efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493220006269 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Treasury Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization PRO PUBLICA INC D Employer identification number **B** Check if applicable □ Address change 14-2007220 ☐ Name change Doing business as \square Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) ☐ Amended return 155 AVE OF THE AMERICAS NO 13 FL ☐ Application pending (212) 514-5250 City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10013 G Gross receipts \$ 27,237,842 Name and address of principal officer **H(a)** Is this a group return for RICHARD J TOFEL □Yes ☑No subordinates? 155 AVE OF THE AMERICAS NO 13 FL H(b) Are all subordinates NEW YORK, NY 10013 ☐ Yes ☐No included? Tax-exempt status □ 527 **☑** 501(c)(3) **☐** 501(c)() **◄** (Insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW PROPUBLICA ORG L Year of formation 2007 M State of legal domicile DE K Form of organization ☑ Corporation ☑ Trust ☑ Association ☑ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO EXPOSE ABUSES OF POWER AND BETRAYALS OF THE PUBLIC TRUST - SEE "SCHEDULE O" FOR CONTINUATIONBY GOVERNMENT, BUSINESS, AND OTHER INSTITUTIONS, USING THE MORAL FORCE OF INVESTIGATIVE JOURNALISM TO SPUR REFORM THROUGH THE Activities & Governance SUSTAINED SPOTLIGHTING OF WRONGDOING Check this box ▶ ☐ 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 14 Number of independent voting members of the governing body (Part VI, line 1b) 4 13 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 140 **6** Total number of volunteers (estimate if necessary) . . . 6 13 Total unrelated business revenue from Part VIII, column (C), line 12 7a 63,283 Net unrelated business taxable income from Form 990-T, line 34 7b 131,740 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 43,063,123 25,576,127 Program service revenue (Part VIII, line 2g) . 110,000 302,000 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 51,451 288,145 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 349,464 519,661 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 43,574,038 26,685,933 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 52,825 455,470 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 13,387,814 17,360,510 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . 6,225 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶1,245,370 4,850,162 6,282,256 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 18,290,801 24,104,461 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 25,283,237 2,581,472 Assets or d Balances Beginning of Current Year **End of Year** 38,070,942 40,988,939 20 Total assets (Part X, line 16) . 1,094,094 21 Total liabilities (Part X, line 26) . . 746,162 Net assets or fund balances Subtract line 21 from line 20 37,324,780 39,894,845 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 2019-08-08 Signature of officer Date Sign Here RICHARD J TOFEL PRESIDENT Type or print name and title Preparer's signature Date 2019-08-07 Print/Type preparer's name Check | If P00543209 **Paid** self-employed Firm's name PKF O'CONNOR DAVIES LLP Firm's EIN ► 27-1728945 Preparer Use Only Firm's address ▶ 665 FIFTH AVENUE Phone no (212) 286-2600 NEW YORK, NY 10022 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018) Cat No 11282Y

Part VII

(1) PAUL SAGAN CHAIRMAN

(2) HERBERT M SANDLER

FOUNDING CHAIRMAN

EXECUTIVE CHAIRMAN

(3) PAUL E STEIGER

(4) DANIELLE ALLEN

(5) MARK COLODNY

(6) ANGELA FILO DIRECTOR

(7) HENRY LOUIS GATES JR

(8) CLAIRE HOFFMAN

(9) KATIE MCGRATH

(10) ROBERT CS MONKS

(11) RONALD OLSON

(12) JAMES STONE

(13) S DONALD SUSSMAN

(15) RICHARD TOFEL PRESIDENT

CO-CEO, SECRETARY-TREASURER

(17) RAGAN RHYNE VICE PRESIDENT OF

(16) STEPHEN ENGELBERG

EDITOR-IN-CHIEF & CO-CEO

DEVELOPMENT, ASS SECRETARY

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

(14) KAT TAYLOR

6,283

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30,417

57,324

14.014

Form 990 (2018)

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, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- List persons in the following order, individual trustees or directors, institutional trustees, officers, key employees, highest

compensated employees, and former such p		rs, institutional trustees, offic	ers, key employee	s, nignest	
\square Check this box if neither the organization	n nor any related o	rganization compensated any	current officer, dire	ector, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer institution or director	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F Estima amount of compen from organizat relat organiz

(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F Estim amount of compen from organizat relat organiz
	for related organizations below dotted line)	Former Highest complexee key employee Officer Institutional individual true	(W- 2/1099- MISC)		

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(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)		(W- 2/1099- MISC)		organization and related organizations

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, u n off or/t	t che inles ficer rust	s pers and a ee)	son	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	Estima amount of compen from organizat	ated of other sation the
	organizations below dotted line)	Individual trustee or director	Institutional Trust⊭⊭	Officer	key employee	ee Compensat	Former	2/1099-MI3C)	MISC)	relat organiz	:ed
						ed					
(18) ROBIN FIELDS	40 00					Х		275,130	0		16,553
(19) JESSE EISINGER											
SENIOR REPORTER	40 00					Х		230,504	0		52,891
(20) CHARLES ORNSTEIN	40 00					Х		221,417	0		54,835
SENIOR EDITOR						^		221,417			
(21) TRACY WEBER	40 00					Х		218,656	0		38,933
SENIOR EDITOR (22) JOSEPH SEXTON	40 00										
SENIOR EDITOR						Х		218,651	0		35,982
											_
1b Sub-Total						307,232					
Total number of individuals (incli							ceive	<u> </u>	.000		,
of reportable compensation from								ea more than \$100		1 1	
2 Did the average by let any fam.	Yes							No			
	3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual							No			
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such											
5 Did any person listed on line 1a	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '										
services rendered to the organization? If "Yes," complete Schedule J for such person											
Section B. Independent Contractors											
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.											
(A) Name and business address						Descript	(B)	(C Compen			
IAYNES AND BOONE LLP						LEGAL SERVIC			207,081		
600 CONGRESS AVE SUITE 1300											
AUSTIN, TX 787013285 FAIRDINKUM CONSULTING LLC								IT CONSULTAN	T SERVICES	-	143,934
15 E 32ND ST 9TH FLOOR											•
NEW YORK, NY 10016 AMAZON WEB SERVICES								WEBSITE HOST	TING SERVICES	-	108,942
· · · · - · - - · · ·											,

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

Form **990** (2018)

PO BOX 84023 SEATTLE, WA 981248423

compensation from the organization \blacktriangleright 3