	ТТТ	ONS THAT
MOI.	JLD REQUIRE FINANCIAL STATEMENT RECOGNITION	ות אט ז	SCLOSURE	тне	
<u> </u>	NDO KDQOIKE IIMMCIME DIMIEMENT KECOONIIIO	OIC DI	DCDODORD.	11111	
ORG	SANIZATION IS NO LONGER SUBJECT TO EXAMINAT	TIONS E	BY THE APPL	ICA	BLE TAXING
JUF	RISDICTIONS FOR PERIODS PRIOR TO 2017.				
	NA				
PAF	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
יים ס	MDIIDGEMENING OF LEGAL DEFENCE EVDENGEG DEDG	י מים שמו	שמעם זאו		
<u> </u>	MBURSEMENTS OF LEGAL DEFENSE EXPENSES REPO	אניבה (	IN FART		
VII	I				116,536.
	- <u>1</u>				
LOS	SS ON DISPOSAL OF ASSET				1,892.

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

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

2020

Open to Public Inspection

848 E. GRAND AVENUE, NAVY PIER 400 GOLD AVENUE SW, FLOOR 7 900 HILLDALE AVENUE NEPTUNE, NJ 07554 3600 HIGHWAY 66 ASBURY PARK PRESS CHICAGO, IL 60611 CHICAGO PUBIC MEDIA, INC. ALBUQUERQUE, NM 87102 BRYANT FURLOW LLC BERKELEY, CA 94708 BAY CITY NEWS FOUNDATION TUSCON, AZ 85714 4850 SOUTH PARK AVENUE ARIZONA DAILY STAR ANCHORAGE, AK 99503 300 W31ST AVENUE ANCHORAGE DAILY NEWS Name of the organization Part I 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 1 (a) Name and address of organization Enter total number of section 501 (c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. criteria used to award the grants or assistance? General Information on Grants and Assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed or government PRO PUBLICA, 36-3687394 501(C)(3) 82-3961205 83-0654488 501(C)(3) 06-1032273 86-0621785 37-1869203 (b) EIN INC. (c) IRC section (if applicable) (d) Amount of cash grant 92,256. 82,995. 12,648. 92,256 83,025 77,291 (e) Amount of assistance non-cash 0 . 0 0 0 valuation (book, FMV, appraisal, (f) Method of noncash assistance (g) Description of **Employer identification number** PARTICIPATION IN LOCAL PARTICIPATION IN LOCAL INITIATIVE REPORTING NETWORK REPORTING NETWORK PARTICIPATION IN LOCAL INITIATIVE PARTICIPATION IN LOCAL INITIATIVE REPORTING NETWORK PARTICIPATION IN LOCAL REPORTING NETWORK PARTICIPATION IN LOCAL INITIATIVE INITIATIVE INITIATIVE REPORTING NETWORK REPORTING NETWORK (h) Purpose of grant or assistance X Yes .4-2007220 18. S

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	Assistance to Don	nestic Organizations	and Domestic Go		(Schedule I (Form 990), Part II.)	t II.)	
_	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	1 6 4 7 1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COASTALASKA INC 360 EGAN DRIVE							PARTICIPATION IN LOCAL REPORTING NETWORK
COMMUNITY LIFT CORP	92-01625/9	501(0)(3)	23,925.	c			PARTICIPATION IN LOCAL
119 S. COURT AVENUE SUITE 100 MEMPHIS, TN 38103	27-3941355	501(C)(3)	17,425.	0.			REPORTING NETWORK
FRONTIER MEDIA GROUP 12117 SOUTH 12TH COURT							PARTICIPATION IN LOCAL REPORTING NETWORK
JENKS, OK 74307	81-4620550	501(C)(3)	29,520.	0.			INITIATIVE
GANNETT SHARED SERVICES CENTER (DESERT SUN PUBLISHING, LLC) - 750 N. GENE AUTRY TRAIL - PALM							PARTICIPATION IN LOCAL REPORTING NETWORK
SPRINGS, CA 92262  GEORGIA PURITC TELECOMMINICATIONS	46-5738464		86,490.	0.			INITIATIVE PARTICIPATION IN
COMMISSION - 260 14TH ST NW - ATLANTA, GA 30318	58-1496258	501(C)(3)	15,991.	0.			PROPUBLICA'S ELECTIONLAND LOCAL REPORTING PROJECT
KENTUCKY CENTER FOR INVESTIGATIVE							PARTICIPATION IN LOCAL
REPORTING - 619 SOUTH 4TH STREET - LOUISVILLE, KY 40202	61-1259787	501(C)(3)	46,128.	0.			REPORTING NETWORK INITIATIVE
MAX BLAU MBW LLC 1360 MEMORIAL DRIVE							PARTICIPATION IN LOCAL REPORTING NETWORK
MIAMI HERALD 3511 NW 91 AVENUE							PARTICIPATION IN LOCAL REPORTING NETWORK
MOUNTAIN STATE SPOTLIGHT PO BOX 1111 CHARLESTON, WV 25324	85-1154363		11,685.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK INITIATIVE

<del>-</del>	CA, INC.						14-2007220 Page 1
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	Assistance to Don	nestic Organizations	and Domestic Go	1	(Schedule I (Form 990), Part II.)	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NASHVILLE PUBLIC RADIO 630 MAINSTREAM DRIVE							PARTICIPATION IN LOCAL REPORTING NETWORK
NASHVILLE, TN 37228	62-1631652	501(C)(3)	18,840.	0.			INITIATIVE
NEW MEXICO IN DEPTH 808 DOUGLAS MACARTHUR NW ALBURQUEQUE, NM 87107	45-4011138		54,996.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK INITIATIVE
OAHU PUBLICATIONS, INC. 500 ALA MOANA BLVD. STE. 7-500							PARTICIPATION IN LOCAL REPORTING NETWORK
HONOLULU, HI 96813	99-0353529		178,356.	0.			INITIATIVE
OREGON PUBLIC BROADCASTING 7140 SW MACADAM AVE PORTLAND, OR 97219	93-0814638	501(C)(3)	69,192.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK INITIATIVE
RICHMOND TIMES-DISPATCH 300 EAST FRANKLIN STREET RICHMOND. VA 23219	84-4721627		60 951.	0			PARTICIPATION IN LOCAL REPORTING NETWORK INITIATIVE
≖							PARTICIPATION IN LOCAL REPORTING NETWORK
THE ARIZONA REPUBLIC 200 E VAN BUREN STREET PHOENIX, AZ 85004	86-0937358		25,430.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK INITIATIVE
THE BUSINESS JOURNAL 25 E BOARDMAN STREET, SUITE 306 YOUNGSTOWN, OH 44503	34-1461521		30,750.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK INITIATIVE
THE CAPITAL 160 N. STETSON 40TH FL CHICAGO, IL 60601	36-3779720		21,528.	0.			PARTICIPATION IN LOCAL REPORTING NETWORK INITIATIVE

Page 1

14-2007220

821 UNIVERSITY AVENUE RICHMOND, VA 23235 23 SESAME STREET VPM MEDIA CORPORATION ST. PETERSBURG, FL 33701 490 1ST AVE THE TAMPA BAY TIMES PHILADELPHIA, PA 19107 801 MARKET STREET SUITE 300 THE PHILADELPHIA INQUIRER PITTTSFORD, NY 14534 175 SULLY'S TRAIL THE PALM BEACH POST RALEIGH, NC 27601 421 FAYETVILLE STREET, THE NEWS & OBSERVER HALLOWEL, ME 04347 INTEREST REPORTING - PO BOX 284 -Schedule I (Form 990) PRO PUBLICA, INC.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) MADISION, WI 53706 WCIJ INC. THE MAINE CENTER FOR PUBLIC (a) Name and address of organization or government SUITE 104 54-0735782 501(C)(3) 59-0482470 26-2143608 501(C)(3) 27-2937767 47-2464860 56-0338580 27-2623867 501(C)(3) (b) EIN (c) IRC section if applicable (d) Amount of cash grant 21,525. 29,694. 17,835. 25,656 72,001. 67,620. 67,164. (e) Amount of non-cash assistance 0 . . 0 0 0 0 (f) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance PROPUBLICA'S ELECTIONLAND PARTICIPATION IN PARTICIPATION IN LOCAL INITIATIVE INITIATIVE INITIATIVE INITIATIVE PARTICIPATION IN PARTICIPATION IN LOCAL PARTICIPATION IN LOCAL INITIATIVE REPORTING NETWORK PARTICIPATION IN LOCAL REPORTING NETWORK OCAL REPORTING PROJECT REPORTING NETWORK LOCAL REPORTING PROJECT PROPUBLICA'S ELECTIONLAND REPORTING NETWORK REPORTING NETWORK PARTICIPATION IN LOCAL (h) Purpose of grant or assistance

PRO PUBLICA, INC. 14-2007220 Page 2

Schedule I (Form 990) 2020
Part III Grants and Oth **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EMERGING REPORTER STIPEND	11	49,500.	0.		
DIVERSITY STIPEND	29	16,323.	0.		
LOCAL REPORTING NETWORK GRANT	3	85,338.	0.		
Part IV   Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	iired in Part I, line	e 2; Part III, column	(b); and any other ac	ditional information.	

A) STIPEND NARRATIVE FOR INDIVIDUALS RECEIVING ASSISTANCE: PART I,

LINE 2:

STIPEND PAYMENTS REPRESENT A FORM OF GRANT ASSISTANCE PROVIDED TO

PARTICIPANTS IN VARIOUS PROPUBLICA OUTREACH PROGRAMS. PARTICIPANTS IN THE

APPLICANTS ARE CHOSEN BASED ON THEIR QUALIFICATIONS AND CAREER PROSPECTS IN

PROGRAMS ARE SELECTED VIA COMPETITIVE APPLICATION PROCESS IN WHICH THE

THE FIELD OF INVESTIGATIVE JOURNALISM. FUNDING IS OFTEN PROVIDED ΑS ×

OF A GRANT RECEIVED BY PROPUBLICA. IN SUCH INSTANCES, THE GRANT REQUIREMENTS DETERMINE THE AMOUNT OF FUNDING AVAILABLE AND MAY INFORM THE

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

GENERAL OPERATING BUDGET, FUNDING AVAILABILITY IS DETERMINED BASED ON

OVERALL BUDGETARY CONCERNS. BASED ON THESE PARAMETERS, PROGRAM DIRECTORS

DETERMINE WHICH OF THE FOLLOWING SITUATIONS APPLY:

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

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

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

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

WRITTEN DIALOGUE, GRANT REPORTING REQUIREMENTS, AND WRITTEN GRANT REPORTS

PROVIDED TO GRANTING ORGANIZATIONS AT THE END OF THE GRANT PERIOD. WHEN

FUNDING IS PROVIDED THROUGH GENERAL OPERATING BUDGET DESIGNATION,

PROPUBLICA MAINTAINS RECORDS OF INDIVIDUALS RECEIVING AND BENEFITTING FROM

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

SUCH FUNDS MAY BE USED FOR ANY PURPOSE.

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

THE OTHER TYPE OF FUNDING PROPUBLICA PROVIDES IS THROUGH REGRANTING FOR

ORGANIZATIONS AND INDIVIDUALS PARTICIPATING IN LOCAL REPORTING INITIATIVES,

INCLUDING LOCAL REPORTING NETWORK AND ELECTIONLAND. THROUGH THESE

INITIATIVES, PROPUBLICA PARTNERS WITH LOCAL NEWSROOMS THROUGHOUT THE UNITED

STATES TO PROVIDE FUNDING FOR A REPORTER TO WORK ON AN INVESTIGATIVE

JOURNALISM FOR A SPECIFIED PERIOD OF TIME. MOST OFTEN, THE GRANTEE IS THE

NEWSROOM ORGANIZATION ITSELF; HOWEVER, OCCASIONALLY, FUNDING MAY BE

PROVIDED DIRECTLY TO A REPORTER WITH AN AFFILIATION TO THE SELECTED

NEWSROOM. NEWSROOMS ARE SELECTED TO PARTICIPATE IN THESE INITIATIVES VIA A

COMPETITIVE APPLICATION PROCESS, AND IN ADDITION TO FUNDING, PARTNERS

RECEIVE ACCESS TO PROPUBLICA RESOURCES INCLUDING EDITORS, TRAINING

SESSIONS, AND CO-PUBLISHING OPPORTUNITIES.

LOCAL GRANT AMOUNTS ARE DETERMINED BASED ON EACH REPORTER'S ANNUAL SALARY
AND A STANDARD BENEFITS PERCENT ALLOCATION, WHICH WAS 23% FOR GRANTS

Part IV Supplemental Information
ORIGINATING IN 2020, AND AMOUNTS ARE AGREED TO IN WRITING BY BOTH THE
PARTICIPATING NEWSROOM AND PROPUBLICA. FUND USAGE IS MONITORED BY THE
PROPUBLICA EDITORS WHO OVERSEE THE PROGRAMS AND WORK DIRECTLY WITH THE
REPORTERS AND NEWSROOMS. ULTIMATELY, LOCAL GRANTEE REPORTERS ARE EXPECTED
TO PUBLISH A FULL-LENGTH INVESTIGATIVE PIECE IN COORDINATION WITH
PROPUBLICA. ALSO, PARTICIPATING ORGANIZATIONS MUST PROVIDE A WRITTEN
ACCOUNTING FOR FUNDS USAGE AT THE END OF THE GRANT PERIOD, WHICH MOST OFTEN
INCLUDES A COPY OF THE FUNDED REPORTER'S W2 FOR THE FUNDED GRANT YEAR.

### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

**2020** 

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

PRO PUBLICA, INC.

Part I Questions Regarding Compensation

Employer identification number 14-2007220

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

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

Schedule J (Form 990) 2020

Page 2

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

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

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

							(E)	
							(i)	
							(i)	
							(ii)	
							(i)	
							(ii)	
							(3)	
							(ii)	
							(i)	
							(ii)	
							(3)	
							(ii)	
							(3)	
							(ii)	
							9	
0.	0.	0.	0.	0.	0.	0.	SENIOR EDITOR (ii)	SENIOR
0.	259,504.	20,455.	11,525.	3,176.	0.	224,348.	JOSEPH SEXTON (i)	(8) JC
0.	0.	0.		0.	0.	0.	DEPUTY MANAGING EDITOR (ii)	DEPUTY
0.	268,177.	22,977.	11,938.	2,147.	0.	231,115.	TRACY WEBER (i)	(7) TR
0.	0.	0.	0.	0.	0.	0.	DEVELOPMENT & SECRETARY (ii)	DEVELOR
0.	279,919.	1,510.	13,250.	540.	0.	264,619.	RAGAN RHYNE, VICE PRESIDENT OF (i)	(6) RA
0.	0.	0.	0.	0.	0.	0.	SENIOR EDITOR (ii)	SENIOR
0.	285,365.	31,354.	12,550.	747.	0.	240,714.	CHARLES ORNSTEIN (i)	(5) CH
0.	0.	0.	0.	0.	0.	0.	SENIOR EDITOR & REPORTER (ii)	SENIOR
0.	289,523.	34,202.	12,551.	1,220.	0.	241,550.	JESSE EISINGER (i)	(4) JE
0.	0.	0.	0.	0.	0.	0.	MANAGING EDITOR (ii)	MANAGIN
0.	324,336.	10,326.	7,650.	1,242.	0.	305,118.		(3) RC
0.	0.	0.	.0	0.	0.	• 0		CO-CEO
0.	454,879.	12,937.	14,250.	3,564.	0.	424,128.	RICHARD TOFEL, PRESIDENT (i)	(2) RI
0.	0.	0.	0.	0.	0.	• 0	CO-CEO & EDITOR-IN-CHIEF (ii)	CO-CEO
0.	469,443.	37,081.	14,250.	3,564.	0.	414,548.	STEPHEN ENGELBERG (i)	(1) ST
reported as deferred on prior Form 990	(5)07(7)	מומונס	compensation	(iii) Other reportable compensation	(ii) Bonus & incentive compensation	(i) Base compensation	(A) Name and Title	
(F) Compensation	(E) Total of columns	able	(C) Retirement and	3C compensation	(B) Breakdown of W-2 and/or 1099-MISC compensation	(B) Breakdown of \		

Schedule J (Form 990) 2020 PRO PUBLICA, INC.	14-2007220	Page 3
Part III   Supplemental Information  Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	rt for any additional information.	

Schedule J (Form 990) 2020

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

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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

Pai	rt I Types of Property				•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	termin		s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9		X	51	306 075	AVG. SELLIN	G PI	R T C F	
	Securities - Publicly traded		31	300,073.	MAG: DUDIN	0 11	· · · ·	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
40	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other							
27	Other							
28	Other (							
29	Number of Forms 8283 received by the organic							
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement <b>29</b>			0	
							Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 through	gh 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be u	sed for			
	exempt purposes for the entire holding period	?				30a		X
b	o If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,							
	describe in Part II.			• •				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

### **SCHEDULE O**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2020 Open to Public Inspection

OMB No. 1545-0047

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:

THE STRONG AND ON THE FAILURES OF THOSE WITH POWER TO VINDICATE THE

TRUST PLACED IN THEM. IN THE BEST TRADITIONS OF AMERICAN JOURNALISM IN

THE PUBLIC SERVICE, WE AIM TO STIMULATE POSITIVE CHANGE, UNCOVERING

UNSAVORY PRACTICES AND ABUSES OF POWER IN ORDER TO PROD REFORM. WE DO

THIS IN AN ENTIRELY NON-PARTISAN AND NON-IDEOLOGICAL MANNER, ADHERING

TO THE STRICTEST STANDARDS OF JOURNALISTIC IMPARTIALITY.

OUR STATED MISSION IS "TO EXPOSE ABUSES OF POWER AND BETRAYALS OF THE

PUBLIC TRUST BY GOVERNMENT, BUSINESS, AND OTHER INSTITUTIONS, USING THE

MORAL FORCE OF INVESTIGATIVE JOURNALISM TO SPUR REFORM THROUGH THE

SUSTAINED SPOTLIGHTING OF WRONGDOING."

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OUR JOURNALISM SPURRED DRAMATIC CHANGES IN 2020. SEN. RICHARD BURR

RESIGNED AS CHAIRMAN OF THE SENATE INTELLIGENCE COMMITTEE AFTER OUR

REVELATIONS ABOUT HIS STOCK TRADING JUST BEFORE THE CORONAVIRUS MARKET

CRASH. AFTER 33 YEARS BEHIND BARS, A MAN OUR REPORTING SHOWED WAS

WRONGFULLY CONVICTED WAS RELEASED FROM PRISON IN TEXAS. CHICAGO'S

PUNITIVE TICKETING PRACTICES WERE OUTLAWED AFTER WE SHINED A LIGHT ON

THEM. AFTER OUR STORY, CONGRESS PASSED LEGISLATION TO STOP UNEMPLOYMENT

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization **Employer identification number** 14-2007220 PRO PUBLICA, INC. AGENCIES FROM DEMANDING MONEY BACK WHEN THEY MISTAKENLY OVERPAY. THE FEDERAL GOVERNMENT BACKED OUT OF WHAT WE REVEALED TO BE MULTIPLE SKETCHY CORONAVIRUS CONTRACTS, AND LANDLORDS ACROSS FOUR STATES REVERSED ILLEGAL EVICTION FILINGS IN THE FACE OF OUR INQUIRIES. OUR WORK BROUGHT CLARITY TO THE STAKES AND CONSEQUENCES OF COVID-19, INCLUDING STORIES ON MISSTEPS AT THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION THAT HAMPERED THE NATION'S ABILITY TO TRACK AND CONTAIN THE VIRUS'S SPREAD, AS WELL AS UNPRECEDENTED WHITE HOUSE MEDDLING INSIDE THE PUBLIC HEALTH AGENCY. WE PUBLISHED CRITICAL EXPLANATORY PIECES ON ASYMPTOMATIC CARRIERS, ANTIBODY TESTS AND HOW TO UNDERSTAND CORONAVIRUS NUMBERS. STORIES ALSO SHED LIGHT ON RACE AND POLICE ACCOUNTABILITY, INEQUITIES IN MICHIGAN'S JUVENILE JUSTICE SYSTEM (INCLUDING THE STORY OF AN AFRICAN AMERICAN TEEN INCARCERATED FOR FAILING TO COMPLETE HER ONLINE COURSEWORK), AND RACIAL DISPARITIES ACROSS THE HEALTH CARE SYSTEM. PROPUBLICA'S ELECTIONLAND ALSO PRODUCED REVELATORY REPORTING ON U.S. POSTAL SERVICE SLOWDOWNS, VOTING-BY-MAIL CONCERNS AND THE PROLIFERATION OF VOTING MISINFORMATION. IN 2020, PROPUBLICA ANNOUNCED A DRAMATICALLY EXPANDED COMMITMENT TO LOCAL INVESTIGATIVE JOURNALISM WITH THE FORTHCOMING LAUNCH OF REGIONAL REPORTING HUBS IN THE SOUTH AND SOUTHWEST, IN ADDITION TO BROADENING OUR ILLINOIS EFFORTS TO COVER A WIDER SWATH OF THE MIDWEST. PROJECTS FROM THE FIRST YEAR OF OUR JOINT INITIATIVE WITH THE TEXAS TRIBUNE EXPOSED (AND ULTIMATELY HELPED REVERSE) THE PRACTICES OF A LENDER THAT SUED TEXAS BORROWERS AFTER THEY LOST JOBS TO THE PANDEMIC, AND THE STRUCTURAL PROBLEMS AND DISTURBING ORIGINS OF A PRIVATELY FUNDED

PORTION OF TRUMP'S BORDER WALL. STORIES FROM THE PROPUBLICA LOCAL

Name of the organization PRO PUBLICA, INC.

Employer identification number 14-2007220

REPORTING NETWORK ILLUMINATED THE EROSION OF HAWAII'S BEACHES AND THE

STATE'S FAILURE TO RETURN NATIVE HAWAIIANS TO ANCESTRAL LANDS, MAINE'S

SHODDY AND PREDATORY LEGAL SERVICES FOR THE STATE'S POOREST DEFENDANTS,

AND HOW OREGON HAS PRIORITIZED THE TIMBER INDUSTRY OVER THE ECONOMY AND

ENVIRONMENT. AUGMENTING THE LOCAL REPORTING NETWORK, WE ANNOUNCED A

LONGER-TERM DISTINGUISHED FELLOWS PROGRAM, ENABLING LOCAL REPORTERS TO

PARTNER WITH PROPUBLICA FOR THREE YEARS AS THEY PRODUCE INVESTIGATIVE

PROJECTS FROM THEIR HOME NEWSROOMS.

PROPUBLICA WON THE PULITZER PRIZE - OUR SIXTH - FOR NATIONAL REPORTING

FOR "DISASTER IN THE PACIFIC," A SERIES ABOUT SAFETY PROBLEMS IN THE

NAVY'S 7TH FLEET AND THE PROBLEMATIC RESPONSE OF THE NAVY HIGH COMMAND.

THE 2020 PULITZER GOLD MEDAL FOR PUBLIC SERVICE, THE NATION'S HIGHEST

JOURNALISTIC HONOR, WAS AWARDED TO THE ANCHORAGE DAILY NEWS IN

COLLABORATION WITH PROPUBLICA FOR OUR LOCAL REPORTING NETWORK SERIES ON

MAJOR SHORTFALLS IN PUBLIC SAFETY SERVICES IN RURAL ALASKA. OUR STORY

ON AFRICAN AMERICAN LAND LOSS IN THE SOUTH, CO-PUBLISHED WITH THE NEW

YORKER, WON THE GEORGE POLK AWARD IN JOURNALISM FOR MAGAZINE REPORTING,

AND OUR INVESTIGATION ON THE USE OF JAILHOUSE INFORMANTS CO-PUBLISHED

WITH THE NEW YORK TIMES MAGAZINE WON THE NATIONAL MAGAZINE AWARD FOR

REPORTING.

AS PROPUBLICA CONTINUES TO GROW - MORE THAN DOUBLING IN SIZE OVER THE

PAST FOUR YEARS - WE EXPANDED OUR SENIOR MANAGEMENT TEAM TO INCLUDE

FIVE ADDITIONAL EDITORS AND REPORTERS. THIS MOVE HAS BOTH STRENGTHENED

AND DIVERSIFIED OUR NEWS LEADERSHIP WITH JOURNALISTS WHOSE DEPTH AND

BREADTH OF KNOWLEDGE, LIFE EXPERIENCE AND INNOVATIVE THINKING HAVE BEEN

CRUCIAL TO PRODUCING SOME OF OUR BEST WORK. AT THE SAME TIME, OUR STAFF

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization **Employer identification number** PRO PUBLICA, INC. 14-2007220 OVERALL IS GROWING MORE DIVERSE, FROM 37% PEOPLE OF COLOR IN 2019 TO 40% IN 2020. OUR PUBLISHING PARTNERSHIPS CONTINUED TO GROW, WITH 80 IN 2020 ALONE. PARTNERS OVER THE PAST YEAR INCLUDED THE NEW YORK TIMES, WASHINGTON POST, THE NEW YORKER, THE ATLANTIC, UNIVISION, POLITICO, TELEMUNDO AND USA TODAY. PROPUBLICA IS CONTINUING TO REACH NEW AUDIENCES THROUGH THIRD-PARTY DISTRIBUTION PLATFORMS SUCH AS APPLE NEWS, MICROSOFT NEWS, GOOGLE NEWS AND SMARTNEWS. TRAFFIC GREW SUBSTANTIALLY ON SUCH PLATFORMS, WITH THESE MONTHLY AVERAGE PAGE VIEWS CLIMBING 81% TO 10.2 MILLION. TRAFFIC ON OUR OWN SITE ROSE 72% TO 9 MILLION PAGE VIEWS PER MONTH ON AVERAGE. IMPACT THE MOST IMPORTANT TEST OF PROPUBLICA IS WHETHER OUR WORK IS MAKING AN IMPACT. WE MEASURE OUR IMPACT NOT IN TERMS OF AUDIENCE SIZE OR HONORS BUT IN REAL-WORLD CHANGE. IN 2020, OUR JOURNALISM SPURRED SUCH CHANGE IN A NUMBER OF IMPORTANT AREAS. ALASKA ATTORNEY GENERAL RESIGNS AFTER TEXTS TO JUNIOR EMPLOYEE EXPOSED IN AUGUST, PROPUBLICA AND THE ANCHORAGE DAILY NEWS PUBLISHED AN INVESTIGATION REPORTING THAT ALASKA ATTORNEY GENERAL KEVIN CLARKSON SENT HUNDREDS OF TEXT MESSAGES TO A YOUNGER STATE EMPLOYEE - AT LEAST 558 MESSAGES IN MARCH ALONE - INVITING HER TO COME TO HIS HOME IN AT LEAST 18 OF THEM AND OFTEN USING KISS EMOJI. AT THE TIME OF OUR

REPORTING, CLARKSON WAS ON A MONTHLONG LEAVE OF ABSENCE WITHOUT PAY,

BUT THE STATE HAD NEVER TOLD THE PUBLIC HE WAS GONE, OR WHY. RECORDS

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

OBTAINED SHOWED THE ABRUPT ABSENCE CAME AFTER A JUNIOR STATE EMPLOYEE

RAISED CONCERNS ABOUT THE TEXT MESSAGES. HOURS AFTER WE PUBLISHED OUR

STORY, WHICH INCLUDED TEXTS OBTAINED BY PROPUBLICA AND THE DAILY NEWS,

CLARKSON RESIGNED AS ATTORNEY GENERAL.

AFTER DUBIOUS CONVICTION (AND 33 YEARS), A RELEASE FROM PRISON

IN 2018, PROPUBLICA PUBLISHED AN INVESTIGATION, IN PARTNERSHIP WITH THE

NEW YORK TIMES MAGAZINE, ABOUT A BELOVED TEXAS HIGH SCHOOL PRINCIPAL

NAMED JOE BRYAN WHO WAS CONVICTED OF HIS WIFE'S 1985 MURDER. HIS

CONVICTION RESTED LARGELY ON BLOODSTAIN-PATTERN ANALYSIS, A DUBIOUS

FORENSIC PRACTICE. THE STATE DENIED BRYAN PAROLE SEVEN TIMES, INCLUDING

MOST RECENTLY IN 2019, EVEN AFTER THE BLOODSTAIN-PATTERN ANALYST WHO

TESTIFIED AGAINST BRYAN ADMITTED THAT HIS CONCLUSIONS WERE WRONG. IN

MARCH 2020, THE PAROLE BOARD REVERSED COURSE AND - 33 YEARS AFTER HIS

CONVICTION, AT AGE 79 - BRYAN WAS RELEASED ON PAROLE.

FOLLOWING NATIONAL OUTRAGE, TEEN RELEASED FROM JUVENILE DETENTION

LAST JULY, WITH THE DETROIT FREE PRESS AND BRIDGE MICHIGAN, PROPUBLICA

PUBLISHED THE STORY OF GRACE (HER MIDDLE NAME, USED TO PROTECT HER

IDENTITY), A 15-YEAR-OLD GIRL FROM SUBURBAN DETROIT WHO HAD BEEN SENT

TO A DETENTION CENTER FOR FAILING TO COMPLETE ONLINE SCHOOLWORK. JUDGE

MARY ELLEN BRENNAN OF THE OAKLAND COUNTY JUVENILE COURT RULED THAT THIS

HAD VIOLATED THE PROBATION GRACE HAD BEEN GIVEN WEEKS EARLIER FOR

FIGHTING WITH HER MOTHER AND STEALING A CLASSMATE'S CELLPHONE. WITHIN

DAYS OF THE STORY'S PUBLICATION, #FREEGRACE BECAME A TRENDING HASHTAG.

PROTESTERS SHOWED UP OUTSIDE THE COUNTY COURTHOUSE WHERE SHE WAS

SENTENCED, AND POLITICIANS - INCLUDING HILLARY CLINTON AND THEN-SEN.

KAMALA HARRIS - CALLED FOR HER RELEASE. LESS THAN THREE WEEKS LATER,

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization **Employer identification number** PRO PUBLICA, INC. 14-2007220 THE MICHIGAN COURT OF APPEALS ORDERED GRACE'S RELEASE, AND SOON AFTER, BRENNAN DISMISSED HER CASE ENTIRELY. THE MICHIGAN SUPREME COURT'S OVERSIGHT AGENCY CONTINUES TO INVESTIGATE THE COURT PROCEDURES IN GRACE'S CASE AND HAS ALREADY PROPOSED A RULE THAT WOULD BAN COURTS FROM USING HANDCUFFS AND SHACKLES ON JUVENILES. GRACE'S SCHOOL DISTRICT ALSO ISSUED AN APOLOGY AND INSTITUTED A RESTORATIVE JUSTICE PROGRAM. DIRECTOR OF MAINE'S PUBLIC DEFENSE AGENCY RESIGNS IN OCTOBER, PROPUBLICA LOCAL REPORTING NETWORK PARTNER MAINE MONITOR INVESTIGATED HOW THE STATE HANDLES LEGAL SERVICES FOR THE POOR. MAINE IS THE ONLY STATE IN THE COUNTRY THAT DOES NOT HAVE A PUBLIC DEFENDER SYSTEM. INSTEAD, THE STATE'S POOREST DEFENDANTS ARE PROVIDED WITH ACCESS TO PRIVATE ATTORNEYS CONTRACTED BY A STATE OFFICE CALLED THE MAINE COMMISSION ON INDIGENT LEGAL SERVICES. THE INVESTIGATION FOUND THAT THESE ATTORNEYS LACK OVERSIGHT FOR PROFESSIONAL MISCONDUCT AND HAVE DISPROPORTIONATELY HIGH LEVELS OF PROFESSIONAL MISCONDUCT AND CRIMINAL CONVICTIONS, INCLUDING FOR REPEAT DRUNKEN DRIVING AND POSSESSION OF CHILD PORNOGRAPHY. WITHIN A WEEK OF PUBLICATION, GOV. JANET MILLS SAID SHE WAS "DISTURBED" BY THE INVESTIGATION AND CALLED FOR A BIPARTISAN EFFORT TO REFORM MAINE'S DEFENSE SYSTEM. AMID MOUNTING CRITICISM OF HIS MANAGEMENT OF LEGAL SERVICES FOR MAINE'S POOR, JOHN PELLETIER STEPPED DOWN AS EXECUTIVE DIRECTOR OF THE COMMISSION. CHICAGO'S PUNITIVE TICKETING PRACTICE OUTLAWED IN 2018, A PROPUBLICA ILLINOIS AND WBEZ INVESTIGATION SHOWED THAT CHICAGO USES AGGRESSIVE TICKETING PRACTICES AND PUNITIVE COLLECTION

MEASURES TO BOOST REVENUE, DISPROPORTIONATELY TARGETING POOR, MINORITY

RESIDENTS AND TRAPPING THEM IN SPIRALING DEBT. OUR REPORTING SPARKED

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

NUMEROUS CHANGES TO THE SYSTEM.

MOST RECENTLY, IN JANUARY, GOV. J.B. PRITZKER SIGNED THE LICENSE TO WORK AC INTO LAW, WHICH ENDS THE PRACTICE OF SUSPENDING DRIVER'S LICENSES OVER UNPAID PARKING TICKETS AND OTHER NON-MOVING VIOLATIONS.

CDC SHUTS DOWN LAB INVOLVED IN BOTCHED CORONAVIRUS TESTS

IN OCTOBER, PROPUBLICA PUBLISHED A COMPREHENSIVE INVESTIGATION INTO

MEDDLING AT THE CDC FROM WHITE HOUSE OFFICIALS DETERMINED TO PRIORITIZE

THE PRESIDENT'S MESSAGE OVER PUBLIC HEALTH. THE REPORTING SHED LIGHT ON

MISSTEPS AT THE PUBLIC HEALTH AGENCY, INCLUDING LINE-BY-LINE EDITS THAT

TRUMP ADVISERS MADE TO OFFICIAL HEALTH GUIDANCE AND A LAB DIRECTOR

SENDING FAULTY COVID-19 TEST KITS TO STATE AND LOCAL PUBLIC HEALTH LABS

- EVEN THOUGH HIS OWN STAFF'S QUALITY CHECKS SHOWED THEY MIGHT NOT

WORK. LESS THAN SIX HOURS AFTER PROPUBLICA PUBLISHED THIS

INVESTIGATION, THE CDC SHUT DOWN THE KEY LAB IMPLICATED IN THE FAULTY

TESTS WHILE IT CONDUCTED ITS OWN INVESTIGATION AND DEVELOPED CORRECTIVE

ACTION PLANS.

NEW LAW MANDATES TRANSPARENCY ON HEALTH INSURANCE CONFLICTS OF INTEREST

IN 2019, PROPUBLICA AND NPR PUBLISHED AN INVESTIGATION DOCUMENTING THE

HIDDEN CASH AND GIFTS THAT HEALTH INSURERS PAY TO INFLUENCE THE

INDEPENDENT INSURANCE BROKERS WHO ADVISE EMPLOYERS ON WHICH INSURANCE

TO CHOOSE FOR THEIR STAFF. THIS INFLUENCE ULTIMATELY HELPS DETERMINE

THE HEALTH COVERAGE FOR ABOUT 150 MILLION AMERICANS. IN DECEMBER 2020,

TUCKED INTO THE CORONAVIRUS RELIEF BILL, CONGRESS PASSED A NEW FEDERAL

REQUIREMENT FOR BROKERS TO DISCLOSE TO EMPLOYERS WHAT THEY RECEIVE FROM

THE INSURANCE INDUSTRY.

Name of the organization  ${\bf PRO\ PUBLICA} \ , \quad {\bf INC.}$ 

Employer identification number 14-2007220

DIRECTOR OF NEWARK HOSPITAL'S TROUBLING TRANSPLANT PROGRAM DEPARTS

IN 2019, PROPUBLICA PUBLISHED AN INVESTIGATION OF THE TRANSPLANT TEAM

AT NEWARK BETH ISRAEL MEDICAL CENTER THAT REVEALED ATTEMPTS TO

ARTIFICIALLY INCREASE THE PROGRAM'S SURVIVAL RATE, AN IMPORTANT

INDICATOR USED BY FEDERAL REGULATORS. IN ONE EGREGIOUS CASE, IT KEPT A

PATIENT ALIVE IN A VEGETATIVE STATE FOR A FULL YEAR WITHOUT CONSULTING

HIS FAMILY MEMBERS ABOUT TREATMENT DECISIONS OR EXPLAINING THEIR

OPTIONS FOR CARE. AFTER AN INVESTIGATION SPURRED BY PROPUBLICA'S

ARTICLES, THE CENTERS FOR MEDICARE AND MEDICAID SERVICES FOUND THAT THE

TRANSPLANT PROGRAM WAS PUTTING PATIENTS IN "IMMEDIATE JEOPARDY" AND

DIRECTED THE HOSPITAL TO IMPLEMENT CORRECTIVE MEASURES. IN OCTOBER, THE

HOSPITAL ANNOUNCED THAT, AFTER A YEARLONG ADMINISTRATIVE LEAVE, THE

DIRECTOR OF NEWARK BETH ISRAEL'S HEART TRANSPLANT CENTER, DR. MARK

ZUCKER, WAS DEPARTING AND NEWARK BETH ISRAEL IS CONDUCTING A SEARCH FOR

HIS REPLACEMENT.

TURBOTAX ABUSES SPOTLIGHTED IN STATE AND FEDERAL INVESTIGATIONS

IN 2019, PROPUBLICA SHOWED HOW TURBOTAX USES DECEPTIVE DESIGN AND

MISLEADING ADS TO GET PEOPLE TO PAY TO FILE THEIR TAXES, EVEN WHEN THEY

ARE ELIGIBLE TO FILE FOR FREE. THE SERIES PROMPTED INVESTIGATIONS BY

FEDERAL AND STATE AGENCIES. IN FEBRUARY 2020, THE TREASURY INSPECTOR

GENERAL FOR TAX ADMINISTRATION RELEASED A SCATHING AUDIT OF

TURBOTAX-MAKER INTUIT, H&R BLOCK AND OTHER COMPANIES, WHICH FOUND THAT

14 MILLION TAXPAYERS PAID FOR TAX PREP SOFTWARE IN 2019 THAT THEY COULD

HAVE GOTTEN FOR FREE. THE AUDIT ALSO CONFIRMED PROPUBLICA'S REPORTING

THAT SO FEW TAXPAYERS USE THE FREE FILE PROGRAM BECAUSE OF TAX PREP

COMPANIES' USE OF CONFUSING DESIGN AND LAX OVERSIGHT BY THE IRS. IN

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization **Employer identification number** 14-2007220 PRO PUBLICA, INC. JUNE, THE BIPARTISAN SENATE PERMANENT SUBCOMMITTEE ON INVESTIGATIONS PUBLISHED A REPORT ON ITS OWN INVESTIGATION, WHICH CRITICIZED THE IRS FOR FAILING TO OVERSEE THE FREE TAX FILING PROGRAM AND RECOMMENDED THAT THE IRS INCREASE FUNDS TO ADVERTISE THE FREE FILING OPTION INSTEAD OF RELYING ON THE FOR-PROFIT TAX PREP INDUSTRY. ANOTHER INVESTIGATION BY THE NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES, ALSO LAUNCHED IN RESPONSE TO OUR REPORTING, CONCLUDED IN JULY THAT TURBOTAX, H&R BLOCK AND OTHER TAX PREP COMPANIES HAVE LONG ENGAGED IN "UNFAIR AND ABUSIVE PRACTICES." BORDER PATROL AGENTS FIRED OR SUSPENDED FOR TROUBLING FACEBOOK ACTIVITY IN JULY 2019, PROPUBLICA SPOTLIGHTED THE U.S. BORDER PATROL AGENTS RESPONSIBLE FOR DETAINING AND SAFEGUARDING IMMIGRANTS CROSSING THE BORDER WITH MEXICO, INCLUDING MANY CHILDREN. OUR SERIES REVEALED A PATTERN OF INDIFFERENCE AND CALLOUS BEHAVIOR, INCLUDING PARTICIPATION IN A SECRET FACEBOOK GROUP FOR PRESENT AND FORMER BORDER PATROL AGENTS WHERE THEY SHARED RACIST, SEXIST AND MISOGYNISTIC POSTS ABOUT IMMIGRANTS AND MEMBERS OF CONGRESS. THE INTERNAL AFFAIRS OFFICE OF CUSTOMS AND BORDER PROTECTION, THE AGENCY THAT OVERSEES THE BORDER PATROL, LAUNCHED AN INVESTIGATION WITHIN HOURS OF OUR REPORT. IN JULY,

SENATE INTELLIGENCE CHAIR STEPS DOWN

IN MARCH, PROPUBLICA REPORTED THAT SENATE INTELLIGENCE CHAIRMAN RICHARD BURR SOLD OFF UP TO \$1.7 MILLION OF STOCK AFTER RECEIVING EARLY CLASSIFIED INTELLIGENCE BRIEFINGS ON THE SERIOUS HEALTH THREATS OF COVID-19. SIMULTANEOUSLY, BURR WAS REASSURING THE PUBLIC THAT THE

THE AGENCY REVEALED THAT ITS INVESTIGATION RESULTED IN THE FIRING OF

FOUR EMPLOYEES AND SUSPENSION WITHOUT PAY FOR DOZENS OF OTHERS.

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization **Employer identification number** PRO PUBLICA, INC. 14-2007220 GOVERNMENT WAS PREPARED TO DEAL WITH THE HEALTH CRISIS. IN MAY, FBI AGENTS SERVED A SEARCH WARRANT TO BURR, WHICH INCLUDED THE SEIZURE OF HIS CELLPHONE, AS PART OF AN INVESTIGATION OF HIS STOCK TRADES. THE NEXT DAY, BURR RESIGNED AS CHAIRMAN. CONGRESSIONAL INVESTIGATION CONFIRMS AVIATION COMPANIES MISUSED BAILOUT FUNDS IN JULY, PROPUBLICA REPORTED THAT THREE AIRLINE INDUSTRY COMPANIES RECEIVED \$338 MILLION IN PUBLIC MONEY DESIGNED TO PRESERVE JOBS IN THE HARD-HIT INDUSTRY, BUT THEY LAID OFF THOUSANDS OF WORKERS ANYWAY. THE TRUMP ADMINISTRATION ALLOWED THE COMPANIES TO KEEP THE RELIEF MONEY INTENDED FOR STAFF THAT THEY HAD ALREADY LAID OFF. IMMEDIATELY AFTER OUR INVESTIGATION WAS PUBLISHED, THREE HOUSE COMMITTEES ANNOUNCED AN INVESTIGATION INTO THE ADMINISTRATION'S HANDLING OF THE AVIATION PAYROLL SUPPORT PROGRAM. IN OCTOBER, THE HOUSE SELECT SUBCOMMITTEE ON THE CORONAVIRUS CRISIS RELEASED ITS REPORT, ECHOING PROPUBLICA'S FINDINGS. "TREASURY'S IMPLEMENTATION OF THE PAYROLL SUPPORT PROGRAM UNDERMINED THE PROGRAM'S JOB PRESERVATION PURPOSE," THE SUBCOMMITTEE WROTE. "TREASURY PERMITTED AVIATION CONTRACTORS TO LAY OFF TENS OF THOUSANDS OF WORKERS THROUGH THE WORST MONTHS OF THE PANDEMIC AND STILL RECEIVE FULL PAYROLL SUPPORT CALCULATED BASED ON PRE-PANDEMIC WORKFORCE NUMBERS - THE SAME AMOUNT THEY WOULD HAVE RECEIVED IF THEY HAD NOT LAID OFF A SINGLE WORKER." USDA CANCELS CONTRACT WITH UNLICENSED FOOD SUPPLIER IN MAY, PROPUBLICA REPORTED THAT THE TRUMP ADMINISTRATION'S BILLION-DOLLAR FARMERS TO FAMILIES FOOD BOX PROGRAM, MEANT TO

DISTRIBUTE FRESH FOOD TO STRUGGLING FOOD BANKS AND OTHER NONPROFITS

Employer identification number 14-2007220

DEALING WITH INCREASED FOOD INSECURITY DURING THE PANDEMIC, WAS RIFE

WITH PROBLEMS. THE PROGRAM USED AN UNUSUALLY FAST BIDDING PROCESS THAT

AWARDED CONTRACTS TO MANY ORGANIZATIONS THAT LACKED EXPERIENCE OR

PROPER LICENSES. ANOTHER RESULT OF THIS PROCESS WAS THAT THE PROGRAM

LEFT HARD-HIT AREAS LIKE NEW YORK WITH LESS FOOD THAN AREAS WITH LESS

NEED AND BYPASSED THE STATES OF MAINE AND ALASKA ENTIRELY. IN RESPONSE

TO OUR REPORTING, MEMBERS OF BOTH THE HOUSE AND SENATE SENT LETTERS TO

THE U.S. DEPARTMENT OF AGRICULTURE ASKING FOR AN EXPLANATION OF HOW IT

EVALUATED THE BIDS, INCLUDING IF IT CHECKED COMPANIES' LICENSES AND

CONSIDERED EQUITY ACROSS REGIONS. THE USDA COMMITTED TO REVIEWING FOOD

DISTRIBUTION TO UNDERSERVED AREAS DURING ITS NEXT ROUND OF CONTRACTS

AND CANCELED THE LARGEST UNLICENSED CONTRACT, A \$40 MILLION DEAL TO AN

AVOCADO GROWER PROFILED IN OUR INITIAL INVESTIGATION.

TRUMP ADMINISTRATION BACKS OUT OF CONTROVERSIAL VENTILATOR CONTRACT

IN MARCH, PROPUBLICA PUBLISHED A STORY SHOWING HOW A U.S. SUBSIDIARY OF

ROYAL PHILIPS N.V., A DUTCH APPLIANCE AND TECHNOLOGY COMPANY, HAD

RECEIVED MILLIONS IN FEDERAL TAX DOLLARS YEARS AGO TO DELIVER A

LOW-COST VENTILATOR FOR PANDEMICS BUT FAILED TO DO SO. YET, AS THE

CORONAVIRUS BEGAN SPREADING AROUND THE GLOBE AND U.S. HOSPITALS WERE

DESPERATE FOR MORE, PHILIPS WAS SELLING COMMERCIAL VERSIONS OF THE

GOVERNMENT-FUNDED VENTILATOR TO OVERSEAS BUYERS FROM ITS PENNSYLVANIA

FACTORY. WE REPORTED IN APRIL THAT, DESPITE HAVING NOT FULFILLED THE

INITIAL CONTRACT, THE DUTCH COMPANY STRUCK A MUCH MORE LUCRATIVE DEAL

TO SELL THE U.S. GOVERNMENT 43,000 VENTILATORS FOR \$646.7 MILLION 
FOUR TIMES THE PRICE. IN AUGUST, A HOUSE SUBCOMMITTEE INVESTIGATING THE

GOVERNMENT'S PURCHASE OF THE NEW PHILIPS VENTILATORS SAID THAT

"GULLIBLE" WHITE HOUSE NEGOTIATORS OVERPAID. CITING EVIDENCE OF WASTE,

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FRAUD AND ABUSE, THE SUBCOMMITTEE ASKED THE U.S. DEPARTMENT OF HEALTH

AND HUMAN SERVICES OFFICE OF INSPECTOR GENERAL TO LAUNCH ITS OWN

INVESTIGATION OF THE DEAL. BY THE END OF THE MONTH, HHS TERMINATED THE

CONTROVERSIAL CONTRACT WITH PHILIPS, AND THE COMPANY ANNOUNCED THAT IT

WOULD STOP MAKING THE VENTILATORS.

DATA RELEASED ON EMERGENCY LOANS FOR SMALL BUSINESSES

IN MAY, PROPUBLICA, TOGETHER WITH SEVERAL OF THE NATION'S LARGEST NEWS

ORGANIZATIONS, FILED A FREEDOM OF INFORMATION ACT LAWSUIT TO OBTAIN

DATA ABOUT BORROWERS RECEIVING FUNDS FROM THE SMALL BUSINESS

ADMINISTRATION'S PAYCHECK PROTECTION PROGRAM. THROUGH THE PROGRAM,

CREATED UNDER THE CARES ACT AND WITH LITTLE OVERSIGHT, THE GOVERNMENT

HAD DISPENSED MORE THAN \$525 BILLION IN LOANS THAT CAN BE FORGIVEN IF

THE MONEY IS MOSTLY SPENT TO KEEP EMPLOYEES. IN NOVEMBER, FEDERAL JUDGE

JAMES BOASBERG RULED IN THE NEWS ORGANIZATIONS' FAVOR, NOTING THAT THE

PROGRAM WAS AT SIGNIFICANT RISK OF FRAUD AND WOULD THEREFORE BENEFIT

FROM ADDITIONAL SCRUTINY. HE ORDERED THE RELEASE OF THE NAMES,

ADDRESSES AND PRECISE LOAN AMOUNTS OF ALL BORROWERS THAT RECEIVED

GOVERNMENT PANDEMIC LOANS, AND THE RELEASE OF THE DATA FOLLOWED IN

EARLY DECEMBER.

CONGRESS INVESTIGATES CHILD CAR SEAT MAKER AND CALLS FOR FURTHER PROBES

IN FEBRUARY, PROPUBLICA PUBLISHED AN INVESTIGATION REVEALING THAT THE

CHILD CAR SEAT MAKER EVENFLO PUT PROFITS OVER CHILD SAFETY, MARKETING

ITS "BIG KID" BOOSTER SEATS AS "SIDE-IMPACT TESTED" DESPITE INTERNAL

VIDEO OF SIDE-IMPACT TESTS SHOWING THAT CHILDREN COULD BE INJURED OR

KILLED IN THE SEATS. OUR REPORTING HIGHLIGHTED THE CORPORATE DISREGARD

AND REGULATORY FAILURES THAT ALLOWED THE BOOSTER SEATS TO BE SOLD EVEN

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AFTER SERIOUS INJURIES TO CHILDREN RESULTED. WITHIN A WEEK OF OUR REPORTING, THE U.S. HOUSE COMMITTEE ON OVERSIGHT AND REFORM'S SUBCOMMITTEE ON ECONOMIC AND CONSUMER POLICY OPENED AN INVESTIGATION OF EVENFLO, REQUESTING THE COMPANY'S RECORDS RELATED TO THE MARKETING OF THE BIG KID AND OTHER BOOSTERS. IN NOVEMBER, THE SUBCOMMITTEE CHASTISED THE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION FOR FAILING TO PROTECT CHILDREN FROM INJURY AND DEATH AND ASKED THE AGENCY TO JUSTIFY WHY IT HADN'T ADOPTED THE TOUGHER SAFETY RULES THAT MEMBERS OF CONGRESS HAD PUSHED. IN DECEMBER, THE SUBCOMMITTEE RELEASED A REPORT FINDING WIDESPREAD EVIDENCE THAT THE NATION'S LARGEST MANUFACTURERS OF CAR SEATS ENDANGERED THE LIVES OF MILLIONS OF AMERICAN CHILDREN AND MISLED CONSUMERS ABOUT THE SAFETY OF BOOSTER SEATS IN CRASHES. IT ALSO FORMALLY REQUESTED THAT FEDERAL HIGHWAY SAFETY REGULATORS, AS WELL AS THE FEDERAL TRADE COMMISSION, INVESTIGATE "UNFAIR AND DECEPTIVE MARKETING AND UNREASONABLE RISKS TO SAFETY" BY THE MAKERS OF BOOSTER SEATS AND URGED STATE ATTORNEYS GENERAL TO LOOK FOR VIOLATIONS OF CONSUMER PROTECTION LAWS BY THESE COMPANIES.

FEDERAL INVESTIGATION CONFIRMS VA SECRETARY MISCONDUCT ALLEGATIONS

PROPUBLICA REPORTED IN FEBRUARY THAT, ACCORDING TO AN ANONYMOUS

COMPLAINT, SECRETARY OF VETERANS AFFAIRS ROBERT WILKIE PERSONALLY

SOUGHT DAMAGING INFORMATION ABOUT A CONGRESSIONAL AIDE WHO SAID SHE WAS

SEXUALLY ASSAULTED IN A VA HOSPITAL. IN RESPONSE TO THE STORY, THE

INSPECTOR GENERAL FOR THE VA OPENED AN INVESTIGATION INTO THE

ALLEGATION. THE INSPECTOR GENERAL ISSUED A REPORT IN DECEMBER THAT

CONFIRMED THE FINDINGS OF PROPUBLICA'S REPORTING, AND EVERY MAJOR

VETERANS GROUP CALLED FOR WILKIE'S RESIGNATION.

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization **Employer identification number** 14-2007220 PRO PUBLICA, INC. HOUSE INVESTIGATION OPENED ON TRUMP ADMINISTRATION'S CORONAVIRUS RESPONSE IN FEBRUARY, PROPUBLICA REPORTED THAT MISSTEPS AT THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION - INCLUDING DESIGNING A FLAWED TEST FOR COVID-19, THEN TAKING WEEKS TO FIGURE OUT A FIX SO STATE AND LOCAL LABS COULD USE IT - MAY HAVE HAMPERED OFFICIALS' ABILITY TO CONTAIN THE DISEASE'S SPREAD IN THE UNITED STATES. CITING PROPUBLICA'S REPORTING, THE HOUSE OVERSIGHT COMMITTEE IN MARCH ANNOUNCED AN INVESTIGATION INTO THE TRUMP ADMINISTRATION'S RESPONSE TO THE CORONAVIRUS. VICTIM OF PROSECUTORIAL MISCONDUCT WALKS FREE AFTER 18 YEARS AS PART OF A 2012-13 SERIES ON PROSECUTORIAL MISCONDUCT IN NEW YORK, PROPUBLICA PROFILED THE CASE OF TYRONNE JOHNSON. JOHNSON WAS CONVICTED

OF MURDER IN 2002 AND SPENT THE NEXT 18 YEARS IN JAIL, EVEN THOUGH PROSECUTORS FAILED TO DISCLOSE KEY EVIDENCE, INCLUDING WITNESS STATEMENTS THAT WOULD HAVE CLEARED HIM OF THE CRIME. PROPUBLICA ALSO REPORTED THAT THE ORIGINAL PROSECUTOR HAD BEEN STRIPPED OF HIS LICENSE FOR OTHER CASES OF MISCONDUCT. IN FEBRUARY 2020, SEVEN YEARS AFTER OUR STORY, JOHNSON WAS RELEASED ON PAROLE. HE CREDITS THE PROPUBLICA INVESTIGATION, WHICH HE INCLUDED IN A PACKET OF MATERIALS SUBMITTED TO THE PAROLE BOARD, WITH HELPING SECURE HIS RELEASE BECAUSE IT OFFERED THE "MOST THOROUGH EXAMPLE OF THE TRUTH OF WHAT HAPPENED."

FIVE MORE WRONGFUL CONVICTIONS OVERTURNED

A 2016 PROPUBLICA INVESTIGATION PUBLISHED WITH THE NEW YORK TIMES MAGAZINE SPOTLIGHTED HOW POLICE DEPARTMENTS IN NEVADA AND OTHER STATES USED ROADSIDE DRUG TESTS TO SECURE GUILTY PLEAS, DESPITE WIDESPREAD EVIDENCE THAT THE TESTS ROUTINELY PRODUCE FALSE POSITIVES. THE STORY

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LED TO FIVE OVERTURNED DRUG CONVICTIONS IN MULTNOMAH COUNTY, OREGON,

AND MORE THAN 250 IN HOUSTON. IN JULY 2020, THE CLARK COUNTY DISTRICT

ATTORNEY'S OFFICE IN LAS VEGAS DISCLOSED THAT, FOLLOWING PROPUBLICA'S

REPORTING, LAS VEGAS COURTS OVERTURNED FIVE MORE DRUG CONVICTIONS IN

2017. UPON REANALYZING WHITE POWDER, ORIGINALLY BELIEVED TO BE COCAINE,

FOUND WITH THE ACCUSED, LAS VEGAS POLICE OFFICERS FOUND THAT THE

POWDERS WERE NOT ILLEGAL SUBSTANCES AT ALL.

ILLINOIS BEGINS SHARING DATA ABOUT COVID-19 OUTBREAKS IN SCHOOLS

IN OCTOBER, PROPUBLICA ILLINOIS AND THE CHICAGO TRIBUNE PUBLISHED AN

INVESTIGATION ABOUT COVID-19 OUTBREAKS IN ILLINOIS SCHOOLS. THE ARTICLE

REVEALED THAT MORE CHILDREN WERE TESTING POSITIVE SINCE SCHOOL REOPENED

THAN DURING THE HEIGHT OF THE PANDEMIC, BUT ILLINOIS, UNLIKE MANY OTHER

STATES, WAS NOT SHARING INFORMATION ABOUT THE SPREAD OF THE VIRUS

WITHIN SCHOOLS WITH THE PUBLIC. AFTER A REQUEST BY PROPUBLICA ILLINOIS

AND THE TRIBUNE, STATE HEALTH OFFICIALS RELEASED DATA SHOWING NEARLY

9,000 CHILDREN TESTING POSITIVE SINCE MID-AUGUST, ROUGHLY 180 NEW

INFECTIONS ON AVERAGE EACH DAY, BUT THEY DECLINED TO PUBLISH THE NUMBER

OF CASES LINKED TO SCHOOLS OR WHICH SCHOOLS HAVE BEEN AFFECTED. TWO

WEEKS AFTER OUR REPORTING, THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH

ANNOUNCED THAT IT WOULD START SHARING THE NUMBER OF CASES AND OUTBREAKS

BY SCHOOL.

ILLINOIS SCHOOL BOARD BEGINS PHASE-OUT OF ISOLATED TIMEOUTS

PROPUBLICA ILLINOIS PARTNERED WITH THE CHICAGO TRIBUNE FOR A 2019

INVESTIGATION INTO THE ROUTINE AND ILLEGAL USE OF "ISOLATED TIMEOUT"

ROOMS WITHIN ILLINOIS PUBLIC SCHOOLS. WE FOUND THAT CHILDREN AS YOUNG

AS 5 WERE SENT TO SECLUSION ROOMS, SOMETIMES FOR HOURS ON END, FOR

PHASE OUT ITS USE BY JULY 2021.

Name of the organization **Employer identification number** 14-2007220 PRO PUBLICA, INC. MINOR INFRACTIONS. IN JANUARY, EDUCATORS TESTIFIED BEFORE ILLINOIS LAWMAKERS AT LEGISLATIVE HEARINGS ON REFORM BILLS, URGING AN END TO THE PRACTICE. TWO U.S. SENATORS AND 10 MEMBERS OF THE HOUSE OF REPRESENTATIVES (ALL BUT ONE FROM ILLINOIS) ASKED THE U.S. DEPARTMENT OF EDUCATION TO INSTITUTE A NATIONAL BAN ON THE USE OF STUDENT SECLUSION ROOMS AND PHYSICAL RESTRAINTS THAT RESTRICT BREATHING. THE ILLINOIS STATE BOARD OF EDUCATION CONDUCTED THE FIRST REVIEW OF ISOLATED TIMEOUTS IN SCHOOLS THROUGHOUT THE STATE, FINDING THAT SIX OF THE EIGHT DISTRICTS THEY EXAMINED VIOLATED STATE LAW BY PLACING CHILDREN IN SECLUSION FOR IMPROPER REASONS, FOR TOO LONG OR WITHOUT PROPERLY NOTIFYING PARENTS. IN FEBRUARY, THE ILLINOIS STATE BOARD OF EDUCATION VOTED UNANIMOUSLY TO PERMANENTLY PROHIBIT THE USE OF LOCKED

SECLUSION ROOMS AND STOP SCHOOLS FROM USING FACE-DOWN RESTRAINT - BUT

IT QUIETLY REVERSED ITS DECISION IN APRIL, AFTER A FEW SMALL SCHOOLS

MOUNTED LETTER-WRITING CAMPAIGNS IN OPPOSITION. SCHOOLS WILL NOW BE

ALLOWED TO USE FACE-DOWN RESTRAINTS FOR ONE MORE SCHOOL YEAR, AIMING TO

DEBT COLLECTION LAWSUITS DROPPED AMID CORONAVIRUS

PROPUBLICA AND THE TEXAS TRIBUNE INVESTIGATED OPORTUN INC., A SILICON

VALLEY-BASED INSTALLMENT LENDER THAT CATERS TO LATINO IMMIGRANTS, AND

FOUND THAT IT WAS CONTINUING TO SUE BORROWERS EVEN AFTER THEY LOST JOBS

BECAUSE OF THE PANDEMIC. AS WE WERE TALKING TO BORROWERS AND BEFORE WE

PUBLISHED THE STORY, OPORTUN ANNOUNCED THAT IT WAS DROPPING THE

LAWSUITS IT FILED AGAINST BORROWERS WHO FELL BEHIND ON PAYMENTS,

INCLUDING DURING THE CORONAVIRUS PANDEMIC. IT ALSO ANNOUNCED A CAP ON

INTEREST RATES FOR NEW LOANS.

Name of the organization **Employer identification number** 14-2007220 PRO PUBLICA, INC. HOSPITAL REFORMS AFTER STATE AND FEDERAL INVESTIGATIONS IN JUNE, PROPUBLICA LOCAL REPORTING NETWORK PARTNER NEW MEXICO IN DEPTH REPORTED ON LOVELACE WOMEN'S HOSPITAL, A PROMINENT FACILITY IN ALBUQUERQUE WHERE PREGNANT NATIVE WOMEN WERE SINGLED OUT FOR COVID-19 TESTING AND SEPARATED FROM THEIR NEWBORNS AFTER DELIVERY. CLINICIANS AND HEALTH CARE ETHICISTS DEEMED THESE PRACTICES - IN WHICH MOTHERS WERE SEPARATED FROM BABIES FOR SEVERAL DAYS WHILE WAITING ON TEST RESULTS, PREVENTING THEM FROM NURSING AND BONDING - TO BE RACIAL PROFILING. THE DAY AFTER OUR REPORTING, GOV. MICHELLE LUJAN GRISHAM ANNOUNCED A STATE INVESTIGATION OF THE HOSPITAL. IN AUGUST, THE CENTERS FOR MEDICARE AND MEDICAID SERVICES CONCLUDED ITS INVESTIGATION, FINDING THAT THE PRACTICE, WHICH LOVELACE HALTED, HAD VIOLATED PATIENTS' RIGHTS. HOSPITAL OFFICIALS ALSO SUBMITTED A PLAN TO FIX PROBLEMS IDENTIFIED BY FEDERAL INVESTIGATORS, INCLUDING A PROMISE TO CONDUCT INTERNAL AUDITS TO ENSURE COMPLIANCE WITH STATE AND FEDERAL REGULATIONS AND COVID-19 SCREENING GUIDANCE. SALARIES AND BENEFITS FOR ER PROVIDERS PROTECTED IN MARCH, PROPUBLICA REPORTED THAT THE MEDICAL STAFFING COMPANY ALTEON HEALTH WOULD CUT SALARIES, TIME OFF AND RETIREMENT BENEFITS FOR EMERGENCY ROOM DOCTORS AND NURSES. CITING LOST REVENUE AS HOSPITALS POSTPONE ELECTIVE PROCEDURES AND NON-CORONAVIRUS PATIENTS AVOID EMERGENCY ROOMS, ALTEON AND OTHER STAFFING COMPANIES ANNOUNCED PAY AND BENEFITS CUTS TO ER PROVIDERS DEALING WITH AN ONSLAUGHT OF CORONAVIRUS PATIENTS AND SHORTAGES OF PROTECTIVE EQUIPMENT. AFTER OUR REPORTING, THE COMPANY SAID IT WILL NOT CUT MEDICAL PROFESSIONALS' STIPENDS BY 20% AS PLANNED AND WILL CONTINUE OFFERING PAID TIME OFF. AND WHILE ALTEON

DEFERRED MATCHING  $401(\mathtt{K})$  CONTRIBUTIONS, IT DID NOT ELIMINATE THOSE

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CONTRIBUTIONS, AS IT HAD ANNOUNCED.

ILLEGAL EVICTION FILINGS REVERSED

PROPUBLICA REPORTED THAT LANDLORDS IN AT LEAST FOUR STATES (GEORGIA,

OKLAHOMA, TEXAS AND FLORIDA) HAD VIOLATED THE EVICTION BAN PASSED BY

CONGRESS IN MARCH, MOVING TO THROW MORE THAN 100 PEOPLE OUT OF THEIR

HOMES. WITH NO CLEAR ENFORCEMENT MECHANISM FOR THE CARES ACT, BUILDING

OWNERS FACED NO APPARENT CONSEQUENCE FOR SIMPLY NOT FOLLOWING THE LAW.

AFTER BEING CONTACTED BY PROPUBLICA AND INFORMED THEIR ACTIONS WERE

ILLEGAL, FOUR LANDLORDS SAID THEY WERE WITHDRAWING THEIR EVICTION

FILINGS.

MEDICAID BENEFITS FOR UNINSURED RETIREE REINSTATED

IN MARCH, PROPUBLICA REPORTED ON ONE OF THE MILLIONS OF AMERICANS

FACING THE CORONAVIRUS THREAT WITH CHRONIC ILLNESSES AND NO INSURANCE.

MEDICAID HAD ABRUPTLY CANCELED COVERAGE FOR JUDITH PERSUTTI IN NOVEMBER

2019. THE 64-YEAR-OLD RETIREE, WHO GETS BY ON SOCIAL SECURITY AND FOOD

STAMPS, HAD APPEALED THE DECISION UNSUCCESSFULLY FOR MONTHS USING A

PROCESS THAT THE TRUMP ADMINISTRATION HAS CALLED A "GUARDRAIL" TO

PROTECT CITIZENS AS STATES TRY TO APPLY MORE STRINGENT REQUIREMENTS FOR

MEDICAID. DAYS AFTER OUR STORY, PERSUTTI'S MEDICAID BENEFITS WERE

REINSTATED.

WI-FI INSTALLED IN RURAL SCHOOL DISTRICT

IN MARCH, PROPUBLICA ILLINOIS AND THE CHICAGO TRIBUNE REPORTED ON

LEARNING CHALLENGES IN SOUTHWESTERN ILLINOIS'S TRICO SCHOOL DISTRICT,

FOLLOWING CORONAVIRUS-RELATED SCHOOL CLOSURES. WHILE STUDENTS WERE

EXPECTED TO LEARN REMOTELY, MANY FAMILIES IN THE DISTRICT LACK

Name of the organization **Employer identification number** 14-2007220 PRO PUBLICA, INC. COMPUTERS OR INTERNET CONNECTIONS, AND TRICO DID NOT HAVE A SINGLE PUBLICLY ACCESSIBLE WI-FI HOT SPOT. WITHOUT ACCESS TO TECHNOLOGY, TEACHERS DISTRIBUTED NEARLY 6,000 PAGES OF PAPER LESSONS TO THE DISTRICT'S K-12 STUDENTS JUST BEFORE THEY LEFT SCHOOL. WEEKS AFTER THE STORY, A LOCAL INTERNET PROVIDER MOVED TO INSTALL WI-FI SERVICE TO CONNECT FAMILIES TO THE DISTRICT NETWORK, AND AN ANONYMOUS DONOR PLEDGED TO DONATE A DOZEN HOT SPOTS. IN ADDITION, A SCHOOL DISTRICT IN CHICAGO'S SUBURBS SAID IT WOULD SHIP ABOUT 250 USED CHROMEBOOKS TO TRICO WHEN THE COMPUTERS ARE REPLACED AFTER THIS SCHOOL YEAR. GAG GIFT SHOP FINALLY CLOSES AMID CORONAVIRUS FEARS ACTING ON A TIP FROM STAFF MEMBERS FEARFUL OF CONTRACTING COVID-19, PROPUBLICA REPORTED IN MARCH THAT NOVELTY STORE SPENCER'S REMAINED OPEN EVEN AFTER A NATIONAL EMERGENCY WAS DECLARED. WHILE OTHER CHAINS SHUT DOWN AMID THE PANDEMIC, SPENCER'S FORCED ITS STAFF TO WORK - SELLING GAG GIFTS AND SEX TOYS - WITH LITTLE OR NO PROTECTION. PROPUBLICA CONTACTED THE COMPANY, AND WITHIN HOURS OF OUR PUBLISHING DEADLINE, IT SHUTTERED ITS MORE THAN 650 STORES, PROMISING TO PAY STAFF AT LEAST THROUGH THE END OF THE MONTH. TELEWORK FOR VA ADMINISTRATIVE STAFF INSTITUTED PROPUBLICA AND NEW MEXICO IN DEPTH, A PROPUBLICA LOCAL REPORTING NETWORK PARTNER, REPORTED IN MARCH THAT THE U.S. VETERANS HEALTH ADMINISTRATION HAD BANNED MOST ADMINISTRATIVE STAFF FROM WORKING AT HOME, DESPITE CALLS FROM PUBLIC HEALTH OFFICIALS AND THE WHITE HOUSE FOR MORE AMERICANS TO STAY HOME DURING THE COVID-19 PANDEMIC. VA EMPLOYEES EXPRESSED ALARM TO OUR REPORTERS THAT THEY MIGHT BE UNNECESSARILY EXPOSED. AFTER THE ARTICLE, THE VA REVERSED COURSE TO

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ALLOW SOME ADMINISTRATIVE STAFF TO WORK FROM HOME.

PERMIT FOR CONTROVERSIAL \$9 BILLION PLASTICS PLANT PUT ON HOLD

IN 2019, PROPUBLICA PARTNERED WITH THE TIMES-PICAYUNE AND THE ADVOCATE

ON A SERIES ABOUT LOUISIANA'S CANCER ALLEY, A STRETCH OF THE

MISSISSIPPI RIVER BETWEEN NEW ORLEANS AND BATON ROUGE WITH A HIGH

CONCENTRATION OF PETROCHEMICAL FACILITIES. OUR ANALYSIS CONCLUDED THAT

TOXIC AIR POLLUTION IN THESE PREDOMINANTLY BLACK AND POOR COMMUNITIES

IS RISING, AND AIR QUALITY RELATIVE TO ITS PEERS IS GETTING WORSE. ONE

STORY IN THE SERIES FOCUSED ON TAIWANESE PLASTIC COMPANY FORMOSA'S

PROPOSAL TO BUILD A \$9.4 BILLION PETROCHEMICAL COMPLEX IN THE AREA,

ESTIMATING THAT THE COMMUNITIES AROUND THE PLANT WOULD FACE DOUBLE OR

EVEN TRIPLE THE TOXIC LEVELS OF CANCER-CAUSING CHEMICALS THAN THEY

CURRENTLY DO. IN NOVEMBER, THE ARMY CORPS OF ENGINEERS ANNOUNCED THAT

IT IS SUSPENDING A PERMIT FOR THE CONSTRUCTION OF THE PLANT.

COURT OFFICIALS REVIEW CASES HANDLED BY JUDGE WITH ALZHEIMER'S

IN OCTOBER, PROPUBLICA PUBLISHED AN INVESTIGATION INTO THE ERRATIC

BEHAVIOR, MYSTERIOUS MEDICAL LEAVE AND ABRUPT EARLY RETIREMENT OF A

YOUNG JUDGE FROM THE NEW YORK STATE SUPREME COURT. WHILE DOCUMENTING

JUDGE SHAWNDYA SIMPSON'S RAPID MENTAL DECLINE AS A RESULT OF EARLY

ONSET ALZHEIMER'S, PROPUBLICA'S INVESTIGATION HIGHLIGHTED POLICIES AND

PROCEDURES THAT ENABLE IMPAIRED JUDGES TO REMAIN ON THE BENCH, AND THE

LACK OF PROCEDURES FOR REVIEWING RULINGS MADE DURING THAT TIME. WITHIN

DAYS OF OUR STORY, NEW YORK COURT OFFICIALS ANNOUNCED THAT THEY PLAN TO

REVIEW ALL OF THE CASES HANDLED BY SIMPSON WHILE SHE WAS ON MEDICAL

LEAVE.

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14-2007220 PRO PUBLICA, INC. GAO REPORT ON TRUMP CRONIES ECHOS OUR REPORTING IN 2018, PROPUBLICA REPORTED THAT THE "MAR-A-LAGO CROWD" - A GROUP OF BUSINESSMEN WHO MET AT PRESIDENT DONALD TRUMP'S PRIVATE CLUB IN PALM BEACH, FLORIDA, INCLUDING MARVEL ENTERTAINMENT CHAIRMAN IKE PERLMUTTER, DOCTOR BRUCE MOSKOWITZ AND LAWYER MARC SHERMAN - WAS EXERTING SIGNIFICANT INFLUENCE OVER THE DEPARTMENT OF VETERANS AFFAIRS, ADVISING THE PRESIDENT ON VETERANS ISSUES. THEY MADE RECOMMENDATIONS ON VA POLICIES, PROGRAMS AND PERSONNEL, EVEN THOUGH NONE OF THEM HAD MILITARY OR GOVERNMENT EXPERIENCE. PROMPTED BY PROPUBLICA'S REPORTING, MEMBERS OF CONGRESS REQUESTED A REVIEW BY THE GOVERNMENT ACCOUNTABILITY OFFICE. THE GAO REPORT, RELEASED IN JUNE 2020, CONFIRMED PROPUBLICA'S FINDINGS THAT TRUMP EMPOWERED HIS FRIENDS TO SECRETLY STEER THE SECOND-LARGEST GOVERNMENT AGENCY WITHOUT ANY ACCOUNTABILITY OR OVERSIGHT. FIRST RESEARCH STUDY ON FBI PHOTO ANALYSIS METHOD RELEASED AND FINDS SERIOUS FLAWS IN 2019, PROPUBLICA INVESTIGATED A TECHNIQUE THE FBI LABORATORY HAS USED FOR DECADES TO IDENTIFY CRIMINALS, PURPORTING TO MATCH THEIR BLUEJEANS WITH THOSE PHOTOGRAPHED IN SURVEILLANCE CAMERAS. AFTER OUR STORY, WHICH RAISED QUESTIONS ABOUT THIS PRACTICE, RESEARCHERS AT THE UNIVERSITY OF CALIFORNIA, BERKELEY, TESTED THE FBI'S METHOD AND FOUND

INTERNAL MARINE CORPS INVESTIGATION OF FATAL CRASH REINFORCES OUR REPORTING
IN 2019, PROPUBLICA REPORTED ON A 2018 MARINES CORPS CRASH OFF THE

SEVERAL SERIOUS FLAWS. PUBLISHED IN FEBRUARY IN THE JOURNAL PROCEEDINGS

OF THE NATIONAL ACADEMY OF SCIENCES, IT IS THE FIRST KNOWN INDEPENDENT

RESEARCH ON THE TECHNIQUE'S RELIABILITY, EVEN THOUGH COURTS HAVE

ALLOWED IT AS TRIAL EVIDENCE FOR YEARS.

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COAST OF JAPAN THAT KILLED SIX MEN. DESPITE AN ORIGINAL MARINE CORPS

INVESTIGATION INTO THE CRASH THAT LARGELY BLAMED THE SQUADRON, PAINTING

THE MEN AS RECKLESS AVIATORS WHO FLOUTED SAFETY PROTOCOLS AND ABUSED

PRESCRIPTION DRUGS, PROPUBLICA REVEALED DEEP SYSTEMIC FAILINGS THAT

WERE WELL KNOWN TO SUPERIORS UP THE CHAIN OF COMMAND. THE SQUADRON HAD

BEEN DEPRIVED OF ADEQUATE TRAINING AND EQUIPMENT, AND ITS REPEATED

PLEAS FOR HELP FROM SUPERIORS IN THE MONTHS BEFORE THE CRASH WENT

UNADDRESSED. A NEW MARINE CORPS REVIEW OF THE CRASH, WHICH CONCLUDED IN

JULY 2020, ACKNOWLEDGED THAT ITS ORIGINAL INVESTIGATION WAS INACCURATE

AND INCOMPLETE, LED BY A COMMANDER WHO WAS MORE CONCERNED WITH HOW HIS

FINDINGS WOULD BE PERCEIVED BY HIS BOSSES THAN GETTING TO THE TRUTH.

MANY OF THE REPORT'S FINDINGS REINFORCE PROPUBLICA'S REPORTING.

EEOC PROBE CONFIRMS PROPUBLICA FINDINGS ON AGE DISCRIMINATION AT IBM

IN 2018, PROPUBLICA PUBLISHED AN INVESTIGATION INTO IBM'S PRACTICES OF

FORCING OLDER WORKERS OUT OF THEIR JOBS THROUGH RETIREMENT AND LAYOFFS,

REPLACING THEM WITH YOUNGER EMPLOYEES AND FLOUTING LAWS INTENDED TO

PROTECT AGAINST AGE BIAS. MONTHS AFTER OUR STORIES PUBLISHED, THE U.S.

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION CONSOLIDATED AGE DISCRIMINATION

COMPLAINTS AGAINST THE COMPANY FROM AROUND THE COUNTRY, LAUNCHING A

NATIONWIDE INVESTIGATION OF AGE BIAS AT IBM. THE EEOC RELEASED THE

RESULTS OF THE INVESTIGATION IN A LETTER IN 2020 TO A GROUP OF

EX-EMPLOYEES, ECHOING PROPUBLICA'S FINDINGS IN THEIR CONCLUSION THAT

IBM ENGAGED IN SYSTEMATIC AGE DISCRIMINATION BETWEEN 2013 AND 2018,

WHEN IT SHED THOUSANDS OF OLDER WORKERS IN THE UNITED STATES.

EMPLOYMENT LAW EXPERTS SAID THE AGENCY'S FINDING COULD RESULT IN IBM

FACING MILLIONS OF DOLLARS IN SETTLEMENT PAYMENTS OR A FEDERAL LAWSUIT.

Name of the organization **Employer identification number** 14-2007220 PRO PUBLICA, INC. LEGISLATION INTRODUCED TO IMPROVE ALASKA PUBLIC SAFETY THE ANCHORAGE DAILY NEWS, A MEMBER OF THE PROPUBLICA LOCAL REPORTING NETWORK, PARTNERED WITH US FOR A PROJECT THAT UNCOVERED A SEXUAL ASSAULT CRISIS IN RURAL ALASKA AND HOW IT IS COMPOUNDED BY A PROFOUND LACK OF PUBLIC SAFETY SERVICES. ALMOST ALL OF THESE REMOTE COMMUNITIES ARE PRIMARILY ALASKA NATIVE AND OFTEN HAVE NO LOCAL LAW ENFORCEMENT. IN THE WAKE OF OUR INVESTIGATION, IN FEBRUARY A TASK FORCE OF ALASKA LEGISLATORS FILED BILLS THAT WOULD OVERHAUL KEY ELEMENTS OF THE STATE'S VILLAGE PUBLIC SAFETY OFFICER PROGRAM, WHICH USES STATE MONEY TO TRAIN AND PAY OFFICERS WORKING IN REMOTE VILLAGES. AMONG OTHER RECOMMENDATIONS, THE PROPOSED LEGISLATION WOULD DEFINE VPSO'S LAW ENFORCEMENT POWER AND DUTIES TO AVOID ANY AMBIGUITY AND REMOVE A CAP ON OVERHEAD COSTS THAT VPSO EMPLOYERS CAN BILL THE STATE. BILL PROPOSED TO REDUCE UNNECESSARY AMPUTATIONS AND RACIAL DISPARITIES IN MAY, A PROPUBLICA STORY DETAILED HOW BLACK AMERICANS WITH DIABETES LOSE LIMBS AT A RATE TRIPLE THAT OF OTHERS, A SIGN THAT QUALITY PREVENTIVE CARE ISN'T REACHING THE PEOPLE WHO NEED IT MOST. IN THE WEEKS THAT FOLLOWED PUBLICATION, SEVERAL CONGRESSIONAL AND STATE LEGISLATIVE OFFICES REACHED OUT TO THE AMERICAN DIABETES ASSOCIATION TO ASK FOR GUIDANCE ON DRAFTING POLICY TO REDUCE DISPARITIES IN DIABETIC AMPUTATIONS. IN AUGUST, THE DIABETES ASSOCIATION UNVEILED A NEW INITIATIVE TO PREVENT UNNECESSARY AMPUTATIONS AS PART OF AN UNPRECEDENTED CAMPAIGN ON RACE AND DIABETES CARE. IN OCTOBER, U.S. REP. DONALD M. PAYNE JR. INTRODUCED A BILL TO REDUCE UNNECESSARY AMPUTATIONS

AND ADDRESS RACIAL DISPARITIES. CALLED THE AMPUTATION REDUCTION AND

COMPASSION ACT OF 2020, THE BILL PROPOSES MAJOR REFORMS THAT SEEK TO

ADDRESS POLICY GAPS EXPLORED IN THE PROPUBLICA ARTICLE, IN ADDITION TO

Name of the organization **Employer identification number** PRO PUBLICA, INC. 14-2007220 BETTER ALIGNING MEDICARE PAYMENTS WITH AMERICAN HEART ASSOCIATION AND THE AMERICAN COLLEGE OF CARDIOLOGY GUIDELINES ON PERIPHERAL ARTERY DISEASE. LEGISLATION PASSED TO STOP UNEMPLOYMENT AGENCIES FROM DEMANDING MONEY BACK WHEN THEY MAKE MISTAKES AN OCTOBER PROPUBLICA ARTICLE EXPOSED THE DEBTS AND ANGUISH FACED BY WORKERS WHO HAVE BEEN OVERPAID THOUSANDS OF DOLLARS BY STATE UNEMPLOYMENT AGENCIES, SOMETIMES AS A RESULT OF THE STATE'S MISTAKES. EVEN WHEN THE AGENCIES MADE THE ORIGINAL ERROR, THEY HAVE GARNISHED PAYCHECKS OR TAXED REFUNDS TO OBTAIN REPAYMENT, WHILE OTHERS CHARGED INTEREST ON THE DEBT. IN DECEMBER, PROMPTED BY PROPUBLICA'S REPORTING, MEMBERS OF THE U.S. HOUSE INTRODUCED BIPARTISAN LEGISLATION THAT WOULD SHIELD UNEMPLOYED WORKERS FROM HAVING TO RETURN FEDERAL PANDEMIC UNEMPLOYMENT ASSISTANCE BENEFITS WHEN AGENCIES HAVE MISTAKENLY PAID THEM THESE FUNDS. THE CORONAVIRUS RELIEF BILL THAT CONGRESS PASSED -AND THAT PRESIDENT TRUMP SIGNED INTO LAW - SOON AFTER GRANTED HARDSHIP WAIVERS FOR PANDEMIC ASSISTANCE OVERPAYMENTS BY STATE UNEMPLOYMENT AGENCIES. BILL INTRODUCED BANNING USE OF TEAR GAS AND RUBBER BULLETS ON PROTESTERS IN JUNE, PROPUBLICA REPORTED ON THE HARMFUL EFFECTS OF TEAR GAS, WHICH CAN CAUSE LONG-TERM LUNG DAMAGE AND INCREASES THE RISK OF CONTRACTING VIRUSES LIKE COVID-19; CONTAMINATES FOOD, FURNITURE, SKIN AND SURFACES; AND SEEPS INTO HOMES. CITING OUR INVESTIGATION, SEN. EDWARD MARKEY AND SEN. BERNIE SANDERS INTRODUCED THE NO TEAR GAS OR PROJECTILES ACT, WHICH WOULD PROHIBIT FEDERAL, STATE AND LOCAL LAW ENFORCEMENT OFFICERS'

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USE OF TEAR GAS AND RUBBER BULLETS BY BANNING FEDERAL OFFICERS' USE OF
RIOT CONTROL AGENTS AND KINETIC IMPACT PROJECTILES AND BY LIMITING
FEDERAL FUNDING TO STATE AND LOCAL ENTITIES THAT DO NOT BAN THEIR USE.

HAWAII OFFICIALS PLEDGE NEW POLICIES TO PROTECT DISAPPEARING BEACHES

THE HONOLULU STAR-ADVERTISER AND PROPUBLICA REPORTED IN AUGUST THAT

BEACHFRONT PROPERTY OWNERS ACROSS THE HAWAIIAN ISLANDS HAVE

CIRCUMVENTED ENVIRONMENTAL LAWS MEANT TO PRESERVE DISAPPEARING

SHORELINES, WINNING PERMITS TO PROTECT MULTIMILLION-DOLLAR HOMES AT THE

EXPENSE OF THE STATE'S BEACHES. IN RESPONSE TO THE INVESTIGATION, THE

STATE DEPARTMENT OF LAND AND NATURAL RESOURCES ANNOUNCED THAT IT IS

REVISING ITS RULES GOVERNING SHORELINE STRUCTURES, AND HAWAII LAWMAKERS

SAID THEY WILL INTRODUCE A BILL REQUIRING SELLERS OF RESIDENTIAL

PROPERTY TO PROVIDE A WRITTEN STATEMENT DISCLOSING THE RISKS OF SEA

LEVEL RISE.

A SERIES OF PROPUBLICA INVESTIGATIONS REVEALED THAT NEW YORK POLICE

DEPARTMENT COMMISSIONERS HAVE USED THEIR AUTHORITY TO OVERTURN CIVILIAN

COMPLAINT REVIEW BOARD RECOMMENDATIONS FOR PUNISHMENTS FOR POLICE

MISCONDUCT, AS WELL AS RULINGS BY DEPARTMENT HEARING OFFICERS AND EVEN

GUILTY PLEAS AGREED TO BY POLICE OFFICERS. IN DECEMBER, THE CHAIR OF

THE CCRB CALLED FOR A FUNDAMENTAL SHIFT IN HOW NYPD OFFICERS ARE

DISCIPLINED FOR ABUSE OF CIVILIANS, SAYING THE POLICE COMMISSIONER

SHOULD NO LONGER BE THE FINAL ARBITER OF DISCIPLINE IN CASES

INVESTIGATED BY THE CCRB. IN ADDITION, SEVERAL CITY COUNCIL MEMBERS ARE

WORKING ON LEGISLATION THAT WOULD SHIFT FINAL DISCIPLINARY AUTHORITY

AWAY FROM THE COMMISSIONER.

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FEMA WARNS AGAINST UNUSABLE COVID-19 TESTING SUPPLIES AS HOMELAND

SECURITY INVESTIGATES THE CONTRACTOR

IN JUNE, PROPUBLICA REPORTED THAT THE TRUMP ADMINISTRATION PAID A

FLEDGLING TEXAS COMPANY \$7.3 MILLION FOR TEST TUBES NEEDED IN TRACKING

THE SPREAD OF THE CORONAVIRUS NATIONWIDE. BUT, INSTEAD OF THE STANDARD

VIALS, FILLAKIT LLC SUPPLIED PLASTIC TUBES MADE FOR BOTTLING SODA,

WHICH STATE HEALTH OFFICIALS SAY ARE UNUSABLE AND MAY BE CONTAMINATED.

A LATER STORY IN THE WALL STREET JOURNAL RAISED SIMILAR ALLEGATIONS. A

WEEK AFTER THE STORIES PUBLISHED, THE FEDERAL EMERGENCY MANAGEMENT

AGENCY WARNED STATES NOT TO USE COVID-19 TESTING SUPPLIES IT BOUGHT

UNDER ITS CONTRACT WITH FILLAKIT, AND THE DEPARTMENT OF HOMELAND

SECURITY OPENED AN INVESTIGATION INTO THE CONTRACTOR.

GAO INVESTIGATES DUBIOUS CONTRACT FOR UNAUTHORIZED HOSPITAL MASKS

IN MAY, PROPUBLICA REPORTED THAT FORMER WHITE HOUSE DEPUTY CHIEF OF

STAFF ZACH FUENTES' 11-DAY-OLD COMPANY RECEIVED A \$3 MILLION FEDERAL

CONTRACT TO PROVIDE KN95 RESPIRATOR MASKS TO NAVAJO NATION HOSPITALS

DURING THE PANDEMIC. FUENTES SECURED THE DEAL WITH THE INDIAN HEALTH

SERVICE WITH LIMITED COMPETITIVE BIDDING AND NO PRIOR FEDERAL

CONTRACTING EXPERIENCE - AND HIS COMPANY'S CHINESE-MADE MASKS DID NOT

MEET FOOD AND DRUG ADMINISTRATION SAFETY STANDARDS FOR USE IN HEALTH

CARE SETTINGS. IN JUNE, IHS ATTEMPTED TO RETURN THE POSSIBLY

INEFFECTIVE MASKS. SEVERAL MEMBERS OF CONGRESS ALSO DEMANDED

INVESTIGATIONS INTO THE CONTRACT, AND THE GOVERNMENT ACCOUNTABILITY

OFFICE ANNOUNCED PLANS TO REVIEW THE DEAL.

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

IN DECEMBER, PROPUBLICA REVEALED THAT UNDERCOVER OPERATIONS IN NEW YORK

CITY THAT AIM TO ARREST SEX WORKERS OR THEIR CLIENTS HAVE LED TO

NUMEROUS ALLEGATIONS OF FALSE ARREST AND SEXUAL MISCONDUCT, AND THAT

ALMOST EVERYONE ARRESTED WAS NONWHITE. DAYS AFTER WE PUBLISHED THE

STORY, A GROUP OF NEW YORK LAWMAKERS CALLED ON THE NEW YORK POLICE

DEPARTMENT TO STOP THE BUSTS IN A LETTER TO LEADERS OF THE CITY

COUNCIL, AS WELL AS THE STATE ASSEMBLY AND SENATE. THE LETTER ALSO

ASKED FOR AN OVERSIGHT HEARING TO EXAMINE MISCONDUCT ALLEGATIONS

AGAINST THE NYPD VICE UNIT, THE PRIMARY DIVISION THAT POLICES THE SEX

TRADE.

HUMAN RIGHTS LAWSUIT CHALLENGES SECRETIVE IMMIGRATION POLICY

IN APRIL, PROPUBLICA REPORTED ON A SECRETIVE POLICY ISSUED BY THE U.S.

CENTERS FOR DISEASE CONTROL AND PREVENTION, WHICH BARRED UNAUTHORIZED

IMMIGRANTS FROM ENTERING THE UNITED STATES. OUR REPORTING UNCOVERED AN

INTERNAL MEMO THAT, CITING AN OBSCURE FEDERAL LAW AUTHORIZING THE

GOVERNMENT TO BAN THE ENTRY OF PEOPLE WHO COULD "INTRODUCE" AN

INFECTIOUS DISEASE (IN THIS CASE, THE NOVEL CORONAVIRUS), INSTRUCTED

BORDER PATROL AGENTS TO SUMMARILY EXPEL MIGRANTS. THE GUIDANCE ORDERED

THIS WITHOUT CONSIDERING WHETHER MIGRANTS MIGHT BE PERSECUTED IN THEIR

HOME COUNTRIES - A SCREENING THAT IS REQUIRED OF AGENTS UNDER U.S.

IMMIGRATION LAW. IN JUNE, A COALITION OF ADVOCACY ORGANIZATIONS SUED

THE TRUMP ADMINISTRATION TO STOP A 16-YEAR-OLD BOY FROM BEING SENT BACK

TO HONDURAS AFTER HE CROSSED INTO THE U.S. TO JOIN HIS FATHER. THE

LAWSUIT, WHICH CITES PROPUBLICA'S REPORTING, WAS THE FIRST CHALLENGE TO

THE ADMINISTRATION'S POLICY.

Name of the organization **Employer identification number** 14-2007220 PRO PUBLICA, INC. INCONSISTENCIES IN 2019, PROPUBLICA AND WNYC REPORTED THAT PRESIDENT DONALD TRUMP'S COMPANY MADE ITS NEW YORK PROPERTIES APPEAR MORE PROFITABLE TO LENDERS AND LESS PROFITABLE TO TAX OFFICIALS. IN JANUARY, NEW YORK CITY CONDUCTED AN INVESTIGATION BASED ON OUR REPORTING AND, ACCORDING TO MAYOR BILL DE BLASIO, THE CITY SENT ITS FINDINGS TO THE MANHATTAN DISTRICT ATTORNEY "BECAUSE THERE IS A POSSIBILITY OF A CRIMINAL ACT HAVING BEEN COMMITTED." STATE LEGISLATORS DEMAND INVESTIGATION INTO NEW ORLEANS HOSPICE'S PRACTICES FOR COVID-19 PATIENTS IN SEPTEMBER, PROPUBLICA REPORTED THAT THE OCHSNER WEST BANK HOSPITAL IN NEW ORLEANS WAS SENDING PATIENTS INFECTED WITH THE CORONAVIRUS INTO HOSPICE FACILITIES OR BACK HOME TO THEIR FAMILIES TO DIE, IN SOME CASES PRESSURING FAMILIES INTO DISCONTINUING TREATMENT AS THEY PUSHED BACK OR STOPPING TREATMENT AGAINST FAMILY INSTRUCTIONS. WITHIN WEEKS OF OUR REPORTING, THE LOUISIANA LEGISLATIVE BLACK CAUCUS, WHICH INCLUDES 37 LEGISLATORS, MET WITH GOV. JOHN BEL EDWARDS TO DISCUSS PROPUBLICA'S FINDINGS AND SUBMITTED A LETTER TO THE GOVERNOR DEMANDING A STATE INVESTIGATION. NEW YORK NURSING HOME RESIDENTS SUE OVER HAZARDOUS CONDITIONS AND ATTORNEY GENERAL INVESTIGATES IN APRIL, PROPUBLICA REPORTED THAT THE QUEENS ADULT CARE CENTER, WHICH HOUSES ELDERLY, SICK OR MENTALLY ILL NEW YORKERS, WAS COVERING UP CASES OF COVID-19 WITHIN ITS FACILITY AND NOT IMPLEMENTING PROCEDURES TO STOP THE SPREAD. PATIENTS WITH THE VIRUS CONTINUED SHARING ROOMS WITH

ELDERLY AND AT-RISK RESIDENTS AND WERE ALLOWED TO CIRCULATE IN THE

Schedule O (Form 990 or 990-EZ) 2020 Page 2 **Employer identification number** Name of the organization PRO PUBLICA, INC. 14-2007220 NEIGHBORHOOD. FEARING FOR THEIR OWN SAFETY, STAFF DIDN'T RETURN TO WORK OR MINIMIZED CONTACT TO SUCH A DEGREE THAT RESIDENTS WENT WITHOUT FOOD AND MEDICATIONS. IN MAY, PROPUBLICA LEARNED THAT THE NEW YORK ATTORNEY GENERAL IS INVESTIGATING THE CENTER AFTER BEING CONTACTED BY TWO LOCAL LAWMAKERS WHO READ OUR STORY, AND SEVERAL RESIDENTS FEATURED IN OUR REPORTING ARE NOW SUING THE FACILITY UNDER THE AMERICANS WITH DISABILITIES ACT. TRUMP ADMINISTRATION'S CIVIL RIGHTS ROLLBACKS INTERROGATED IN JULY, PROPUBLICA AND THE CAPITOL FORUM REPORTED THAT THE TRUMP ADMINISTRATION HAS PULLED BACK ON CIVIL RIGHTS ENFORCEMENT AS A PART OF ITS OVERALL RELAXATION OF BANK OVERSIGHT, QUIETLY ABANDONING SIX DISCRIMINATION PROBES INTO BANK OF AMERICA AND OTHER LENDERS. STAFF AT THE OFFICE OF THE COMPTROLLER OF THE CURRENCY, THE REGULATORY AGENCY THAT CONDUCTS INVESTIGATIONS INTO DISCRIMINATION, FOUND EVIDENCE THAT PEOPLE OF COLOR WERE BEING DISPROPORTIONATELY DENIED LOANS OR WERE CHARGED MORE AT BANKS ACROSS THE COUNTRY. THEIR RECOMMENDATIONS FOR FINES OR PENALTIES WERE IGNORED AND THE CASES CLOSED. WITHIN A WEEK OF OUR INVESTIGATION, 18 SENATE DEMOCRATS ASKED THE OFFICE OF THE COMPTROLLER OF THE CURRENCY TO EXPLAIN HOW THE AGENCY HANDLED INVESTIGATIONS INTO DISCRIMINATION AND "REDLINING" IN THE BANKING INDUSTRY. LAWSUIT FILED AGAINST TRUMP ORGANIZATION FOR OVERCHARGING INAUGURAL COMMITTEE OUR "TRUMP, INC." COLLABORATION WITH WNYC REPORTED IN 2018 AND 2019

THAT THE TRUMP ORGANIZATION OVERCHARGED THE NONPROFIT PRESIDENTIAL

INAUGURATION COMMITTEE FOR ROOMS, MEALS AND EVENT SPACE AT THE

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization **Employer identification number** 14-2007220 PRO PUBLICA, INC. COMPANY'S WASHINGTON HOTEL AND THAT IVANKA TRUMP WAS INVOLVED IN NEGOTIATING THE PRICE THE HOTEL CHARGED THE INAUGURAL COMMITTEE. IN JANUARY, THE WASHINGTON, D.C., ATTORNEY GENERAL FILED A CIVIL LAWSUIT CHARGING THE INAUGURAL COMMITTEE AND THE TRUMP ORGANIZATION WITH USING AROUND \$1 MILLION OF CHARITABLE FUNDS TO IMPROPERLY ENRICH THE TRUMP FAMILY. OPPORTUNITY ZONE ABUSES INVESTIGATED IN 2019, PROPUBLICA REPORTED ON SEVERAL EXAMPLES OF POLITICALLY CONNECTED BILLIONAIRES BENEFITING FROM THE OPPORTUNITY ZONE TAX BREAK, A 2017 ANTI-POVERTY MEASURE MEANT TO ATTRACT BUSINESSES TO LOW-INCOME COMMUNITIES. IN RESPONSE TO REQUESTS BY CONGRESSIONAL DEMOCRATS WHO CITED PROPUBLICA'S STORIES, THE TREASURY DEPARTMENT'S INSPECTOR GENERAL ANNOUNCED IN JANUARY THAT THE AGENCY WOULD INVESTIGATE THE OPPORTUNITY

CONGRESSIONAL INVESTIGATION INTO SEX OFFENDERS ON DATING APPS OPENED IN 2019, PROPUBLICA REPORTED, IN PARTNERSHIP WITH COLUMBIA JOURNALISM INVESTIGATIONS, ON THE USE OF ONLINE DATING APPS BY SEX OFFENDERS TO ATTACK OTHER USERS AND THE BILLION-DOLLAR INDUSTRY'S RESISTANCE TO LEGISLATION TO IMPROVE THE SAFETY OF ITS PRODUCTS. IN JANUARY, THE HOUSE SUBCOMMITTEE ON ECONOMIC AND CONSUMER POLICY RESPONDED TO OUR REPORTING WITH AN INVESTIGATION INTO THE SAFETY OF ONLINE DATING APPS, INCLUDING THE USE OF DATING SITES AMONG MINORS, THE SALE OR DISSEMINATION OF USERS' PERSONAL INFORMATION AND THE PRESENCE OF REGISTERED SEX OFFENDERS ON FREE DATING SITES. LAWMAKERS SUBMITTED LETTERS TO THE TOP EXECUTIVES AT SITES LIKE MATCH GROUP, BUMBLE, GRINDR AND THE MEET GROUP, REQUESTING INFORMATION ON HOW (AND IF) THEY SCREEN

ZONE PROGRAM AND PUBLISH THE RESULTS.

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FOR SEX OFFENDERS OR INDIVIDUALS CONVICTED OF VIOLENT CRIMES.

OREGON GOV. CALLS FOR AUDIT OF AGENCY THAT LOBBIED FOR TIMBER INDUSTRY

PROPUBLICA AND LOCAL REPORTING NETWORK PARTNER OREGON PUBLIC

BROADCASTING JOINED WITH THE OREGONIAN TO INVESTIGATE THE TIMBER

INDUSTRY, REPORTING THROUGH THE SUMMER ON HOW THE STATE'S PREFERENTIAL

TREATMENT FOR WEALTHY CORPORATIONS HAS HAD DETRIMENTAL EFFECTS ON BOTH

THE LOCAL ECONOMY AND THE ENVIRONMENT. AMONG OTHER FINDINGS, THE

REPORTING TEAM REVEALED THAT THE TAX-FUNDED AGENCY OREGON FOREST

RESOURCES INSTITUTE WORKED TO DISCREDIT ACADEMIC RESEARCH AND ACTED AS

A LOBBYING AND PUBLIC RELATIONS ARM FOR THE TIMBER INDUSTRY. IN

SEPTEMBER, OREGON GOV. KATE BROWN CALLED ON SECRETARY OF STATE BEV

CLARNO TO CONDUCT A THOROUGH STATE AUDIT OF THE AGENCY.

TOUGHER CONSEQUENCES PROPOSED FOR CALIFORNIA'S COUNTY JAILS

IN 2019, PROPUBLICA AND THE SACRAMENTO BEE, A PROPUBLICA LOCAL

REPORTING NETWORK PARTNER, PUBLISHED A SERIES OF INVESTIGATIONS THAT

EXPOSED HOW CALIFORNIA'S EFFORTS TO REDUCE THE POPULATION OF STATE

PRISONS HAVE LED TO OVERCROWDED AND DANGEROUS, INCREASINGLY DEADLY,

CONDITIONS IN ITS COUNTY JAILS. IN JANUARY, CALIFORNIA GOV. GAVIN

NEWSOM SUBMITTED A 2020 BUDGET THAT WOULD GIVE MORE AUTHORITY TO THE

BOARD OF STATE AND COMMUNITY CORRECTIONS, WHICH OVERSEES JAILS,

EMPOWERING IT TO TAKE MORE AGGRESSIVE AND TRANSPARENT STEPS WHEN ITS

INSPECTORS FIND CONDITIONS THAT VIOLATE STATE STANDARDS. IN FEBRUARY,

THE BSCC PROPOSED TOUGHER SCRUTINY AND CONSEQUENCES FOR DANGEROUS

CONDITIONS IN CALIFORNIA'S COUNTY JAILS. THE BOARD ALSO FORMALIZED AN

ENHANCED INSPECTION PROCESS FOR EVALUATING JAILS, AND CALIFORNIA

ASSEMBLY MEMBER SYDNEY KAMLAGER HAS DEMANDED AUDITS OF SEVERAL

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SHERIFFS' OFFICES WITH REGARD TO HOW THEY USED STATE FUNDING RECEIVED SINCE 2011 TO IMPLEMENT IMPROVEMENTS TO COUNTY JAILS.

JUSTICE DEPARTMENT INVESTIGATES DEADLY MISSISSIPPI PRISONS

IN 2019, PROPUBLICA AND THE MISSISSIPPI CENTER FOR INVESTIGATIVE

REPORTING, A PROPUBLICA LOCAL REPORTING NETWORK PARTNER, INVESTIGATED

THE MISSISSIPPI PRISON SYSTEM, WHICH HAS ONE OF THE HIGHEST

INCARCERATION RATES IN THE UNITED STATES AND HAS BEEN PLAGUED BY

ACCUSATIONS OF BRUTALITY, CORRUPTION AND ABUSE. IN FEBRUARY, AFTER A

LETTER FROM PRISON REFORM OGANIZATIONS THAT CITED OUR SERIES, THE

DEPARTMENT OF JUSTICE'S CIVIL RIGHTS DIVISION OPENED AN INVESTIGATION

INTO FOUR OF MISSISSIPPI'S PRISONS TO DETERMINE WHETHER PRISONERS WERE

ADEQUATELY PROTECTED FROM PHYSICAL HARM BY OTHER PRISONERS, IF PROPER

SUICIDE PREVENTION MEASURES WERE TAKEN AND IF ADEQUATE MENTAL HEALTH

CARE WAS PROVIDED.

CLEVELAND HOSPITAL'S PRIVATE POLICE COME UNDER SCRUTINY

IN SEPTEMBER, PROPUBLICA REPORTED THAT THE ARMED PRIVATE POLICE IN

CLEVELAND'S LARGELY WHITE HOSPITAL ZONE, INCLUDING AT THE FAMED

CLEVELAND CLINIC, PREDOMINANTLY CITE AND CHARGE BLACK PEOPLE FOR

TRAFFIC VIOLATIONS AND MISDEMEANORS SUCH AS TRESPASSING, JAYWALKING AND

POSSESSION OF MARIJUANA. IN RESPONSE TO OUR INVESTIGATION, WHICH

REVEALED THAT NEARLY 90% OF PEOPLE CHARGED BY UNIVERSITY CIRCLE POLICE

SINCE 2015 WERE BLACK, TWO CITY COUNCIL MEMBERS, A MUNICIPAL COURT

JUDGE AND THE NAACP HAVE CALLED FOR TOUGHER SUPERVISION OF PRIVATE

POLICE FORCES IN CLEVELAND'S MEDICAL AREA, AND ONE OF THE POLICE

DEPARTMENTS IS VOWING REFORM.

Name of the organization **Employer identification number** 14-2007220 PRO PUBLICA, INC. NONPROFIT RECEIVES FLOOD OF DONATIONS FOLLOWING HEIRS' PROPERTY STORY IN A 2019 COLLABORATION WITH THE NEW YORKER, PROPUBLICA INVESTIGATED HEIRS' PROPERTY, A LEGAL MEANS FOR LAND TO BE PASSED DOWN TO FAMILY WITHOUT A WILL, WHICH HAS MADE PROPERTY OWNERS VULNERABLE TO LOSING THEIR LAND AND PROHIBITS THEM FROM RECEIVING THE FULL BENEFITS OF LAND OWNERSHIP. THIS HAD LED TO BILLIONS OF DOLLARS IN LAND LOSS, PRIMARILY BY BLACK LANDOWNERS IN THE SOUTHERN UNITED STATES. THE CENTER FOR HEIRS PROPERTY PRESERVATION, WHICH HELPS PROTECT HEIRS' PROPERTY BY ASSISTING FAMILIES ON CLEARING TITLES AND WRITING WILLS, HAS RECEIVED MORE THAN \$200,000 IN DONATIONS IN RESPONSE TO PROPUBLICA'S STORY. IN OCTOBER, PROPERTY LAW SCHOLAR THOMAS MITCHELL, FEATURED IN THE STORY, WON A MACARTHUR "GENIUS" AWARD AND PLANS TO USE THE GRANT TO CREATE A LAW CENTER TO HELP PROTECT THE REAL ESTATE AND WEALTH OF DISADVANTAGED PROPERTY OWNERS. ELECTIONLAND TRACKED VOTER PROBLEMS, ALERTED VOTERS THROUGHOUT 2020, PROPUBLICA'S ELECTIONLAND USED DATA AND TECHNOLOGY TO TRACK ISSUES THAT PREVENT VOTERS FROM CASTING THEIR BALLOTS. THE HOPE WAS TO ADDRESS THOSE PROBLEMS BEFORE THE 2020 ELECTION. FOLLOWING ARE SOME OF THE CHANGES SPURRED BY REPORTING BY PROPUBLICA AND PARTNERS: - KQED AND PROPUBLICA REPORTED ON WECHAT MISINFORMATION IN THE CHINESE AMERICAN COMMUNITY. A LOCAL NONPROFIT USED OUR REPORTING TO DEVELOP AN ANTI-MISINFORMATION CAMPAIGN, TRANSLATING MATERIALS TO DISSEMINATE AMONG SAN FRANCISCO'S LARGE CHINESE AMERICAN COMMUNITY BEFORE ELECTION

DAY.

Name of the organization **Employer identification number** PRO PUBLICA, INC. 14-2007220 GOP STATING THAT THERE WAS NO IN-PERSON VOTING, NORTHJERSEY.COM AND NJ SPOTLIGHT SET THE RECORD STRAIGHT TO EXPLAIN ACTUAL VOTER OPTIONS. - GOV2GO, A PUBLIC SERVICE APP IN FLORIDA, SENT MIAMI USERS THE WRONG DATE FOR ELECTION DAY, SUGGESTING IT WAS THREE DAYS LATER THAN THE ACTUAL ELECTION. THE MIAMI HERALD ALERTED VOTERS TO THE ERROR A COUPLE OF WEEKS BEFORE THE REAL ELECTION DAY. - AN IOWA MAN WITH A LARGE, MILITARY-STYLE VEHICLE PROMOTING TRUMP WAS ASKED BY THE COUNTY ATTORNEY TO MOVE HIS VEHICLE TO THE LEGAL LIMIT OF AT LEAST 300 FEET FROM A POLLING PLACE, FOLLOWING REPORTING FROM IOWA PUBLIC RADIO. THE ORANGE COUNTY DISTRICT ATTORNEY AND REGISTRAR OF VOTERS ANNOUNCED THEY WOULD INVESTIGATE AN ALLEGEDLY FRAUDULENT VOTING CENTER AFTER PARTNER VOICE OF OC REPORTED IT. - FOLLOWING CONFUSION ABOUT WHETHER COVID-19-POSITIVE OMAHA VOTERS COULD USE CURBSIDE VOTING, POLL WORKERS WERE CONTACTED TO ALERT VOTERS THEY COULD IN FACT USE THAT VOTING METHOD, THANKS TO PARTNER 3 NEWS NOW'S REPORTING. - THE BEACON'S STORY ON INSECURE LOCAL ELECTION WEBSITES IN KANSAS AND MISSOURI, WHICH USED ELECTIONLAND RESOURCES, LED SEVERAL COUNTIES TO UPDATE THEIR SECURITY MEASURES. RECOGNITION FOR OUR WORK PROPUBLICA'S WORK WAS HONORED IN 2020 AS FOLLOWS:

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization **Employer identification number** 14-2007220 PRO PUBLICA, INC. "LAWLESS," A PROPUBLICA LOCAL REPORTING NETWORK PROJECT WITH THE ANCHORAGE DAILY NEWS THAT UNCOVERED SEXUAL ASSAULT IN RURAL ALASKA AND HOW IT IS COMPOUNDED BY A LACK OF PUBLIC SAFETY SERVICES, WON THE PULITZER PRIZE GOLD MEDAL FOR PUBLIC SERVCE. THE SERIES ALSO WON THE PAUL TOBENKIN MEMORIAL AWARD, THE AL NAKKULA PRIZE FOR POLICE REPORTING, THE SCRIPPS HOWARD IMPACT AWARD, THE SCRIPPS HOWARD AWARD FOR COMMUNITY JOURNALISM, THE ONLINE JOURNALISM AWARDS' AL NEUHARTH AWARD FOR INNOVATION IN INVESTIGATIVE JOURNALISM, A NEWS LEADERS ASSOCIATION'S FRANK BLETHEN AWARD FOR LOCAL ACCOUNTABILITY REPORTING, THE JOHN JAY/HARRY FRANK GUGGENHEIM AWARD IN CRIMINAL JUSTICE REPORTING AWARD FOR SERIES, THE SOCIETY OF PROFESSIONAL JOURNALISTS' SIGMA DELTA CHI AWARD FOR PUBLIC SERVICE JOURNALISM, THE SOCIETY OF PROFESSIONAL JOURNALISTS' NORTHWEST EXCELLENCE IN JOURNALISM AWARD FOR INVESTIGATIVE, THE BEST OF THE WEST AWARD FOR INVESTIGATIVE REPORTING, AND WAS A FINALIST FOR THE GOLDSMITH PRIZE FOR INVESTIGATIVE REPORTING

OUR SERIES ON DEADLY ACCIDENTS IN THE NAVY AND MARINES CAUSED BY INADEQUATE TRAINING AND FAULTY EQUIPMENT WON THE PULITZER PRIZE FOR NATIONAL REPORTING, A NEWS LEADERS ASSOCIATION'S DEBORAH HOWELL AWARD FOR WRITING EXCELLENCE, THE WHITE HOUSE CORRESPONDENTS' ASSOCIATION'S INAUGURAL KATHARINE GRAHAM AWARD FOR COURAGE AND ACCOUNTABILITY, THE GERALD R. FORD AWARD FOR DISTINGUISHED REPORTING ON NATIONAL DEFENSE, THE MILITARY REPORTERS AND EDITORS ASSOCIATION AWARD FOR PRINT/ONLINE DOMESTIC, AND MALOFIEJ SILVER MEDALS IN THE FEATURES AND MOTION GRAPHICS CATEGORIES. THE SERIES WAS ALSO A FINALIST FOR THE SCRIPPS HOWARD AWARD FOR INVESTIGATIVE REPORTING, THE NATIONAL MAGAZINE AWARD FOR PUBLIC INTEREST, AND THE ONLINE JOURNALISM AWARD FOR DIGITAL VIDEO

AND THE MICHAEL KELLY AWARD.

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

STORYTELLING.

OUR STORY ON AFRICAN AMERICAN LAND LOSS IN THE SOUTH, CO-PUBLISHED WITH

THE NEW YORKER, WON THE GEORGE POLK AWARD IN JOURNALISM FOR MAGAZINE

REPORTING, THE JOHN BARTLOW MARTIN AWARD FOR PUBLIC INTEREST MAGAZINE

JOURNALISM, THE NATIONAL ASSOCIATION OF BLACK JOURNALISTS' SALUTE TO

EXCELLENCE AWARDS FOR MAGAZINE, WAS A RUNNER UP FOR THE MOLLY NATIONAL

JOURNALISM PRIZE, AND WAS A FINALIST FOR THE NEWS LEADERS ASSOCIATION'S

DORI J. MAYNARD AWARD FOR JUSTICE IN JOURNALISM.

"THE QUIET ROOMS," A PROPUBLICA ILLINOIS SERIES WITH THE CHICAGO TRIBUNE ABOUT THE UNLAWFUL USE OF ISOLATED TIMEOUTS IN ILLINOIS SCHOOLS, WON THE FRED M. HECHINGER GRAND PRIZE FOR DISTINGUISHED EDUCATION REPORTING, THE TOP PRIZE IN THE NATIONAL AWARDS FOR EDUCATION REPORTING, A NEWS LEADERS ASSOCIATION'S FRANK BLETHEN AWARD FOR LOCAL ACCOUNTABILITY REPORTING, THE ANTHONY SHADID AWARD FOR JOURNALISM ETHICS, THE ONLINE JOURNALISM AWARDS' UNIVERSITY OF FLORIDA AWARD FOR INVESTIGATIVE DATA JOURNALISM, THE SOCIETY OF PROFESSIONAL JOURNALISTS' SIGMA DELTA CHI AWARD FOR INVESTIGATIVE REPORTING, THE KATHERINE SCHNEIDER AWARD FOR EXCELLENCE IN REPORTING ON DISABILITY, THE RICHARD H. DRIEHAUS AWARD FOR INVESTIGATIVE REPORTING, AS WELL AS THE DRIEHAUS AWARDS' INAUGURAL READERS' CHOICE AWARD, THE ILLINOIS PRESS ASSOCIATION KNIGHT CHAIR AWARD FOR INVESTIGATIVE/ENTERPRISE REPORTING, THE ILLINOIS ASSOCIATED PRESS MEDIA EDITORS AWARDS FOR PUBLIC SERVICE, INVESTIGATIVE REPORTING, EDITORIAL SWEEPSTAKES AND DIGITAL STORYTELLING AND FOUR CHICAGO HEADLINE CLUB PETER LISAGOR AWARDS: THE WATCHDOG AWARD, BEST EDUCATION REPORTING, BEST DATA JOURNALISM AND BEST MULTIMEDIA COLLABORATION. IT RECEIVED HONORABLE MENTION IN THE DART AWARD FOR

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EXCELLENCE IN COVERAGE OF TRAUMA, WON SECOND PLACE FOR THE NATIONAL
HEADLINER AWARD FOR PUBLIC SERVICE IN NEWSPAPERS, WAS A FINALIST FOR THE
MOLLY NATIONAL JOURNALISM PRIZE, THE SELDEN RING AWARD FOR
INVESTIGATIVE REPORTING AND AN INVESTIGATIVE REPORTERS AND EDITORS
AWARD FOR PRINT/ONLINE, AND WAS ON THE SHORTLIST FOR THE SIGMA AWARD
FOR DATA-DRIVEN REPORTING.

OUR REPORTING ON THE PERVASIVE USE OF JAILHOUSE INFORMANTS TO SECURE

CONVICTIONS, CO-PUBLISHED WITH THE NEW YORK TIMES MAGAZINE, WON THE

NATIONAL MAGAZINE AWARD FOR REPORTING, THE MOLLY NATIONAL JOURNALISM

PRIZE, THE TAYLOR FAMILY AWARD FOR FAIRNESS IN JOURNALISM, THE HILLMAN

PRIZE FOR MAGAZINE JOURNALISM AND AN INVESTIGATIVE REPORTERS AND

EDITORS AWARD FOR PRINT/ONLINE, AND WAS A FINALIST FOR A NEWS LEADERS

ASSOCIATION'S DEBORAH HOWELL AWARD FOR WRITING EXCELLENCE.

"PROFITING FROM THE POOR," A PROPUBLICA LOCAL REPORTING NETWORK PROJECT
WITH MLK50: JUSTICE THROUGH JOURNALISM THAT EXPOSED PREDATORY DEBT

COLLECTION PRACTICES BY THE LARGEST HEALTH CARE SYSTEM IN MEMPHIS,

TENNESSEE, WON THE GERALD LOEB AWARD FOR DISTINGUISHED BUSINESS AND

FINANCIAL JOURNALISM FOR LOCAL REPORTING, THE SELDEN RING AWARD FOR

INVESTIGATIVE REPORTING, AN INVESTIGATIVE REPORTERS AND EDITORS AWARD

FOR PRINT/ONLINE, THE BARLETT & STEELE BRONZE AWARD FOR INVESTIGATIVE

BUSINESS JOURNALISM, A NATIONAL ASSOCIATION OF BLACK JOURNALISTS'

SALUTE TO EXCELLENCE AWARDS FOR ONLINE PROJECT AND THE ASSOCIATION OF

HEALTH CARE JOURNALISTS AWARD FOR BUSINESS JOURNALISM, AND WAS A

FINALIST FOR THE SCRIPPS HOWARD AWARD FOR COMMUNITY JOURNALISM.

<sup>&</sup>quot;THE TURBOTAX TRAP," OUR SERIES THAT REVEALED THAT TURBOTAX SOLD

Name of the organization **Employer identification number** 14-2007220 PRO PUBLICA, INC. TAXPAYERS A SERVICE THEY COULD HAVE RECEIVED FOR FREE, WON THE GERALD LOEB AWARD FOR DISTINGUISHED BUSINESS AND FINANCIAL JOURNALISM FOR PERSONAL FINANCE AND CONSUMER REPORTING AND THE EDWARD R. MURROW NATIONAL AWARD FOR SOCIAL MEDIA, WAS A FINALIST FOR THE SELDEN RIGHT AWARD FOR INVESTIGATIVE REPORTING AND THE SCRIPPS HOWARD AWARD FOR BUSINESS/FINANCIAL REPORTING, AND RECEIVED HONORABLE MENTION IN THE SOCIETY OF AMERICAN BUSINESS EDITORS AND WRITERS' BEST IN BUSINESS AWARD FOR GOVERNMENT. "A 911 EMERGENCY," A PROPUBLICA LOCAL REPORTING NETWORK PROJECT BY THE PUBLIC'S RADIO ON HOW INADEQUATE TRAINING AND OVERSIGHT HARMS EMERGENCY MEDICAL CARE IN RHODE ISLAND, WON THE SCRIPPS HOWARD AWARD FOR RADIO/AUDIO AND WAS A FINALIST FOR THE SCRIPPS HOWARD IMPACT AWARD, AS WELL AS AN INVESTIGATIVE REPORTERS AND EDITORS AWARD FOR RADIO/AUDIO. "INSIDE THE BORDER PATROL" WON THE RFK JOURNALISM AWARD IN THE NEW MEDIA CATEGORY. "THE BAD BET," AN INVESTIGATION BY PROPUBLICA ILLINOIS AND WBEZ ABOUT VIDEO GAMBLING ACROSS THE STATE OF ILLINOIS, WON THE EDWARD R. MURROW NATIONAL AWARD FOR INVESTIGATIVE REPORTING AND THE EDWARD R. MURROW REGIONAL AWARD FOR INVESTIGATIVE REPORTING, WAS A FINALIST FOR THE GERALD LOEB AWARD FOR DISTINGUISHED BUSINESS AND FINANCIAL JOURNALISM FOR LOCAL REPORTING AND THE CHICAGO HEADLINE CLUB PETER LISAGOR AWARD FOR BEST GRAPHICS, AND WON THIRD PLACE IN THE RICHARD H. DRIEHAUS AWARDS FOR INVESTIGATIVE REPORTING.

Name of the organization **Employer identification number** 14-2007220 PRO PUBLICA, INC. ADVOCATE, WON THE SOCIETY OF ENVIRONMENTAL JOURNALISTS' NINA MASON PULLIAM AWARD FOR OUTSTANDING ENVIRONMENTAL REPORTING, A SOCIETY OF ENVIRONMENTAL JOURNALISTS' KEVIN CARMODY AWARD FOR OUTSTANDING INVESTIGATIVE REPORTING, THE NATIONAL ASSOCIATION OF SCIENCE WRITERS' SCIENCE IN SOCIETY AWARD FOR SERIES, THE MALOFIEJ AWARDS' CLIMATE CHANGE AND ENVIRONMENTAL COMMITMENT BEST GRAPHIC AWARD, A MALOFIEJ SILVER MEDAL IN THE FEATURES CATEGORY AND A SOCIETY FOR NEWS DESIGN BRONZE MEDAL FOR MAPS, AND WAS SELECTED FOR THE SIGMA AWARDS SHORTLIST FOR VISUALIZATION. REPORTER CAROLINE CHEN WON THE LIVINGSTON AWARD FOR YOUNG JOURNALISTS IN THE LOCAL REPORTING CATEGORY FOR HER STORY ON A NEWARK HOSPITAL THAT KEPT A VEGETATIVE PATIENT ON LIFE SUPPORT TO BOOST ITS SURVIVAL RATE. THE STORY ALSO WON THE NEW YORK PRESS CLUB JOURNALISM AWARDS FOR FEATURE REPORTING IN SCIENCE, MEDICINE, TECHNOLOGY, AND RECEIVED HONORABLE MENTION IN THE SOCIETY OF AMERICAN BUSINESS EDITORS AND WRITERS' BEST IN BUSINESS AWARD FOR HEALTH/SCIENCE. "UNCHECKED POWER" BY RECKON BY AL.COM, A PROPUBLICA LOCAL REPORTING NETWORK PARTNER, WON THE SOCIETY OF PROFESSIONAL JOURNALISTS' SIGMA DELTA CHI AWARD FOR PUBLIC SERVICE JOURNALISM AND THIRD PLACE FOR THE NATIONAL HEADLINER AWARD FOR HEALTH, MEDICAL AND SCIENCE WRITING. THREE PROPUBLICA NEWSLETTERS ("FALSE WITNESS," "DISASTER IN THE PACIFIC" AND "NOT SHUTTING UP") WON THE SOCIETY OF PROFESSIONAL JOURNALISTS' SIGMA DELTA CHI AWARD FOR PUBLIC SERVICE IN NEWSLETTER JOURNALISM.

Name of the organization **Employer identification number** 14-2007220 PRO PUBLICA, INC. OUR REPORTING ON PRESIDENT DONALD TRUMP'S TAX INCONSISTENCIES WON THE SOCIETY OF AMERICAN BUSINESS EDITORS AND WRITERS' BEST IN BUSINESS AWARD FOR BANKING/FINANCE. "THE EXTORTION ECONOMY," OUR STORY ON HOW INSURANCE COMPANIES ARE FUELING A RISE IN RANSOMWARE ATTACKS, WON THE SOCIETY OF AMERICAN BUSINESS EDITORS AND WRITERS' BEST IN BUSINESS AWARD FOR TECHNOLOGY. OUR COLLABORATION WITH BUZZFEED NEWS ON THE GRUELING, SOMETIMES DEADLY CONDITIONS ENDURED BY DRIVERS WHO WORK IN AMAZON'S DELIVERY NETWORK WON THE SOCIETY OF AMERICAN BUSINESS EDITORS AND WRITERS' BEST IN BUSINESS AWARD FOR RETAIL. "THE EXTORTION ECONOMY," ABOUT HOW COMPANIES PURPORT TO HELP VICTIMS OF RANSOMWARE, WON THE TRACE PRIZE FOR INVESTIGATIVE REPORTING. "TRUMP, INC.," A COLLABORATION BETWEEN PROPUBLICA AND WNYC, WON THE NEW YORK PRESS CLUB JOURNALISM AWARD IN THE PODCAST CATEGORY, AND WAS A FINALIST FOR THE NATIONAL MAGAZINE AWARD FOR PODCASTING. PROPUBLICA ILLINOIS' REPORTING WITH THE CHICAGO SUN-TIMES ON THE FAILURES OF THE ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES TO SERVE SPANISH-SPEAKING FAMILIES IN THE FOSTER CARE SYSTEM WON THE CHICAGO HEADLINE CLUB PETER LISAGOR AWARDS FOR BEST NON-DEADLINE REPORTING AND BEST ILLUSTRATION, AND WAS A FINALIST FOR THE RICHARD H. DRIEHAUS AWARDS FOR INVESTIGATIVE REPORTING.

**Employer identification number** Name of the organization 14-2007220 PRO PUBLICA, INC. LISAGOR AWARD FOR BEST FEATURE STORY OR SERIES. OUR REPORTING WITH THE SACRAMENTO BEE ON HOW CALIFORNIA'S EFFORTS TO REFORM THE STATE PRISON SYSTEM LEFT ITS COUNTY JAILS MORE DEADLY, A PROJECT OF THE PROPUBLICA LOCAL REPORTING NETWORK, WON THE CALIFORNIA JOURNALISM AWARD FOR INVESTIGATIVE REPORTING. AN INVESTIGATION BY NPR ILLINOIS, A LOCAL REPORTING NETWORK PARTNER, INTO THE UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN'S HANDLING OF SEXUAL HARASSMENT COMPLAINTS AGAINST FACULTY WON THE ILLINOIS ASSOCIATED PRESS BROADCASTERS ASSOCIATION AWARD FOR BEST INVESTIGATIVE REPORT. OUR REPORTING WITH THE CONNECTICUT MIRROR, A PROPUBLICA LOCAL REPORTING NETWORK PARTNER, ON HOW STATE AND LOCAL OFFICIALS BLOCKED AFFORDABLE HOUSING IN AFFLUENT CONNECTICUT TOWNS, WON THE NEW ENGLAND NEWSPAPER & PRESS ASSOCIATION AWARD FOR INVESTIGATIVE/ENTERPRISE REPORTING. OUR VISUALIZATION OF THE SPREAD OF THE NATURAL GAS INDUSTRY ACROSS WEST VIRGINIA, CREATED IN PARTNERSHIP WITH PROPUBLICA LOCAL REPORTING NETWORK PARTNER THE CHARLESTON GAZETTE-MAIL, WAS A FINALIST FOR THE NATIONAL MAGAZINE AWARD FOR DIGITAL INNOVATION. PROPUBLICA WAS A FINALIST FOR AN ONLINE JOURNALISM AWARD FOR GENERAL EXCELLENCE IN ONLINE JOURNALISM. OUR REPORTING WITH AMERICAN BANKER ON HOW TRUMP'S POLITICAL APPOINTEES INTERVENED TO REDUCE SANCTIONS AGAINST TWO LARGE BANKING ORGANIZATIONS

Name of the organization **Employer identification number** 14-2007220 PRO PUBLICA, INC. INVOLVED IN TRADING RISKY SECURITIES RECEIVED HONORABLE MENTION IN THE SOCIETY OF AMERICAN BUSINESS EDITORS AND WRITERS' BEST IN BUSINESS AWARD FOR BANKING/FINANCE. OUR REPORTING ON WHITE SUPREMACIST GROUPS FOR PROPUBLICA'S "DOCUMENTING HATE" SERIES WAS RECOGNIZED AS A FINALIST FOR THE NEWS LEADERS ASSOCIATION'S BATTEN MEDAL FOR COURAGE IN JOURNALISM. OUR REPORTING ON INVASIVE TSA SEARCHES THAT TRANSGENDER PEOPLE OFTEN FACE AT AIRPORTS WAS A FINALIST FOR THE GLAAD MEDIA AWARD FOR OUTSTANDING DIGITAL JOURNALISM ARTICLE. OUR COLLABORATION WITH PBS FRONTLINE ON PROBLEMS WITH A NEW YORK CITY POLICY TO MOVE MENTALLY ILL PEOPLE INTO PRIVATE APARTMENTS WAS A FINALIST FOR THE NATIONAL INSTITUTE FOR HEALTH CARE MANAGEMENT FOUNDATION'S RESEARCH AND JOURNALISM AWARD IN THE TELEVISION AND RADIO JOURNALISM CATEGORY. "FINANCIAL AID LOOPHOLE," A PROPUBLICA ILLINOIS SERIES REVEALING THAT WELL-OFF FAMILIES WERE TRANSFERRING GUARDIANSHIP OF THEIR COLLEGE-BOUND TEENAGERS TO QUALIFY FOR FINANCIAL AID, WAS A FINALIST FOR THE CHICAGO HEADLINE CLUB PETER LISAGOR AWARD FOR BEST NON-DEADLINE REPORTING. OUR REPORTING WITH PORTLAND MONTHLY ON SEXUAL MISCONDUCT BY U.S. AMBASSADOR GORDON SONDLAND WAS A RUNNER-UP FOR THE SPJ NORTHWEST EXCELLENCE IN JOURNALISM AWARD IN THE FEATURE/HARD NEWS CATEGORY.

PRO PUBLICA, INC.	Employer identification number 14-2007220
DIED WHILE IN BORDER PATROL CUSTODY, WON A SOCIETY FOR NEW	S DESIGN
BRONZE MEDAL FOR SOCIAL MEDIA DESIGN.	
OUR REPORTING ON POLITICALLY CONNECTED BILLIONAIRES BENEFI	TING FROM THE
OPPORTUNITY ZONE TAX BREAK INTENDED AS AN ANTI-POVERTY MEA	SURE WAS
SELECTED FOR THE SIGMA AWARDS SHORTLIST FOR DATA-DRIVEN RE	PORTING.
"AGGRESSION DETECTORS," OUR INVESTIGATION ON UNPROVEN SURV	EILLANCE
TECHNOLOGY SCHOOLS ARE USING TO MONITOR STUDENTS, WAS SELE	CTED FOR THE
SIGMA AWARDS SHORTLIST FOR INNOVATION.	
OUR NEWS APPLICATIONS AND DATA VISUALIZATIONS WON A MALOFI	EJ SILVER
MEDAL IN THE FEATURES CATEGORY FOR "TRAPPED IN A DEADLY CH	ASE" AND A
MALOFIEJ BRONZE MEDAL FOR THE PORTFOLIO OF NEWS APPLICATION	NS DEVELOPER
AL SHAW.	
OUR ILLUSTRATION FOR A STORY ABOUT AN ANESTHESIOLOGIST WHO	BEGAN
KEEPING COUNT OF HEALTH WORKERS LOST TO COVID-19, WON A SO	CIETY OF
ILLUSTRATORS SILVER MEDAL.	
FORM 990, PART VI, SECTION B, LINE 11B:	
PRO PUBLICA HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNT	TING FIRM AND HAS
ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT TH	E INFORMATION
REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS B	EEN PREPARED,
REVIEWED BY THE PRESIDENT AND VICE PRESIDENT OF FINANCE &	ADMINISTRATION
AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE	, IT IS SUBMITTED
ELECTRONICALLY TO ALL MEMBERS OF PRO PUBLICA'S GOVERNING B	ODY FOR ANY

Employer identification number 14-2007220

COMMENTS PRIOR TO ITS SUBMISSION. THE GOVERNING BODY IS PROVIDED WITH AT

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

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

COMMITTEE FOR THEIR REVIEW. EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL

THE RETURN IS FINALIZED AND APPROVED FOR FILING.

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

PRO PUBLICA HAS A CONFLICT OF INTEREST POLICY, WHICH APPLIES TO ALL

DIRECTORS (BOARD MEMBERS), OFFICERS, AND EMPLOYEES. AN INTERESTED PERSON

MUST DISCLOSE AS SOON AS PRACTICABLE TO THE SECRETARY THE EXISTENCE OF A

POTENTIAL CONFLICT OF INTEREST AND ALL MATERIAL FACTS RELATED TO THE

CONFLICT. IF A DIRECTOR OR OFFICER IS UNCERTAIN ABOUT WHETHER A CONFLICT

EXISTS, HE/SHE MUST REPORT THE POSSIBLE CONFLICT IN ALL CASES IN WHICH A

CRITICAL EXTERNAL OBSERVER MIGHT REASONABLY PERCEIVE A CONFLICT TO EXIST.

THE BOARD COMMITTEE WILL DETERMINE IF A CONFLICT OF INTEREST EXISTS. IN THE

EVENT THAT A CONFLICT OF INTEREST ARISES, THE DIRECTOR OR OFFICER WITH WHOM

THE CONFLICT PERTAINS TO IS EXCLUDED FROM VOTING ON THE ISSUE. HE/SHE MUST

LEAVE THE ROOM AND THE OTHER DIRECTORS VOTE ON THE ISSUE PERTAINING TO THAT

SPECIFIC TRANSACTION. WITH RESPECT TO ANY BOARD COMMITTEE'S DISCUSSION,

DECISION, OR ACTIONS INVOLVING TRANSACTIONS IN WHICH A DIRECTOR OR OFFICER

HAS A CONFLICT OF INTEREST, THE MINUTES OF THE BOARD COMMITTEE MEETING WILL

REFLECT THE BOARD'S DELIBERATIONS AND VOTING PROCESS.

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

PRESIDENT MONITORS AND ENFORCES THE ORGANIZATION'S COMPLIANCE WITH ITS

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

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

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

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 MATTERS OF CEO COMPENSATION. THE BOARD REVIEWS PROPOSED

COMPENSATION INCREASES FOR THE CEOS IN RELATION TO THEIR PERFORMANCE, RATES
OF INFLATION, COMPENSATION PRACTICES AND PLANS FOR OTHER PROPUBLICA

EMPLOYEES, AND COMPARABLE DATA. COMPARABLE DATA MAY INCLUDE INFORMATION
ABOUT JOURNALISM OUTLETS AS WELL AS OTHER NOT FOR PROFIT ORGANIZATIONS.

APPROVED SALARY CHANGES ARE DOCUMENTED IN HUMAN RESOURCES FILES AND REQUIRE
THE SIGNATURE OF BOTH THE EMPLOYEE AND THE HR DIRECTOR. THE BOARD'S

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

EXECUTIVE SESSION. THIS PROCESS WAS LAST COMPLETED IN 2020.

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

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

VA,WV,WI

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

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS

REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS

POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION,

THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF

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

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

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

LOSS ON DISPOSAL OF ASSET

-1,892.