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Departi	990-T		Exempt Organization I			tion 6033(e))	ax Return	Ι,	OMB No 1545-0687 2012 Open to Public Inspection for
Interna	Check box If	Forc	Name of organization (Check box if n	ame chang	nad a	, and ending ind see instructions)		D Emplo	open to Fublic Inspection for 501(c)(3) Organizations Only over identification number
A L	address changed		Name of organization (oneck box in in	arne chang	jeu a	ind see instructions /			oyees' trust, see ctions)
R Fx	empt under section	Print	PRO PUBLICA, INC.					1	4-2007220
	501(C)(3)	or	Number, street, and room or suite no. If a P	O box, see	e ins	tructions			ited business activity codes
	408(e) 220(e)	Туре	ONE EXCHANGE PLAZA,				23 FL	(366 11)	structions
	408A 530(a)		City or town, state, and ZIP code						
	529(a)		NEW YORK, NY 10006					541	800
		F Grou	p exemption number (see instructions)						
	end of year	G Chec	k organization type 🕨 🔃 🗶 501(c) corp	oration	L.	501(c) trust	401(a) trust	L	Other trust
	529,443.	L	ADITE	DETAT	37.0	DELLERANTE			
			ary unrelated business activity > ADVE						
	•	-	poration a subsidiary in an affiliated group or a	a parent-su	ibsid	lary controlled group?	▶ [Ye:	s X No
			tifying number of the parent corporation PBARBARA ZINKANT, DIR	FCTOD		F FINANTelepho		17_	512-0240
Par	-		de or Business Income	ECION	<u>. </u>	(A) Income	(B) Expenses	_	(C) Net
	Gross receipts or sal		de or business income		+	(A) moonic	(b) Expenses	·	(0) 1101
	Less returns and allo		c Balance	▶ 10	.				
-	Cost of goods sold (2	-				······································
	Gross profit Subtrac		· · · · · · · · · · · · · · · · · · ·	3	-				
_	Capital gain net incoi			48	-				
			Part II, line 17) (attach Form 4797)	45					
	Capital loss deductio			40	;				
5	Income (loss) from p	artnersh	nips and S corporations (attach statement)	5					
	Rent income (Schedi			6					
7	Unrelated debt-finani	ced inco	me (Schedule E)	7					
8	Interest, annuities, ro	yaltıes, a	and rents from controlled organizations (Sch	F) <u>8</u>	4				
9	Investment income o	of a secti	on 501(c)(7), (9), or (17) organization					}	
	(Schedule G)			9	4				
	Exploited exempt act	•	, ,	10	_				
	Advertising income (1 11		15 900			15 000
			ns, attach statement) STATEMENT	1 12 13	$\overline{}$	15,890. 15,890.			15,890. 15,890.
13 Par	Total. Combine line:		ot Taken Elsewhere (see instruction						13,090.
I GI			utions, deductions must be directly conf				s Income)		
14	Compensation of of	ficers d	rectors, and trustees (Schedule K)				· · · · · · · · · · · · · · · · · · ·	14	
15	Salaries and wages		nostoro, una trastoso (comesale tt)					15	428.
16	Repairs and mainter					[RF	CEIVED	16	
17	Bad debts						CLIVED	-13	
18	Interest (attach stat	ement)				(g)	.	18	
19	Taxes and licenses					S AU	G 1 6 2013	19	900.
20	Charitable contribut	ions (se	e instructions for limitation rules)					20	
21	Depreciation (attach	r Form 4	562)			21 DG	DEN LIT		
22	Less depreciation c	laimed o	n Schedule A and elsewhere on return			- 22a		22b	
23	Depletion							23	
24	Contributions to de		empensation plans					24	
25	Employee benefit p	-						25	
26	Excess exempt expe	•	•					26	
27 28	Other deductions (a		•			SEE STAT	ЕМЕИТ 2	27	5,097.
28 29	Other deductions (a Total deductions					OHL DIAL	LIIIII Z	28 29	6,425.
29 30			ies 14 tilrough 26 Income before net operating loss deduction. S	Subtract line	e 20	from line 13		30	9,465.
31			n (limited to the amount on line 30)	JOHNOU IIII	. . .J	nom mo 10		31	3,103.
32			income before specific deduction. Subtract lin	e 31 from I	line 3	30		32	9,465.
33			y \$1,000, but see instructions for exceptions)					33	1,000.
34	•		able income. Subtract line 33 from line 32		s gre	ater than line 32, enter t	he smaller		
	of zero or line 32							34	8,465.
22370	1 LUA For Da	norwork	Reduction Act Notice, see instructions						Form 990-T ₋ (2012)

	I Tax Computation				
35	Organizations taxable as corporations (see instructions for tax computation).				
	Controlled group members (sections 1561 and 1563) check here See instructions and:				
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):				
	(1) \$ (2) \$ (3) \$				
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)				
	(2) Additional 3% tax (not more than \$100,000)				
C	Income tax on the amount on line 34	35c 1,270			
36	Trusts taxable at trust rates (see instructions for tax computation). Income tax on the amount on line 34 from:				
	Tax rate schedule or Schedule D (Form 1041)	36			
37	Proxy tax (see instructions)	37			
38	Alternative minimum tax	38			
39	Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39 1,270			
	/ Tax and Payments				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a				
	Other credits (see instructions) 40b				
	General business credit, Attach Form 3800 40c				
ď	Credit for prior year minimum tax (attach Form 8801 or 8827) 40d				
е	Total credits, Add lines 40a through 40d	40e			
41	Subtract line 40e from line 39	41 1,270			
42	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach statement)	42			
43	Total tax. Add lines 41 and 42	43 1,270			
44 a	Payments A 2011 overpayment credited to 2012	_ _			
	2012 estimated tax payments 44b 1,350.				
	Tax deposited with Form 8868				
	Foreign organizations: Tax paid or withheld at source (see instructions) 446				
	Backup withholding (see instructions) 44e				
	Credit for small employer health insurance premiums (Attach Form 8941) 441				
	Other credits and payments: Form 2439				
	☐ Form 4136 ☐ Other Total ► 44g				
45	Total payments. Add lines 44a through 44g	45 1,350			
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached	46 3			
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47			
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48 77			
49	Enter the amount of line 48 you want: Credited to 2013 estimated tax	49 77			
Part V	Statements Regarding Certain Activities and Other Information (see instructions)				
1 Ata	ny time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial acc	ount (bank, Yes No			
seco	irities, or other) in a foreign country? If "Yes," the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Fin	ancial			
	punts. If "Yes," enter the name of the foreign country here	X			
2 Durit	ng the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? s," see instructions for other forms the organization may have to file	X			
	r the amount of tax-exempt interest received or accrued during the tax year > \$				
Sched	ule A - Cost of Goods Sold. Enter method of inventory valuation ► N/A				
1 Inve	ntory at beginning of year 1 6 Inventory at end of year	6			
2 Pur	chases 2 7 Cost of goods sold. Subtract line 6				
3 Cos	t of labor from line 5. Enter here and in Part I, line 2	7			
4a Addi	tional section 263A costs (att. statement) 4a 8 Do the rules of section 263A (with respect to	Yes No			
b Other	er costs (attach statement) 4b property produced or acquired for resale) apply to				
5 Tota	II. Add lines 1 through 4b 5 the organization?				
Sian	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	vledge and belief, it is true,			
Sign Here	Ma	y the IRS discuss this return with			
пете	Simple of allient	preparer shown below (see			
		tructions)? X Yes No			
	Print/Type preparer's name Preparer's signature Date Check if	PTIN			
Paid	CHRISTOPHER D. self-employed				
Prepa		P00097440 27-1728945			
Use C	Use Only Firm's name ► O'CONNOR DAVIES, LLP () Firm's EIN ► 27				
	''				
	665 FIFTH AVENUE	/2121206 2602			
223711 01	665 FIFTH AVENUE Firm's address ► NEW YORK, NY 10022 Phone no.	(212)286-2600 Form 990-T (2012			

Schedule C - Rent Income 1. Description of property	e (i roiii i <u>tear</u>	rroperty and	ar ersonar	riopert	Lease	a with Hear !	торс	, ty)(************************************	
					_				
(1)									
(3)									
(4)			-						
	2. Rent receiv	ed or accrued			T				
(2) From personal property (if the			nd personal proper	ty (if the perce	entage	3(a) Deductions dire	ctly con	nnected with the income in	
rent for personal property is m 10% but not more than 5	ore than	of rent for p	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)			columns 2(a) and 2(I	b) (attach statement)	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
c) Total income. Add totals of columner and on page 1, Part I, line 6, columner and on page 1, Part I, line 6, columner and on page 1, Part I, line 6, columner and on page 1, Part I, line 6, columner and on page 1, Part I, line 6, columner and on page 1, Part I, line 6, columner and on page 1, Part I, line 6, columner and on page 1, Part I, line 6, columner and on page 1, Part II, line 6, columner and on page 1, l		ter ►				(b) Total deductions Enter here and on page Part I, line 6, column (B)		0	
Schedule E - Unrelated De	ebt-Financed	Income (see	instructions)						
				_		3. Deductions directly			
_			2. Gross in or allocable	come from e to debt-	(2)	to debt-fir			
1 Description of debi	t-financed property		financed property		(a) Straight line depreciation (attach statement)			(b) Other deductions (attach statement)	
(1)			-			•			
(2)	·							-	
(3)	· · · · · · · · · · · · · · · · · · ·								
(4)					 			· · · · · ·	
	E 0	advisted basis	6 0 .			7.0		0	
property (attach statement) debt-fina		allocable to nced property statement)	6. Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)			8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)			- "	%					
			<u></u>			er here and on page 1,		Enter here and on page 1,	
						rt I, line 7, column (A)		Part I, line 7, column (B)	
Totals							0.	0	
	unaludad in aaluma	. 0		•			`	0	
<u> Total dividends-received deductions</u> Schedule F - Interest <u>,</u> Anr	wities Poval	ties and Rer	ate From C	ontrolle	d Organ	izatione (see tr	notruo		
Schedule F - Interest, Am	iuities, Royai		ot Controlled C			izations (see ii	istruc	tions)	
_				T T				T	
Name of controlled organization	Employer ide	entification Net ui	nrelated income Total of s		4. of specified ents made 5 Part of column 4 included in the control organization's gross in		trolling	connected with income	
(1)				 				 	
(1)				-		 			
(2)						 			
(3)	 -			 		+			
(4)				1				<u> </u>	
Nonexempt Controlled Organization			<u> </u>				Υ		
7. Taxable Income 8 Net unrelated inc (see instruction					Part of column 9 that is included in the controlling organization's gross income			 Deductions directly connected with income in column 10 	
(1)								·	
		- 							
(2)							\vdash		
(3)									
(4)						-	<u> </u>		
					Enter here a	lumns 5 and 10 nd on page 1, Part I, 3, column (A)	Ent	Add columns 6 and 11 ter here and on page 1, Part I, line 8, column (B)	
				_]	nne i				
Cotale						0.	1	0	

	structions)		2. Amount of income	3. Deductions	4. Set-asides	5 Total deductions
	Scription of income		Z. Amount of income	directly connected (attach statement)	(attach statement)	and set-asides (col 3 plus col 4)
(1)						
(2)						
(3)						
(4)				-		
		· ·- · · · · · · · · · · · · · · · · ·	Enter here and on page 1,		<u> </u>	Enter here and on page
			Part I, line 9, column (A)			Part I, line 9, column (B)
Totals			▶ 0.			
Schedule I - Exploited		/ Income, Oth		ng Income		0
(see inst	tructions)	2 -	4. Net income (loss)			7 -
1 Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated	from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than
		business income	through 7	business income		column 4)
(1)					-	
(2)			_			
(3)						
					ļ	
(4)	Enter here and an	Enter how and an				
	Enter here and on page 1, Part I,	Enter here and on page 1, Part I,	į			Enter here and on page 1,
	line 10, col (A)	line 10, col (B)				Part II, line 26
Totals 🔻) 0.) .			0
Schedule J - Advertis	sing Income (see a	nstructions)				
Part I Income From	Periodicals Rep	orted on a Co	onsolidated Basis			
	2 Gross	3. Direct	4. Advertising gain		6 -	7. Excess readership
1. Name of periodical	advertising income	advertising co	or (loss) (col 2 minus sts col 3) If a gain, comput cols 5 through 7	5. Circulation income	6 Readership costs	costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
					<u> </u>	· ·-·
otals (carry to Part II, line (5))		0.	0.			0
Part II Income From	Periodicals Rep	_	eparate Basis (For e	each periodical liste	d in Part II, fill in	***
	2. Gross		4. Advertising gain			7. Excess readership
1. Name of periodical	advertising income	3 Direct advertising co.	or (loss) (col 2 minus col 3) If a gain, comput cols 5 through 7	5. Circulation income	6. Readership costs	costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I		0.	0.		L	0 .
Did is nom rate r	Enter here and o page 1, Part I, line 11, col (A)		on I,			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)		0.	0.			0
Schedule K - Comper	nsation of Officer	s, Directors.		instructions)	<u> </u>	
	Name	, , ,	2. Title	3. Perce time devo	ted to	ensation attributable elated business
				busine	ss	owen nasiliess
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Total Enter here and on page 1,	Part II line 14			·		0

FORM 990-T	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
ADVERTISING INCOME		15,890.
TOTAL TO FORM 990-T, PAGE	1, LINE 12	15,890.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
ADVERTISING EXPENSE		5,097.
ADVENTIBING EXPENSE		3,03,0

Form 8868

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev. 1-2013)

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete ■ X Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Type or Name of exempt organization or other filer, see instructions Employer identification number (EIN) or print PRO PUBLICA, INC. 14-2007220 File by the Number, street, and room or suite no. If a P O. box, see instructions Social security number (SSN) due date for filing your ONE EXCHANGE PLAZA, 55 BROADWAY, NO. 23 FL return See City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10006 0 7 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Code Is For Code Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 1041-A 80 Form 990-BL Form 4720 (individual) Form 4720 09 Form 990-PF Form 5227 10 04 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 12 Form 990-T (trust other than above) 06 BARBARA ZINKANT, DIRECTOR OF FINANCE & OPERATIONS The books are in the care of ► EXCHANGE PLAZA, 55 BROADWAY, NO. 23 FL - NEW YORK, Telephone No. ► 917-512-0240 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 EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until NOVEMBER 15, 2013 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2012 or tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason: Initial return ☐ Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 1,350. nonrefundable credits. See instructions If this application is for Form 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. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, 1,350. by using EFTPS (Electronic Federal Tax Payment System) See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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