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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection 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) Room/suite ☐ 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 1 TOFFI □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 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 14 Number of voting members of the governing body (Part VI, line 1a) . 3 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 34 131,740 Current Year **Prior 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 End of Year **Beginning of Current Year** 38,070,942 40,988,939 20 Total assets (Part X, line 16) . **21** Total liabilities (Part X, line 26) 746,162 1,094,094 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 PTIN P00543209 Print/Type preparer's name Check \Box if **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

(16) STEPHEN ENGELBERG

EDITOR-IN-CHIEF & CO-CEO

DEVELOPMENT, ASS SECRETARY

(17) RAGAN RHYNE VICE PRESIDENT OF

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, 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 co											
List persons in the following order individual trus compensated employees, and former such person		rs, ınstı	itutioi	nal t	crust	:ees, τ	offic	ers, key employees	s, highest		
Check this box if neither the organization no		rganizat	tion c	omr	oen:	: bete	∍nv	current officer dire	ector or trustee		
(A) Name and Title	(B) Average hours per week (list any hours	Positio tha perse	on (do an on son is	(C) o not ne bo both	t che ox, u ch an		ore	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
(1) PAUL SAGAN CHAIRMAN	2 00	x		×				0	0	0	
(2) HERBERT M SANDLER FOUNDING CHAIRMAN	3 00	x		х				0	0	0	
(3) PAUL E STEIGER EXECUTIVE CHAIRMAN	30 00	х		х				47,174	0	6,283	
(4) DANIELLE ALLEN DIRECTOR	1 00	x						0	0	0	
(5) MARK COLODNY DIRECTOR	1 00	x						0	0	0	
(6) ANGELA FILO DIRECTOR	1 00	x						0	0	0	
(7) HENRY LOUIS GATES JR DIRECTOR	1 00	х						0	0	0	
(8) CLAIRE HOFFMAN DIRECTOR	1 00	x						0	0	0	
(9) KATIE MCGRATH	1 00			\Box			\Box				

		ual trustee otor	tional Trustee		phoyee	t compensated			
(1) PAUL SAGAN CHAIRMAN	2 00	×		x			0	0	0
(2) HERBERT M SANDLER FOUNDING CHAIRMAN	3 00	×		×			0	0	0
(3) PAUL E STEIGER EXECUTIVE CHAIRMAN	30 00	х		х			47,174	0	6,283
(4) DANIELLE ALLEN DIRECTOR	1 00	x					0	0	0
(5) MARK COLODNY DIRECTOR	1 00	x					0	0	0
(6) ANGELA FILO DIRECTOR	1 00	x					0	0	0
(7) HENRY LOUIS GATES JR DIRECTOR	1 00	х					0	0	0
(8) CLAIRE HOFFMAN DIRECTOR	1 00	х					0	0	0
(9) KATIE MCGRATH DIRECTOR	1 00	x					0	0	0
(10) ROBERT CS MONKS DIRECTOR	1 00	х					0	0	0
(11) RONALD OLSON DIRECTOR	1 00	х					0	0	0
(12) JAMES STONE DIRECTOR	1 00	x					0	0	0
(13) S DONALD SUSSMAN DIRECTOR	1 00	x					0	0	0
(14) KAT TAYLOR DIRECTOR	1 00	х					0	0	0
(15) RICHARD TOFEL PRESIDENT CO-CEO, SECRETARY-TREASURER	40 00			х			406,196	0	30,417

40 00

40 00

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394,960

249.004

0

57,324

14.014

compensation from the organization \blacktriangleright 3

Page **8**

	, Trustees, K	ey Em	ploy	ees,	, an	d Hig	hes	t Compensated	Employees (con	tinued)	
(A) Name and Title	(B) Average hours per week (list any hours for related		ne bo	ox, u n off or/tr	t che unles ficer ruste	s pers and a ee)	i	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	-,	MISC)	rela organiz	ted
18) ROBIN FIELDS IANAGING EDITOR	40 00	 		·	Ī	×	- 	275,130	0		16,553
19) JESSE EISINGER	40 00					х		230,504	0		52,89
ENIOR REPORTER 20) CHARLES ORNSTEIN ENIOR EDITOR	40 00					х		221,417	0		54,83
ENIOR EDITOR 21) TRACY WEBER ENIOR EDITOR	40 00				\prod	х		218,656	0		38,93
SENIOR EDITOR 22) JOSEPH SEXTON SENIOR EDITOR	40 00					х		218,651	0		35,98
1b Sub-Total	II, Section A .				>	· .		2,261,692	0		307,23
of reportable compensation from the orga Did the organization list any former office line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the organization and related organizations gre	er, director or tr such individual	rustee,	key e	emple •	loyee	e, or h • • d othe	ighe •	est compensated en	nployee on 3		No No
 of reportable compensation from the organization list any former office line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the organization and related organizations graindividual	er, director or tr such individual sum of reportal eater than \$150 	rustee, ble com 0,000? I	key e	ations," co	n and	e, or h d othe	er co Sched	est compensated en	nployee on 3	Yes	
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of reportable compensation from the organization list any former office line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the organization and related organizations greated individual	er, director or tr such individual sum of reportal eater than \$150 	rustee, ble com 0,000? I nsation Schedu	key e	ations," co	n and comp	e, or h d other of elated person rs that	inghe er co iched	est compensated en	nployee on	Yes nsation	No No
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of reportable compensation from the organization list any former office line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the organization and related organizations greindividual	er, director or tr such individual sum of reportal eater than \$150 	rustee, ble com 0,000? I nsation Schedu	key e	ations," co	n and comp	e, or h d other of elated person rs that	inghe er co iched	est compensated en	nployee on	Yes nsation	No