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Form <b>990-T</b>	Exempt Organization Bu	ısine	ss Income T	ax Return	ON.	MB No. 1545-0687
•	(and proxy tax ur For calendar year 2014 or other tax year beginning	ider se			4	2017
•	Information about Form 990-T and its inst	ructions is	, and ending	nov/form990t.	-   4	<b>ZUI4</b>
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it m		_		Open 501(c)	to Public Inspection )(3) Organizations On
A X Check box if	Name of organization ( Check box if name	_				dentification number
address changed			•		instructions	
B Exempt under section	Print PRO PUBLICA, INC.					2007220
X 501(C)(3)	Number, street, and room or suite no. If a P.O.			E	Unrelated b (See instruc	ousiness activity code otions)
408(e) 220(e)						
408A L530(a)		or foreigi	n postal code	ٳؙ	54180	0
529(a)  Book value of all assets	NEW YORK, NY 10013	<b>•</b>			74100	<u> </u>
at end of year  6 865 118	F Group exemption number (See instructions ) G Check organization type ► 501(c) corpora		501(c) trust	401(a) trust	X	Other trust
H Describe the organization	on's primary unrelated business activity ADVERT	ISIN	G REVENUE FI	ROM E-NEWS		
	s the corporation a subsidiary in an affiliated group or a pa			▶ [	Yes	X No
	and identifying number of the parent corporation		enery commoner group			
J The books are in care of	BARBARA ZINKANT, DIREC	TOR	OF FINANTelepho	ne number 🕨 2	12-51	4-5250
	ed Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1 a Gross receipts or sa	les					
<b>b</b> Less returns and all		<b>1</b> c		**************************************		<u></u>
2 Cost of goods sold		2				
=	ct line 2 from line 1c	3				<del> </del>
4 a Capital gain net inco		4a	_	<b>,,,,,,</b>		
	m 4797, Part II, line 17) (attach Form 4797)	4b 4c				
c Capital loss deduction	partnerships and S corporations (attach statement)	5	~			
6 Rent income (Sched		6				
	nced Income (Schedule E)	7	· · · - · - · · · · · · · · · · · · · ·			
	oyalties, and rents from controlled organizations (Sch. F)	8				
	of a section 501(c)(7), (9), or (17) organization (Schedule	G) 9				
10 Exploited exempt ac	ctivity income (Schedule I)	10				
11 Advertising income	(Schedule J)	11	22,522.	6,99	97.	15,525
· ·	nstructions, attach schedule)	12	22,522.	6,99	7	15,525
13 Total. Combine line Part II Deducti	es 3 through 12 ons Not Taken Elsewhere (See instructions	13		0,9.	7 / • ]	15,525
	r contributions, deductions must be directly connec			income.)		
	officers, directors, and trustees (Schedule K)		<del></del>		14	
15 Salaries and wages			- ·		15	
16 Repairs and maint	1 DFL:F1	<b>VEU</b>			16	
17 Bad debts			<b>ါ</b> တ္တါ		17	·
18 Interest (attach so	hedule) 8 JUL 14	2015	Ö		18	
19 Taxes and licenses	· [1]	<del>-</del> · -	AS-OSC	ļ	19	1,037
	itions (See instructions for limitation rules)	TIT		ļ	20	
21 Depreciation (attac			21		225	
· ·	claimed on Schedule A and elsewhere on return		22a		22b 23	
<ul><li>23 Depletion</li><li>24 Contributions to d</li></ul>	oferred companyation plans			ŀ	24	
25 Employee benefit i	eferred compensation plans			ŀ	25	
	penses (Schedule I)			ļ	26	
	costs (Schedule J)				27	
28 Other deductions	•		SEE STAT	EMENT 1	28	1,500
	ns. Add lines 14 through 28				29	2,537
30 Unrelated busines	s taxable income before net operating loss deduction. Sub-	tract line 2	9 from line 13		30	12,988
· · · · · · · · · · · · · · · · · · ·	deduction (limited to the amount on line 30)			ļ	31	10.000
	s taxable income before specific deduction. Subtract line 3		30		32	12,988
	(Generally \$1,000, but see line 33 instructions for exceptions to the second sec		than line 20 antautha	allor of sees	33	1,000
	ss taxable income Subtract line 33 from line 32. If line 33	is greater	man line 32, enter the sm	latier of zero or	34	11,988
34 Unrelated busines						

		2007220	
Part II	Tax Computation		
35	Organizations Taxable as Corporations. See instructions for tax computation.	233	
	Controlled group members (sections 1561 and 1563) check here > See instructions and:	1200	
а	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)		
	Income tax on the amount on line 34	<b>▶</b> 35€	
	Trusis Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:	32.5	
	X Tax rate schedule or Schedule D (Form 1041)	▶ 36	3,087.
	Proxy tax. See instructions		
	Atternative minimum tax		
39	Total Add lines 37 and 38 to line 35c or 36, whichever applies	39	3,087.
Dist 1	Y Tax and Payments	111111 1 00 1	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	22.53	
	Other credits (see instructions) 40b		
	General business credit. Attach Form 3800		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	(\$ \(\varphi \cdot \cdo	
	Total cradits, Add lines 40a through 40d		3,087.
41	Subtract line 40e from line 39	41	3,007.
			3,087.
43	Total tax. Add lines 41 and 42	25. 43	3,007.
	To your and the second	<del>23:</del>	
		00.	
	Tax deposited with Form 8868		
	Foreign organizations: Tax paid or withheld at source (see Instructions)		
	Backup withholding (see instructions)		
	Credit for small employer health insurance premiums (Attach Form 8941)		
9	Other credits and payments. ☐ Form 2439 ☐ Form 4136 ☐ Other ☐ Total ► 44g ☐		
	Form 4136		2 025
45	Total payments. Add lines 44a through 44g	45	2,025.
	- u · · · · · · · · · · · · · · · · · ·		
46	Estimated tax penalty (see instructions) Check if Form 2220 is attached	46	1 062
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	<b>46 47 47</b>	1,062.
47 48	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	46 47 48	1,062.
47 48 49	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  Enter the amount of line 48 you want: Credited to 2015 estimated tax  Refunded	<b>46 47 47</b>	1,062.
47 48 49 Port	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  Enter the amount of line 48 you want: Credited to 2015 estimated tax  Refunded  Statements Regarding Certain Activities and Other Information (see instructions)	46 47 48 49	
47 48 49 Part 1	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  Enter the amount of line 48 you want: Credited to 2015 estimated tax  Refunded  Statements Regarding Certain Activities and Other Information (see instructions)  In time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a finar	48 47 48 49 weial account (ba	nk, Yes No
47 48 49 Port 1 1 At a	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  Enter the amount of line 48 you want: Credited to 2015 estimated tax  Refunded  Statements Regarding Certain Activities and Other Information (see instructions)  In time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a finar urities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign B	48 47 48 49 49 49 49	nk, Yes Na
47 48 49 Port 1 1 At a	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  Enter the amount of line 48 you want: Credited to 2015 estimated tax  Refunded  Statements Regarding Certain Activities and Other Information (see instructions)  In time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a finar urities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign B	48 47 48 49 49 49 49	nk, Yes Na
47 48 49 Part 1 1 At a sect Acc 2 Dud If YE	Overpayment. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  Enter the amount of line 48 you want: Credited to 2015 estimated tax  Refunded  Statements Regarding Certain Activities and Other Information (see instructions)  In line during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a finar urities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign B counts. If YES, enter the name of the foreign country here  In the tax year, did the organization receive a distribution from, or was it the granter of, or transferor to, a foreign trust?  Statements Regarding Certain Activities and Other Information (see instructions)  Refunded  Refunded  Refunded  Refunded  Refunded  Statements Regarding Certain Activities and Other Information (see instructions)	48 47 48 49 49 49 49	nk, Yes No
47 48 49 Part 1 1 At a seco Acco 2 Dud 11 YE 3 Ente	Overpayment. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  Enter the amount of line 48 you want: Credited to 2015 estimated tax  Refunded  Statements Regarding Certain Activities and Other Information (see instructions)  In line during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a finar urities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign B counts. If YES, enter the name of the foreign country here  The property of the organization receive a distribution from, or was it the granter of, or transferor to, a foreign trust?  See instructions for other forms the organization may have to the service of the torns the organization may have to the service of the torns the organization may have to the service of the torns the organization may have to the service of the torns the organization may have to the service of the torns the organization may have to the service of the torns the organization have an interest the property of the torns the organization may have to the service of the torns the organization may have to the service of the torns the organization may have to the service of the organization that the organization may have to the service of the organization that the organization t	48 47 48 49 49 49 49	nk, Yes Na
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47 48 49 Part 1 At a second se	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  Enter the amount of line 48 you want: Credited to 2015 estimated tax  Statements Regarding Certain Activities and Other Information (see instructions) in y time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a finar urities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign B rounts. If YES, enter the name of the foreign country here on the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  Statements Regarding Certain Activities and Other Information (see instructions) in a foreign country over a finar urities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign B rounts year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  State amount of tax-exempt interest received or accrued during the tax year \$  Stulle A - Cost of Goods Sold. Enter method of inventory valuation N/A  Enter the amount of tax-exempt interest received or accrued during the tax year \$  Stulle A - Cost of Goods Sold. Enter method of inventory valuation N/A  Enter the amount of tax-exempt interest received or accrued during the tax year \$  Stulle A - Cost of Goods Sold. Enter method of inventory valuation N/A  Enter the amount of tax-exempt interest received or accrued during the tax year \$  Stulle A - Cost of Goods Sold. Enter method of inventory valuation N/A  Enter the amount of tax-exempt interest received or accrued during the tax year \$  Stulle A - Cost of Goods Sold. Enter method of inventory valuation N/A  Enter the amount of tax-exempt inventory valuation N/A  Enter the amount of tax-exempt inventory valuation N/A  Enter the amount of tax-exempt inventory valuatio	48 47 48 49 49  Icial account (balank and Financia) 6 7	nk, Yes No
47 48 49 Part 1 At a second Accompany 3 Enter Scheo 1 Inverse Pur 3 Cos 4 a Add b Oth 5 Tot	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  Enter the amount of line 48 you want: Credited to 2015 estimated tax  Statements Regarding Certain Activities and Other Information (see instructions) in y time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a finar urities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign B rounts. If YES, enter the name of the foreign country here on the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  Statements Regarding Certain Activities and Other Information (see instructions) in a foreign country over a finar urities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign B rounts year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  State amount of tax-exempt interest received or accrued during the tax year \$  Stulle A - Cost of Goods Sold. Enter method of inventory valuation N/A  Enter the amount of tax-exempt interest received or accrued during the tax year \$  Stulle A - Cost of Goods Sold. Enter method of inventory valuation N/A  Enter the amount of tax-exempt interest received or accrued during the tax year \$  Stulle A - Cost of Goods Sold. Enter method of inventory valuation N/A  Enter the amount of tax-exempt interest received or accrued during the tax year \$  Stulle A - Cost of Goods Sold. Enter method of inventory valuation N/A  Enter the amount of tax-exempt interest received or accrued during the tax year \$  Stulle A - Cost of Goods Sold. Enter method of inventory valuation N/A  Enter the amount of tax-exempt inventory valuation N/A  Enter the amount of tax-exempt inventory valuation N/A  Enter the amount of tax-exempt inventory valuatio	48 47 48 49 49  Icial account (balank and Financia) 6 7	nk, Yes No
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47 48 49 Part 1 At a second Accompany 3 Enter Scheo 1 Inverse Pur 3 Cos 4 a Add b Oth 5 Tot	Overpayment, if line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment, if line 45 is larger than the total of lines 43 and 46, enter amount overpaid  Enter the amount of line 48 you want: Credited to 2015 estimated tax    Refunded	48 47 48 49 Icial account (ba ank and Financia  6 7  To my knowledge and the preparer	Yes No X  Yes No Yes No Yes No Yes No Yes No
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47 48 49 Pert 1 At a second Accompany 3 Enter Scheo 1 Inver 2 Pur 3 Cos 4 a Add b Oth 5 Tot	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  Enter the amount of line 48 you want: Credited to 2015 estimated tax  Statements Regarding Certain Activities and Other Information (see instructions)  In line during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a finar  urities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign B  counts. If YES, enter the name of the foreign country here  ng the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  See Intervitions for other forms the organization may have to the grantor of, or transferor to, a foreign trust?  See Intervitions for other forms the organization may have to the grantor of, or transferor to, a foreign trust?  See Intervitions for other forms the organization may have to the grantor of, or transferor to, a foreign trust?  See Intervitions for other forms the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  See Intervitions for other forms the organization receive a distribution form, or was it has grantor of, or transferor to, a foreign trust?  Subject to a Goods Sold. Enter method of inventory valuation in N/A  Sentory at beginning of year  1	48 47 48 49 49 Icial account (balank and Financia) 46 47 48 49 49 49 49 49 49 49 49 49 49 49 49 49	Yes No X  Yes No
47 48 49 Pert 1 At a second Accompany 3 Enter Scheo 1 Inver 2 Pur 3 Cos 4 a Add b Oth 5 Tot	Overpayment. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  Enter the amount of line 48 you want: Credited to 2015 estimated tax  Statements Regarding Certain Activities and Other Information (see instructions)  In your lime during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a finar  urities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign B  counts. If YES, enter the name of the foreign country here  If yes, see instructions for other name of the foreign country here  If yes, see instructions for other name of the foreign country here  If yes, see instructions for other name of the organization may have to file.  If yes, each of the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If yes, each of the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If yes, each of the organization receive of a corrued during the tax year is grantor of, or transferor to, a foreign trust?  If yes, see instructions for other forms the organization may have to file.  If yes, see instructions for other forms the organization of year organization?  Inder penalties of periory, I declare that I have examined this return, including accompanying achadules and statements, and to the best organization of year organization?  Inder penalties of periory, I declare that I have examined this return, including accompanying achadules and statements, and to the best organization organization?  In year organization organization of penalty, I declare tha	48 47 48 49 49 49 49 49 49 49 40 40 40 40 40 40 40 40 40 40 40 40 40	Yes No X  Yes No
47 48 49 Pert 1 At a sector Acctor Ac	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  Enter the amount of line 48 you want: Credited to 2015 estimated tax  Statements Regarding Certain Activities and Other Information (see instructions)  In y time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a finar  urities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign B  counts. If YES, enter the name of the foreign country here properties in the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  See instructions for other tourns the organization may have to file  see the amount of tax-exempt interest received or accrued during the tax year stille A - Cost of Goods Sold. Enter method of inventory valuation property at end of year  Chases 2 7 Cost of goods sold. Subtract line 6  Inventory at end of year  Chases 2 7 Cost of goods sold. Subtract line 6  Inventory at end of year  Chases 2 7 Cost of goods sold. Subtract line 6  Inventory at end of year  Chases 2 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply the organization?  Under penalties of perivy, I declare that I have examined this return, including accompanying achadules and slatements, and to the beat of correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  PRESIDENT  Title  Print/Type preparer's name  Paparer's signature  Print/Type preparer's name  Paparer's signature  Print/Type preparer's name  Paparer's signature  Print/Type preparer's name	48 47 48 49 Icial account (ba ank and Financia  8 7 Ito Imy knowledge and the preparer instructions)  If PTIN ployed PO	Yes No X  Yes No
47 48 49 Part 1 At a second Accompany 3 Enter Scheo 1 Inverse Pur 3 Cos 4 a Add b Oth 5 Tot Sign Here	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  Enter the amount of line 48 you want: Credited to 2015 estimated tax  Statements Regarding Certain Activities and Other Information (see instructions)  In y time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a finar  urities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign B  obusts. If YES, enter the name of the foreign country here  on the tax year, did the organization receive a distribution form, or was it the grantor of, or transferor to, a foreign trust?  See instructions to other forms the organization may have to file  or the amount of tax-exempt interest received or accrued during the tax year  Stulle A - Cost of Goods Sold. Enter method of inventory valuation  A - Cost of Goods Sold. Enter method of inventory valuation  Final files of general ge	48 47 48 49 Icial account (ba ank and Financia  8 7 Ito Imy knowledge and the preparer instructions)  If PTIN ployed PO	Yes No X  Yes No
47 48 49 Part 1 At a second Scheol 2 Pur 3 Cos 4 a Add b Oth 5 Tot Sign Here Paid Prepaid	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  Enter the amount of line 48 you want: Credited to 2015 estimated tax  Statements Regarding Certain Activities and Other Information (see instructions)  In y time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a finar  urities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign B  outs. If YES, enter the name of the foreign country here both to the sensitivities for other forms the organization form, or was it the grantor of, or transferor to, a foreign trust?  See instructions for other forms the organization may have to file  or the amount of tax-exempt interest received or accured during the tax year but the grantor of the foreign trust?  See instructions for other forms the organization may have to file  amount of tax-exempt interest received or accured during the tax year but the grantor of the foreign trust?  Signature of Goods Sold. Enter method of inventory valuation by N/A  Solitional section 283A costs (att schedule)  48	## 48	Yes No X X Yes No Yes No Yes No X X Yes No
47 48 49 Part 1 At a second Scheol 2 Pur 3 Cos 4 a Add b Oth 5 Tot Sign Here Paid Prepaid	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  Enter the amount of line 48 you want: Credited to 2015 estimated tax  Statements Regarding Certain Activities and Other Information (see instructions)  In y time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a finar  urities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign B  obusts. If YES, enter the name of the foreign country here  on the tax year, did the organization receive a distribution form, or was it the grantor of, or transferor to, a foreign trust?  See instructions to other forms the organization may have to file  or the amount of tax-exempt interest received or accrued during the tax year  Stulle A - Cost of Goods Sold. Enter method of inventory valuation  A - Cost of Goods Sold. Enter method of inventory valuation  Final files of general ge	## 48	Yes No X  Yes No

Form 990-T (2014) PRO PUE Schedule C - Rent Inco	BLICA, INC	Drana	the one	Doroonal	Duanau	<del></del>		14-20			
1. Description of property	me (From Real	Proper	ty and	<u>i Personai</u>	Proper	ty Leas	sec	a with Real P	rope	HA)(see instructions)	
(1)											
(2)		-			<del></del>						
(3)								<u></u>			
_(4)	2. Rent receiv	ed or accrue	vd				$\top$			<del></del>	
(a) From personal property (if the percentage of rent for personal property is more than of ren			rom real a	rom real and personal property (if the percentage rent for personal property exceeds 50% or if the rent is based on profit or income)				3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)		•		The Debot on prome	0. 1/100.1110/		$\dagger$				
(2)			<del></del> .				$\dagger$				
(3)		1					+	• .			
(4)					-		$\dagger$				
Total	0.	Total				0.	+				
(c) Total income Add totals of columbere and on page 1, Part I, line 6, co	ımns 2(a) and 2(b) Er	iter				0.	70	b) Total deductions inter here and on page Part I, line 6, column (B)		0 .	
Schedule E - Unrelated	<b>Debt-Finance</b>	Incom	e (see	instructions)							
				2 0			3	3. Deductions directly			
4	<u>-</u>			Gross income from or allocable to debt-		(2)	to debt-financed p			(b) Other deductions	
Description of debt-financed property			financed (		property		Straight line depreciation (attach schedule)			(attach schedule)	
(1)		-								· ·	
(2)											
(3)											
(4)											
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	d of or a debt-fina	e adjusted ba allocable to inced proper h schedule)	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)					0	<b>/</b> 6	,				
(2)			····	-		%			-		
_(3)		-				/6					
(4)	-					6					
				<del>\</del>				er here and on page 1, t i, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)	
Totals									0.	0 .	
Total dividends-received deduction	ns included in columi	1 8							▶	0.	
Schedule F - Interest, A			nd Ren	ts From C	ontrolle	d Orga	mi	zations (see in	nstruct	tions)	
				t Controlled O				· · · · · · · · · · · · · · · · · · ·		<u> </u>	
1. Name of controlled organizatio	n <b>2</b> Employer id:			Net unrelated income Total		4. of specified	5. Part of column 4 that i		that is	6. Deductions directly connected with income	
number		ber	(loss) (s	see instructions)	paym	nents made		organization's gross income		e in column 5	
_(1)											
(2)		<u>.</u>	ļ								
(3)			<u> </u>								
_(4)											
Nonexempt Controlled Organiza	ations										
7. Taxable Income	8. Net unrelated incom (see instructions		<b>9</b> . Tot	tal of specified payi made	ments	10. Part of	ntro	umn 9 that is included illing organization's ss income		Deductions directly connected with income in column 10	
(1)					-						
(2)	<u> </u>								<del>                                     </del>	<del></del>	

(4)

Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)

Add columns 5 and 10

Enter here and on page 1, Part I,

line 8, cotumn (A)

0.

Form 990-T (2014)

<u>Totals</u>

(3)

Schedule G - Investm	nent In		Section 5	i01(c)(7	), (9), or (17) Oı	rganizat	ion			
1. Description of income				2. Amount of income	directly o	Deductions directly connected (attach schedule)		Set-asides ach schedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)					<del>-</del>					
(2)					•					1
										4
(3)						_				-
(4)										<del>                                     </del>
					Enter here and on page 1, Part I, line 9, column (A)					Enter here and on page 1, Part I, line 9, column (B)
Totals				<b>•</b>	0.					0.
Schedule I - Exploite (see ins	d Exen		Income,	Other	Than Advertis	ing Inco	me			
	7				4. Net income (loss)		-			7 -
Description of exploited activity  2. Gross unrelated business income from trade or business		3. Exper directly con with produ of unrela business in	nected ection ted	from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	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 column 4)	
(1)										
(1)	-	<del>-</del>		+		<del> </del>				<del>                                     </del>
(2)	-	<u> </u>	•		<del></del>					<del>                                     </del>
(3)										
(4)					***************************************			·····		
	p:	er here and on age 1, Part I, e 10, col (A)	Enter here a page 1, P line 10, co	anti, [						Enter here and on page 1, Part II, line 26
Totals	<b>&gt;</b>	0.		0.					0.	
Schedule J - Adverti	sina In	come (see )	nstructions)							
					solidated Basis	3				
1 . Name of penodical		2. Gross advertising income		Direct sing costs	4 Advertising gain or (loss) (col. 2 minus col. 3) If a gain, computable 5 through 7		rculation come	<b>6</b> . F	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) E-JOURNAL			1							, , , , , , , , , , , , , , , , , , , ,
(2) WEBSITE		<del></del>			-					
(3) ADVERTISING		22,52	2 6	,997	$\dashv$		0.		0.	
(4)		22,32	2.	, ,,,,	•		<u> </u>			
		22 52	2 6	007	15 525					0.
Totals (carry to Part II, line (5))  Part II Income From	n Perio	22,52 odicals Rep	orted on	, 997 a <b>Sep</b> a	. 15,525 arate Basis (For	each perio	odical listed	in Pa	rt II, fill in	<u> </u>
columns 2 throu										
1. Name of penodical	_	2. Gross advertising income		Direct sing costs	Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compu- cols. 5 through 7	5 . Cı	rculation come	<b>6</b> . r	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)		<del>                                     </del>								
(4)		<del>                                     </del>						<b></b>		
	<b></b>	22,52	2 6	,997	_			l		0.
Totals from Part I	m Part I ZZ, JZZ 0 0, 73  Enter here and on page 1, Part I, page 1, Part		ere and on	on					Enter here and on page 1,	
line 11, col (A) line 11, co							Part İİ, line 27			
Totals, Part II (lines 1-5) Schedule K - Compe	neatio					e instructio	ns)			<u> </u>
	Name		10, 51100	.0.0, u.	2. Title		3. Percer time devot	ed to		ensation attributable related business
		· · -		-			busines	ss %		
(1)				<del> </del> ~	<del></del>		<del> </del>			
(2)				<u> </u>	·		<del>                                     </del>			
(3)				-			-	%		
(4)				<u> </u>				<u>%</u>		
Total Enter here and on page	1 <u>, Part II,</u>	line 14					<del>-</del>	<u> </u>		0 .
										Form <b>990-T</b> (2014

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
TAX PREPARATION FEE		1,500.
TOTAL TO FORM 990-T, PAGE 1	, LINE 28	1,500.

## Form **8868**' (Rev. January 2014)

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.

▶ Information about Form 8868 and its instructions is at www.lrs.gov/form8868 ·

OMB No. 1545-1709

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 E							
Do not complete Part II unless you have already been granted Electronic filing (e-file). You can electronically file Form 8868 if	an automa you need a	atic 3-month extension on a previous a 3-month automatic extension of tim	ly filed For ne to file (6	m 8868 months for a corp	ooration		
required to file Form 990-T), or an additional (not automatic) 3-m	onth extens	sion of time. You can electronically fi	le Form 88	68 to request an	extension		
of time to file any of the forms listed in Part I or Part II with the e	xception of	Form 8870, Information Return for T	ransfers A	ssociated With C	ertain		
Personal Benefit Contracts, which must be sent to the IRS in pa	per format	(see instructions) For more details of	n the elec	tronic filing of this	form,		
visit www irs gov/efile and click on e-file for Charities & Nonprofil	s						
Part I Automatic 3-Month Extension of Tim	e. Only s	submit original (no copies nee	eded).				
A corporation required to file Form 990-T and requesting an auto	matic 6-mo	onth extension - check this box and	complete				
Part I only				•	X		
All other corporations (including 1120-C filers), partnerships, REI	MICs, and t	rusts must use Form 7004 to reques	t an extens	sion of time			
to file income tax returns			Enter file	r's identifying nu	mber		
Type or Name of exempt organization or other filer, see instr	uctions.		Employer	identification num	nber (EIN) or		
PRO PUBLICA, INC.				14-20072	20		
File by the		A	Capial age				
Number, street, and room or suite no If a PO box, filing your return See ONE EXCHANGE PLAZA, 55 BRC			Social Sec	curity number (SS			
City, town or post office, state, and ZIP code For a NEW YORK, NY 10006	foreign add	dress, see instructions					
Enter the Return code for the return that this application is for (f	ile a separa	ate application for each return)			0 7		
Application	Return	Application			Return		
Is For	Code	Is For			Code		
Form 990 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990-BL	02	Form 1041-A			08		
Form 4720 (individual)	03	Form 4720 (other than individual)	•		09		
Form 990-PF	04	Form 5227			10		
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-T (trust other than above)	06	Form 8870			12		
		RECTOR OF FINANCE			ONE		
• The books are in the care of ▶ EXCHANGE PLAZE	1, 55	BROADWAY, NO. 23 F	L - N	EW YORK,	<u>NY</u>		
Telephone No. ▶ 212-514-5250		Fax No 🕨					
If the organization does not have an office or place of business.	ss in the U	nited States, check this box		)	<b>▶</b>		
• If this is for a Group Return, enter the organization's four digital	t Group Ex	emption Number (GEN)	f this is foi	the whole group,	check this		
box ▶ If it is for part of the group, check this box ▶ □	and atta	ach a list with the names and EINs o	f all memb	ers the extension	is for		
1 I request an automatic 3-month (6 months for a corporation NOVEMBER 15, 2015, to file the exemption of the second secon				The extension			
is for the organization's return for	. •	·					
► X calendar year 2014 or							
tax year beginning, and ending							
2 If the tax year entered in line 1 is for less than 12 months,  Change in accounting period	check reas	son Initial return	Fınal retur	n 			
3a If this application is for Forms 990-BL, 990-PF, 990-T, 472	0, or 6069,	enter the tentative tax, less any			<del></del>		
nonrefundable credits See instructions 3a \$							
b If this application is for Forms 990-PF, 990-T, 4720, or 600	59, enter ar	ny refundable credits and					
estimated tax payments made. Include any prior year over			3b	\$	2,025.		
c Balance due. Subtract line 3b from line 3a Include your							
by using EFTPS (Electronic Federal Tax Payment System			3с	\$	0.		
Caution. If you are going to make an electronic funds withdraw			3453 EO ai	nd Form 8879-EO	for payment		

instructions