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CLIENT'S COPY

COPY



MATTHEWS, CARTER & BOYCE
RESPECT. CONFIDENCE. TRUST.®

September 2, 2014

The Center For Public Integrity
910 17th Street, NW, 7th Floor No. 700
Washington, DC 20006
Attention: Ms. Candace Hollingsworth

Dear Ms. Hollingsworth:

Enclosed is the organization's 2013 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 17, 2014.

Please review the return for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Matthews, Carter & Boyce

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning _____, 2013, and ending _____, 20____

2013

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo**

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

THE CENTER FOR PUBLIC INTEGRITY

54-1512177

Name and title of officer

**WILLIAM E. BUZENBERG
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>7,634,713.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **MATTHEWS, CARTER & BOYCE** to enter my PIN **02177**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54143498765
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE CENTER FOR PUBLIC INTEGRITY		D Employer identification number 54-1512177
	Doing Business As		E Telephone number 202-466-1300
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	910 17TH STREET, NW, 7TH FLOOR		700
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20006		G Gross receipts \$ 7,993,866.
F Name and address of principal officer: WILLIAM E. BUZENBERG SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
J Website: WWW.PUBLICINTEGRITY.ORG		If "No," attach a list. (see instructions)	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(c) Group exemption number ▶	
		L Year of formation: 1989	M State of legal domicile: DC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: INVESTIGATIVE JOURNALISM IN THE PUBLIC INTEREST		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	62
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,858,926.	7,464,706.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	36,128.	52,049.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	89,003.	58,063.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,006.	59,895.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,998,063.	7,634,713.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,078,256.	17,341.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	4,363,015.	4,692,500.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 837,705.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,192,679.	2,092,295.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,633,950.	6,802,136.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	1,364,113.	832,577.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	6,437,155.	7,515,156.
	22 Net assets or fund balances. Subtract line 21 from line 20	720,100.	758,969.
		5,717,055.	6,756,187.

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.

Sign Here	Signature of officer		Date	
	WILLIAM E. BUZENBERG, EXECUTIVE DIRECTOR			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	KATHLEEN M. FLAHERTY			P00969957
	Firm's name ▶ MATTHEWS, CARTER & BOYCE	Firm's EIN ▶ 54-1487262		
	Firm's address ▶ 11320 RANDOM HILLS ROAD, SUITE 600 FAIRFAX, VA 22030		Phone no. 703-218-3600	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO PRODUCE ORIGINAL INVESTIGATIVE JOURNALISM ABOUT SIGNIFICANT PUBLIC ISSUES TO MAKE INSTITUTIONAL POWER MORE TRANSPARENT AND ACCOUNTABLE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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.

4a (Code:) (Expenses \$ 5,631,896. including grants of \$ 17,341.) (Revenue \$ 111,944.) SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 5,631,896.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part 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

Input box for Schedule O

Main table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes rows for Form 1096, Form W-2G, Form W-3, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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 in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with columns for line numbers (1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9), descriptions of questions, and Yes/No columns. Includes questions about voting members, family relationships, management delegation, and governance decisions.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for line numbers (10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b), descriptions of questions, and Yes/No columns. Includes questions about local chapters, conflict of interest policies, whistleblower policies, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AZ, CA, CT, FL, GA, IL, KS, KY, ME, MD, MA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(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 (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM E. BUZENBERG EXECUTIVE DIRECTOR	48.00	X		X			215,068.	0.	16,977.	
(2) MARIANNE SZEGEDY-MASZAK DIRECTOR	0.50	X					0.	0.	0.	
(3) BRUCE FINZEN CHAIR	2.00	X		X			0.	0.	0.	
(4) MATTHEW GRANADE TREASURER	0.50	X		X			0.	0.	0.	
(5) MOLLY BINGHAM DIRECTOR	0.50	X					0.	0.	0.	
(6) ARIANNA HUFFINGTON DIRECTOR	0.50	X					0.	0.	0.	
(7) CHARLES EISENDRATH DIRECTOR	0.50	X					0.	0.	0.	
(8) DAN EMMETT DIRECTOR	0.50	X					0.	0.	0.	
(9) JENNIFER LEE DIRECTOR	0.50	X					0.	0.	0.	
(10) JAMES KIERNAN SECRETARY	0.50	X		X			0.	0.	0.	
(11) BEVIS LONGSTRETH DIRECTOR	0.50	X					0.	0.	0.	
(12) SUSAN LOEWENBERG DIRECTOR	0.50	X					0.	0.	0.	
(13) OLIVIA MA VICE CHAIR	1.00	X		X			0.	0.	0.	
(14) CRAIG NEWMARK DIRECTOR	0.50	X					0.	0.	0.	
(15) GILBERT S. OMENN, MD, PHD DIRECTOR	0.50	X					0.	0.	0.	
(16) MATT THOMPSON VICE CHAIR	1.00	X		X			0.	0.	0.	
(17) STEVE KROFT DIRECTOR	0.50	X					0.	0.	0.	

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 organizations below line)	(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 (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HENDRIK-JAN LASEUR DIRECTOR	0.50	X						0.	0.	0.
(19) SCOTT SIEGLER DIRECTOR	0.50	X						0.	0.	0.
(20) GRAEME WOOD DIRECTOR	0.50	X						0.	0.	0.
(21) GORDON WITKIN MANAGING EDITOR	40.00					X	153,183.	0.		6,128.
(22) ROBIN HELLER CHIEF DEVELOPMENT OFFICER	40.00					X	171,571.	0.		15,237.
(23) KIMBERLEY PORTEOUS CHIEF DIGITAL OFFICER	40.00					X	132,026.	0.		10,669.
(24) ROBERT J. SMITH MANAGING EDITOR	40.00					X	150,500.	0.		17,388.
(25) GERARD RYLE DIRECTOR, ICIJ	40.00					X	175,500.	0.		13,330.
1b Sub-total							997,848.	0.		79,729.
c Total from continuation sheets to Part VII, Section A							0.	0.		0.
d Total (add lines 1b and 1c)							997,848.	0.		79,729.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **10**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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	(B) Description of services	(C) Compensation
DOW LOHNES PLLC, 1200 NEW HAMPSHIRE AVENUE, NW, WASHINGTON, DC 20036	LEGAL SERVICES	120,564.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,464,706.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		7,464,706.			
	Program Service Revenue	2 a CONTRACTUAL SERVICES	Business Code			
		900099	52,049.	52,049.		
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		52,049.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		57,997.		57,997.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	359,219.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	359,153.			
		c Gain or (loss)	66.			
	d Net gain or (loss)		66.		66.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a RENTAL INCOME	900099	34,744.	34,744.			
b SYNDICATION FEES	900099	19,500.	19,500.			
c MISCELLANEOUS REVENUE	900099	5,651.	5,651.			
d All other revenue						
e Total. Add lines 11a-11d		59,895.				
12 Total revenue. See instructions.		7,634,713.	111,944.	0.	58,063.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	12,341.	12,341.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	5,000.	5,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	232,044.	92,818.	46,408.	92,818.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,768,647.	2,954,652.	452,580.	361,415.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	110,135.	87,250.	13,123.	9,762.
9 Other employee benefits	290,696.	221,697.	39,441.	29,558.
10 Payroll taxes	290,978.	222,413.	36,117.	32,448.
11 Fees for services (non-employees):				
a Management				
b Legal	129,276.	111,501.	10,135.	7,640.
c Accounting	18,531.	15,983.	1,453.	1,095.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	176,916.	152,590.	13,870.	10,456.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	448,887.	387,144.	35,156.	26,587.
12 Advertising and promotion	10,369.	10,334.	35.	
13 Office expenses	102,207.	16,997.	40,380.	44,830.
14 Information technology	178,091.	71,569.	82,158.	24,364.
15 Royalties				
16 Occupancy	555,808.		555,808.	
17 Travel	189,443.	136,948.	21,910.	30,585.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,933.	6,584.	9,274.	6,075.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	101,421.		101,421.	
23 Insurance	39,464.	12,164.	27,300.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RESEARCH	84,124.	83,824.	300.	
b DUES AND FILING FEES	10,964.	1,579.	2,078.	7,307.
c RECRUITING	4,721.		4,721.	
d ALLOCATE OVERHEAD	0.	1,018,696.	-1,170,217.	151,521.
e All other expenses	20,140.	9,812.	9,084.	1,244.
25 Total functional expenses. Add lines 1 through 24e	6,802,136.	5,631,896.	332,535.	837,705.
26 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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	367,701.	1	645,051.	
	2 Savings and temporary cash investments	14,455.	2	73,861.	
	3 Pledges and grants receivable, net	3,241,203.	3	4,079,885.	
	4 Accounts receivable, net	919.	4	6,519.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	80,033.	9	104,796.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 855,861.			
	b Less: accumulated depreciation	10b 687,080.	270,203.	10c 168,781.	
	11 Investments - publicly traded securities	2,420,917.	11	2,394,539.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	41,724.	15	41,724.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,437,155.	16	7,515,156.		
Liabilities	17 Accounts payable and accrued expenses	233,335.	17	331,421.	
	18 Grants payable		18		
	19 Deferred revenue	50,093.	19	0.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	436,672.	25	427,548.	
	26 Total liabilities. Add lines 17 through 25	720,100.	26	758,969.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	-1,177,043.	27	-1,322,572.	
	28 Temporarily restricted net assets	5,826,454.	28	6,982,771.	
	29 Permanently restricted net assets	1,067,644.	29	1,095,988.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	5,717,055.	33	6,756,187.		
34 Total liabilities and net assets/fund balances	6,437,155.	34	7,515,156.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,634,713.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,802,136.
3	Revenue less expenses. Subtract line 2 from line 1	3	832,577.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,717,055.
5	Net unrealized gains (losses) on investments	5	206,555.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,756,187.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2013

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **THE CENTER FOR PUBLIC INTEGRITY** Employer identification number **54-1512177**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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: _____
- 5 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)**.
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	<input type="checkbox"/>	<input type="checkbox"/>
(ii) A family member of a person described in (i) above?	<input type="checkbox"/>	<input type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	<input type="checkbox"/>	<input type="checkbox"/>
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,610,122.	8,580,963.	5,128,583.	8,858,926.	7,464,706.	35,643,300.
2 Tax revenues levied for the organization'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	5,610,122.	8,580,963.	5,128,583.	8,858,926.	7,464,706.	35,643,300.
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)						11,412,958.
6 Public support. Subtract line 5 from line 4.						24,230,342.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	5,610,122.	8,580,963.	5,128,583.	8,858,926.	7,464,706.	35,643,300.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	151,464.	77,445.	65,183.	58,502.	57,997.	410,591.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	767.	17,253.	65,907.	14,006.	59,895.	157,828.
11 Total support. Add lines 7 through 10						36,211,719.
12 Gross receipts from related activities, etc. (see instructions)					12	636,427.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	66.91	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	65.95	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 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 or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Lined area for supplemental information with a large diagonal 'COPY' watermark.

Schedule A Identification of Excess Contributions Included on Part II, Line 5 2013

**** Do Not File ****

***** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
THE FORD FOUNDATION	900,000.	175,766.
ADESSIUM FOUNDATION	3,880,000.	3,155,766.
GREENLIGHT CAPITAL LLC	1,793,000.	1,068,766.
JOHN D. & CATHERINE T. MACARTHUR FOUNDATION	1,650,000.	925,766.
JOHN S. AND JAMES L. KNIGHT FOUNDATION	2,150,000.	1,425,766.
OPEN SOCIETY INSTITUTE	1,380,000.	655,766.
PARK FOUNDATION, INC.	975,000.	250,766.
POPPLESTONE FOUNDATION	750,000.	25,766.
OMIDYAR NETWORK FUND, INC.	2,400,000.	1,675,766.
GRANTHAM FOUNDATION FOR THE PROTECTION OF THE ENVIRONMENT	1,625,000.	900,766.
OPEN SOCIETY FOUNDATION	1,500,000.	775,766.
PUBLIC WELFARE FOUNDATION	825,000.	100,766.
WELLSPRING ADVISORS	1,000,000.	275,766.
Total Excess Contributions to Schedule A, Part II, Line 5		11,412,958.

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.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

THE CENTER FOR PUBLIC INTEGRITY

Employer identification number

54-1512177

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** 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 **General Rule** or a **Special Rule**.

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.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "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 certify that it does not 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) (2013)

Name of organization THE CENTER FOR PUBLIC INTEGRITY	Employer identification number 54-1512177
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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
1	GRANTHAM FOUNDATION FOR THE PROTECTION OF THE ENVIRONMENT 40 ROWES WHARF BOSTON, MA 02110	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
2	OPEN SOCIETY FOUNDATION 224 WEST 57TH STREET NEW YORK, NY 10019	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
3	PUBLIC WELFARE FOUNDATION INC 1200 U STREET, NW WASHINGTON, DC 20009	\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
4	OMIDYAR NETWORK FUND 1991 BROADWAY ST., SUITE 200 REDWOOD CITY, CA 94063	\$ 950,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
5	HEWLETT FOUNDATION 2121 SAND HILL ROAD MENLO PARK, CA 94025	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
6	ADDESSIUM PO BOX 76 2810 AB REEUWIJK, NETHERLANDS	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization THE CENTER FOR PUBLIC INTEGRITY	Employer identification number 54-1512177
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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
7	FORD FOUNDATION 320 EAST 43RD STREET NEW YORK, NY 10017	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	WYNCOTE FOUNDATION 1717 ARCH STREET 14TH FLOOR PHILADELPHIA, PA 19103	\$ 160,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	PARK FOUNDATION PO BOX 550 ITHACA, NY 14851	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	MACARTHUR FOUNDATION 140 SOUTH DEARBORN STREET, SUITE 1200 CHICAGO, IL 60603	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	THE CALIFORNIA ENDOWMENT 1000 N. ALAMEDA STREET LOS ANGELES, CA 90012	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	CARNEGIE CORPORATION 437 MADISON AVENUE NEW YORK, NY 10022	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE CENTER FOR PUBLIC INTEGRITY	Employer identification number 54-1512177
--	---

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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization THE CENTER FOR PUBLIC INTEGRITY	Employer identification number 54-1512177
--	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

THE CENTER FOR PUBLIC INTEGRITY

Employer identification number

54-1512177

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for purposes (land for public use, natural habitat, open space, historic land, historic structure) and a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 8/17/06).

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets held for public exhibition, education, or research.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,067,644.	1,291,455.	1,020,000.	1,020,000.	1,020,000.
b Contributions	0.	-250,000.	250,500.		
c Net investment earnings, gains, and losses	28,344.	26,189.	20,955.		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,095,988.	1,067,644.	1,291,455.	1,020,000.	1,020,000.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment 100.00 %
- c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		300,270.	238,377.	61,893.
d Equipment		303,212.	296,675.	6,537.
e Other		252,379.	152,028.	100,351.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				168,781.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to 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 end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) BUILDING ALLOWANCE	93,859.
(3) DEFERRED RENT	331,677.
(4) DEPOSITS	2,012.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	427,548.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	7,841,268.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	206,555.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	206,555.
3	Subtract line 2e from line 1	3	7,634,713.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,634,713.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	6,802,136.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	6,802,136.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,802,136.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE PERMANENTLY RESTRICTED NET ASSETS ARE TO BE USED TO
CONTINUE THE CENTER'S INVESTIGATIVE JOURNALISM.

PART X, LINE 2:

THE CENTER HAS ADOPTED FINANCIAL ACCOUNTING STANDARDS BOARD
INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, (FIN
48), AS PERMITTED BY FASB STAFF POSITION (FSP) FIN 48-3, WHICH IS CODIFIED
AT FASB ASC 740. FASB ASC 740 REQUIRES CHANGES IN RECOGNITION AND
MEASUREMENT FOR UNCERTAIN TAX POSITIONS. THE CENTER HAS ANALYZED ITS TAX
POSITIONS AND HAS CONCLUDED THAT NO LIABILITY SHOULD BE RECORDED RELATED
TO ANY UNCERTAIN TAX POSITIONS. THE CENTER IS NOT AWARE OF ANY TAX

Part XIII Supplemental Information (continued)

POSITIONS WHICH IT BELIEVES WILL CHANGE MATERIALLY IN THE NEXT TWELVE MONTHS. IF THIS POSITION CHANGES, THE CENTER WILL ASSESS THE IMPACT OF ANY SUCH MATTERS ON ITS FINANCIAL POSITION AND RESULTS OF OPERATIONS.

COPY

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

Employer identification number

THE CENTER FOR PUBLIC INTEGRITY

54-1512177

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

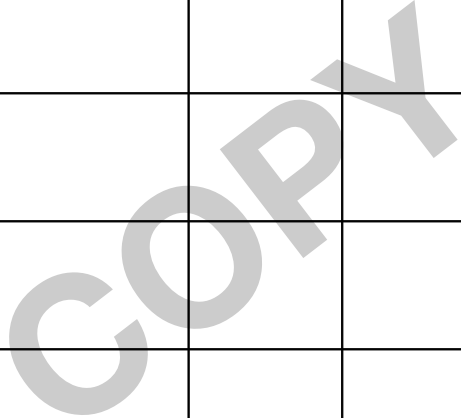
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
3 a Sub-total	0	0			0.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			0.

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

Schedule F (Form 990) 2013

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)



2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

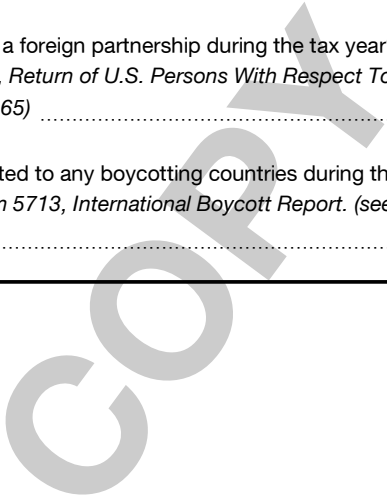
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
DANIEL PEARL AWARD	EUROPE (INCLUDING ICELAND & GREENLAND)	1	5,000.		0.		FMV

COPY

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2013



Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

Multiple horizontal lines for data entry.

COPY

**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" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990**

Name of the organization

THE CENTER FOR PUBLIC INTEGRITY

**Employer identification number
54-1512177**

Part I General Information on Grants and Assistance

- 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 criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.

1 (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

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) (2013)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(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 non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

THE ORGANIZATION RECEIVES REPORTS ON A REGULAR BASIS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.
- ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

THE CENTER FOR PUBLIC INTEGRITY

Employer identification number

54-1512177

Part I Questions Regarding Compensation

		Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., 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 in line 1a?	2										
<p>3 Indicate which, if any, of the following the filing 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.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee					
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study										
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:											
a Receive a severance payment or change-of-control payment?	4a		X								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X								
c 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) and 501(c)(4) organizations must complete lines 5-9.											
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:											
a The organization?	5a		X								
b Any related organization?	5b		X								
If "Yes" to line 5a or 5b, describe in Part III.											
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:											
a The organization?	6a		X								
b Any related organization?	6b		X								
If "Yes" to line 6a or 6b, describe in Part III.											
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X								
8 Were any amounts reported in 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		X								
9 If "Yes" to 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) 2013

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 in 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 are not 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WILLIAM E. BUZENBERG EXECUTIVE DIRECTOR	(i)	215,068.	0.	0.	8,603.	8,374.	232,045.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GORDON WITKIN MANAGING EDITOR	(i)	153,183.	0.	0.	6,128.	0.	159,311.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROBIN HELLER CHIEF DEVELOPMENT OFFICER	(i)	171,571.	0.	0.	6,863.	8,374.	186,808.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ROBERT J. SMITH MANAGING EDITOR	(i)	150,500.	0.	0.	6,020.	11,368.	167,888.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GERARD RYLE DIRECTOR, ICIJ	(i)	175,500.	0.	0.	7,020.	6,310.	188,830.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

THE CENTER FOR PUBLIC INTEGRITY

Employer identification number

54-1512177

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

THE CENTER FOR PUBLIC INTEGRITY'S MISSION IS INVESTIGATIVE JOURNALISM
IN THE PUBLIC INTEREST. TO FULFILL ITS MISSION IN 2013, THE CENTER
PUBLISHED DOZENS OF IN-DEPTH INVESTIGATIVE REPORTS, AND MANY HUNDREDS
OF SHORTER STORIES AND BLOG ITEMS AND MADE AVAILABLE MULTIPLE ONLINE
COMPREHENSIVE SEARCHABLE DATABASES.

THE MAJOR AREAS OF INVESTIGATIONS WERE AS FOLLOWS:

- AFTER THE MELTDOWN
- BREATHLESS AND BURDENED
- BROADBAND
- CONSIDER THE SOURCE/MONEY IN POLITICS
- DAILY DISCLOSURE
- ENVIRONMENTAL REPORTING
- GIFT ECONOMY
- HARD LABOR
- HEALTHCARE REPORTING
- JUSTICE OBSCURED
- JUVENILE JUSTICE
- NATIONAL SECURITY REPORTS
- NUCLEAR WASTE
- OFFSHORE LEAKS/TAX HAVENS
- POISONED PLACES
- PRIMARY SOURCE
- STATE INTEGRITY INVESTIGATION

Name of the organization THE CENTER FOR PUBLIC INTEGRITY	Employer identification number 54-1512177
---	--

-THE MISINFORMATION INDUSTRY

-TOXIC CLOUT

-UP IN ARMS

-WENDELL POTTER COLUMNS

FORM 990, PART VI, SECTION B, LINE 11:

THE ORGANIZATION'S FORM 990 IS REVIEWED INTERNALLY BY THE CHIEF FINANCIAL OFFICER AND EXTERNAL ACCOUNTANT. AFTER THIS REVIEW, IT IS REFERRED TO THE AUDIT AND RISK COMMITTEE AND CHAIR OF THE BOARD OF DIRECTORS FOR THEIR REVIEW. THE ORGANIZATION'S FORM 990 IS ALSO DISTRIBUTED TO ALL BOARD MEMBERS.

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

BOARD MEMBERS AND KEY STAFF ARE REQUIRED TO REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS.

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

COMPENSATION OF THE ORGANIZATION'S EXECUTIVE DIRECTOR IS DETERMINED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE TAKES INTO ACCOUNT TRENDS IN CEO COMPENSATION, AS WELL AS DATA OF COMPARABLE ORGANIZATIONS.

COMPENSATION FOR THE ORGANIZATION'S KEY EMPLOYEES ARE BASED ON PERFORMANCE AND ANALYSIS OF COMPARABLE DATA OBTAINED FROM INDUSTRY RESOURCES, PUBLICLY DISCLOSED 990S, AND PEER ORGANIZATIONS.

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

AL, AZ, CA, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MS, MO, NH, NJ, NY, NC, OH, OK, OR, PA, RI, SC

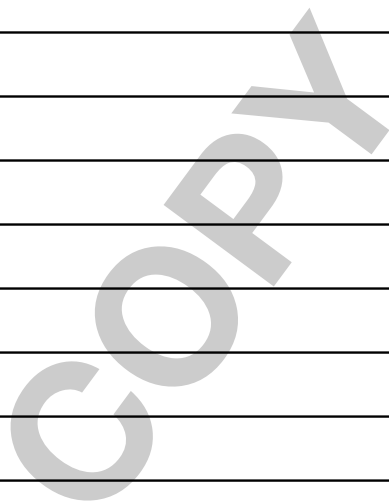
Name of the organization
THE CENTER FOR PUBLIC INTEGRITY

Employer identification number
54-1512177

TN, UT, WA, WI, AK, AR, CO, HI, MN, NM, ND, VA, WV

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

THE ORGANIZATION MAKES ITS BYLAWS AND ARTICLES OF
INCORPORATION AVAILABLE ON ITS WEBSITE. THE BYLAWS INCLUDE THE
ORGANIZATION'S CONFLICT OF INTEREST POLICY. THE ORGANIZATION'S FINANCIAL
STATEMENTS ARE MADE AVAILABLE THROUGH ITS ANNUAL REPORT, WHICH IS ALSO
AVAILABLE ON ITS WEBSITE.



**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

THE CENTER FOR PUBLIC INTEGRITY

Employer identification number

54-1512177

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE FUND FOR INDEPENDENCE IN JOURNALISM - 20-0215183, 910 17TH STREET, N.W., 7TH FLOOR, WASHINGTON, DC 20006	TO FOSTER INDEPENDENT, HIGH QUALITY PUBLIC SERVICE JOURNALISM	DISTRICT OF COLUMBIA	501(C)(3)	509(A)(3)	THE CENTER FOR PUBLIC INTEGRITY	X	

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

Schedule R (Form 990) 2013

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

COPY

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	JAN'05 PURCHASE	VARIOUS	SL	5.00		16	2,410.				2,410.	2,410.		0.	2,410.
2	AUGUST'05 PURCH	VARIOUS	SL	5.00		16	2,526.				2,526.	2,526.		0.	2,526.
3	AUGUST'05 PURCH	VARIOUS	SL	5.00		16	5,034.				5,034.	5,034.		0.	5,034.
4	AUGUST'05 PURCH	VARIOUS	SL	5.00		16	1,123.				1,123.	1,123.		0.	1,123.
5	AUGUST'05 PURCH	VARIOUS	SL	5.00		16	1,220.				1,220.	1,220.		0.	1,220.
6	FEB'06 PURCHASE	VARIOUS	SL	5.00		16	3,827.				3,827.	3,827.		0.	3,827.
7	MARCH 06 PURCHASE	VARIOUS	SL	5.00		16	2,276.				2,276.	2,276.		0.	2,276.
8	JULY 06 PURCHASE	VARIOUS	SL	5.00		16	1,285.				1,285.	1,285.		0.	1,285.
9	DECEMBER 07 PURCH	VARIOUS	SL	5.00		16	1,285.				1,285.	1,285.		0.	1,285.
10	DELL COMMERCIAL COMPUTER	06/02/08	SL	5.00		16	4,280.				4,280.	3,923.		357.	4,280.
11	SONY HDRFX 1 3X CAMCORDER	07/17/08	SL	5.00		16	3,200.				3,200.	2,853.		347.	3,200.
12	OPTIPLEX 755 MINITOWER	08/08/08	SL	5.00		16	1,154.				1,154.	1,010.		144.	1,154.
13	FINAL CUT PRO & FLAT PANEL	09/25/08	SL	5.00		16	6,725.				6,725.	5,716.		1,009.	6,725.
14	SONY HVR M15U	09/25/08	SL	5.00		16	1,770.				1,770.	1,504.		265.	1,770.
15	DELL - BACKUP SERVER	08/08/08	SL	5.00		16	1,725.				1,725.	1,509.		216.	1,725.
16	OPTIPLEX 755 MINITOWER	09/16/08	SL	5.00		16	1,331.				1,331.	1,143.		189.	1,332.
17	CONVIO RE CONNECTOR	10/07/08	SL	5.00		16	7,000.				7,000.	5,892.		1,108.	7,000.
18	TREND MICROL 50 USER LICENSE	11/25/08	SL	5.00		16	1,250.				1,250.	1,020.		229.	1,250.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	AC UNIT FOR SERVER ROOM	01/25/09	SL	5.00		16	3,425.				3,425.	2,512.		913.	3,425.
20	DELL POWERVAULT 124T, 2U AUTOLOADER	04/28/09	SL	5.00		16	3,007.				3,007.	1,604.		401.	2,005.
21	(4) OPTIFLEX 760 MINITOWER BASE	08/25/09	SL	5.00		16	3,941.				3,941.	1,051.		263.	1,314.
22	SAN MICROSOFT WINDOWS SERVER (AXIS)	05/06/10	SL	5.00		16	4,898.				4,898.	2,286.		980.	3,266.
23	SAN MICROSOFT WINDOWS SERVER (AXIS)	05/12/10	SL	5.00		16	21,002.				21,002.	9,801.		4,200.	14,001.
24	SAN MICROSOFT WINDOWS SERVER (AXIS)	05/20/10	SL	5.00		16	14,083.				14,083.	6,572.		2,817.	9,389.
25	SAN MICROSOFT WINDOWS SERVER (AXIS)	05/27/10	SL	5.00		16	4,928.				4,928.	2,300.		986.	3,286.
26	EVOLVE TECHNOLOGIES - SAN	08/25/10	SL	5.00		16	28,925.				28,925.	13,498.		5,785.	19,283.
27	HDF & ASSOCIATES-SAN	08/26/10	SL	5.00		16	6,603.				6,603.	3,081.		1,321.	4,402.
28	AXIS BUSINESS SOLUTIONS-SAN	09/02/10	SL	5.00		16	17,210.				17,210.	8,031.		3,442.	11,473.
29	DELL	02/08/10	SL	3.00		16	4,427.				4,427.	4,304.		123.	4,427.
30	DELL	03/02/10	SL	3.00		16	12,386.				12,386.	11,698.		688.	12,386.
31	DELL	07/29/10	SL	3.00		16	5,445.				5,445.	4,386.		1,059.	5,445.
32	(2) MACBOOK PRO (HUFFPOST)	01/31/11	SL	3.00		16	584.				584.	373.		195.	568.
33	SONY HDR-SR 12 HD CAMC (HUFFPOST)	01/31/11	SL	3.00		16	332.				332.	212.		111.	323.
34	MACBOOK PRO 15.4 (HUFFPOST)	01/31/11	SL	3.00		16	2,999.				2,999.	1,916.		1,000.	2,916.
35	MACBOOK PRO 15.4 (HUFFPOST)	01/31/11	SL	3.00		16	879.				879.	561.		293.	854.
36	MACBOOK PRO 15.4 (HUFFPOST)	01/31/11	SL	3.00		16	879.				879.	561.		293.	854.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	MACBOOK PRO 15.4 (HUFFPOST)	01/31/11	SL	3.00		16	830.				830.	530.		277.	807.
38	(2) MACBOOK PRO 15.4 (HUFFPOST)	01/31/11	SL	3.00		16	2,744.				2,744.	1,753.		915.	2,668.
39	MACBOOK PRO 15" ALUMINUM (HUFFPOST)	01/31/11	SL	3.00		16	3,632.				3,632.	2,320.		1,211.	3,531.
40	TERASTATION PRO II (HUFFPOST)	01/31/11	SL	3.00		16	725.				725.	463.		242.	705.
41	(3) HVR HDV PRO (HUFFPOST)	01/31/11	SL	3.00		16	5,160.				5,160.	3,297.		1,720.	5,017.
42	HVR-DR60 HARD DISK REDDI (HUFFPOST)	01/31/11	SL	3.00		16	560.				560.	358.		187.	545.
43	SONY HVR-V1U HDV (HUFFPOST)	01/31/11	SL	3.00		16	2,803.				2,803.	1,791.		934.	2,725.
44	SONY HDR-SR 11 CAMCORDER (HUFFPOST)	01/31/11	SL	3.00		16	513.				513.	328.		171.	499.
45	GV-HD700 HDV VIDEO (HUFFPOST)	01/31/11	SL	3.00		16	544.				544.	348.		181.	529.
46	SOFTWARE PURCHASE	03/25/11	SL	3.00		16	7,776.				7,776.	4,536.		2,592.	7,128.
47	CISCO SYSTEM EQUIPMENT PURCHASE	07/26/11	SL	5.00		16	9,856.				9,856.	2,271.		1,971.	4,242.
48	BLACKBOUD SOFTWARE	06/20/03	SL	5.00		16	5,500.				5,500.	5,500.		0.	5,500.
49	SOLARCOM VIA AMEX	10/01/03	SL	5.00		16	5,950.				5,950.	5,950.		0.	5,950.
50	NOKIA IP38 BASE SYSTEM	10/01/03	SL	5.00		16	5,099.				5,099.	5,099.		0.	5,099.
51	DELL COMPUTER- GRAPHIC	12/31/05	SL	5.00		16	4,750.				4,750.	4,750.		0.	4,750.
52	DELL - SECURE ACCESS 2500 BASE SYSTEM	12/31/09	SL	5.00		16	6,450.				6,450.	1,935.		1,290.	3,225.
53	BLACKBAUD SOFTWARE	10/29/10	SL	3.00		16	8,090.				8,090.	5,843.		2,247.	8,090.
54	MS OFFICE SOFTWARE	05/25/12	SL	3.00		16	5,136.				5,136.	1,032.		1,032.	2,064.

328111
05-01-13

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
				.000		HY16									
56	FURNITURE	08/13/98	SL	5.00		16	69,786.				69,786.	69,786.		0.	69,786.
57	FURNITURE	09/07/98	SL	5.00		16	6,981.				6,981.	6,981.		0.	6,981.
58	DESK	09/24/98	SL	5.00		16	2,031.				2,031.	2,031.		0.	2,031.
59	US BUSINESS INTERIORS-OPC DIVID	08/01/00	SL	5.00		16	9,609.				9,609.	9,609.		0.	9,609.
60	MD OFFICE INTERIORS	05/01/04	SL	5.00		16	6,426.				6,426.	6,426.		0.	6,426.
61	SPOT COOLER	05/01/04	SL	5.00		16	3,425.				3,425.	3,425.		0.	3,425.
62	MD OFFICE INT -PUT TO SERVICE IN SEPTEMBER	10/01/04	SL	5.00		16	14,996.				14,996.	14,996.		0.	14,996.
63	ERGONETICS	10/14/08	SL	5.00		16	1,520.				1,520.	1,280.		241.	1,521.
64	CHAIRS	12/14/10	SL	5.00		16	5,793.				5,793.	2,365.		1,159.	3,524.
65	PRICE MODERN OF WASHINGTON	06/17/11	SL	5.00		16	13,517.				13,517.	4,168.		2,703.	6,871.
66	WEBSITE DEVELOPMENT	12/31/10	SL	3.00		16	105,383.				105,383.	70,255.		35,128.	105,383.
67	TELEPHONE SYSTEM (CAPITAL LEASE)	04/01/06	SL	5.00		16	54,636.				54,636.	54,636.		0.	54,636.
68	ARCHITECT	05/15/98	SL	5.00		16	4,199.				4,199.	4,199.		0.	4,199.
69	ARCHITECT	06/13/98	SL	5.00		16	10,547.				10,547.	10,547.		0.	10,547.
70	ARCHITECT	07/11/98	SL	5.00		16	2,192.				2,192.	2,192.		0.	2,192.
71	ARCHITECT	08/08/98	SL	5.00		16	1,298.				1,298.	1,298.		0.	1,298.
72	WIRING CONTRACT	08/13/98	SL	5.00		16	6,000.				6,000.	6,000.		0.	6,000.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
73	MOVING	08/19/98	SL	5.00		16	2,648.				2,648.	2,648.		0.	2,648.
74	NETWORK SWITCH	08/28/98	SL	5.00		16	2,500.				2,500.	2,500.		0.	2,500.
75	MOVING	09/05/98	SL	5.00		16	1,597.				1,597.	1,597.		0.	1,597.
76	NETWORK WIRING	09/14/98	SL	5.00		16	3,000.				3,000.	3,000.		0.	3,000.
77	WIRING	09/14/98	SL	5.00		16	7,924.				7,924.	7,924.		0.	7,924.
78	MOVE TEL. SYSTEM	09/29/98	SL	5.00		16	308.				308.	308.		0.	308.
79	MOVER	10/06/98	SL	5.00		16	3,100.				3,100.	3,100.		0.	3,100.
80	WIRING	10/13/98	SL	5.00		16	3,000.				3,000.	3,000.		0.	3,000.
81	TELEPHONE LABOR	10/22/98	SL	5.00		16	842.				842.	842.		0.	842.
82	NETWORK	10/22/98	SL	5.00		16	9,741.				9,741.	9,741.		0.	9,741.
83	LOBBY SIGN	11/03/98	SL	5.00		16	795.				795.	795.		0.	795.
84	ENGINEERING FEE	11/04/98	SL	5.00		16	5,744.				5,744.	5,744.		0.	5,744.
85	SERVER DOOR LOCK	11/05/98	SL	5.00		16	667.				667.	677.		0.	677.
86	WIRING	12/11/98	SL	5.00		16	3,404.				3,404.	3,404.		0.	3,404.
87	WIRING	12/16/98	SL	5.00		16	1,710.				1,710.	1,710.		0.	1,710.
88	SEVENTEENTH ST. IMPROVEMENTS	01/01/99	SL	5.00		16	36,578.				36,578.	36,578.		0.	36,578.
89	ARCHITECT	06/01/99	SL	5.00		16	2,227.				2,227.	2,227.		0.	2,227.
90	MARTONE - REMAINDER \$158.83 PER MO	07/01/07	SL	5.00		16	9,530.				9,530.	9,530.		0.	9,530.

2013 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
91	OTJ ARCHITECTS-\$125.83 PER MO	07/01/07	SL	5.00		16	7,550.				7,550.	7,550.		0.	7,550.
92	ENCLOSE NEW SERVER ROOM	07/25/02	SL	5.00		16	1,320.				1,320.	1,320.		0.	1,320.
93	FIRE PROTECTIVE SYSTEM	12/12/05	SL	5.00		16	3,350.				3,350.	3,350.		0.	3,350.
94	IMPROVEMENTS BY LANDLORD PER LEASE AGREEMENT	10/31/10	SL	131M		16	145,545.				145,545.	35,357.		16,318.	51,675.
95	HBW GROUP IMPROVEMENTS	02/24/11	SL	127M		16	22,950.				22,950.	4,156.		2,168.	6,324.
	* TOTAL 990 PAGE 10 DEPR						855,861.				855,861.	585,659.		101,421.	687,082.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE CENTER FOR PUBLIC INTEGRITY	Employer identification number (EIN) or 54-1512177
	Number, street, and room or suite no. If a P.O. box, see instructions. 910 17TH STREET, NW, 7TH FLOOR, NO. 700	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20006	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE ORGANIZATION - 910 17TH STREET, NW, 7TH FLOOR, NO.

700 - WASHINGTON, DC 20006

- The books are in the care of **700 - WASHINGTON, DC 20006**
Telephone No. **202-466-1300** 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 additional 3-month extension of time until **NOVEMBER 15, 2014**.
- For calendar year **2013**, or other tax year beginning _____, and ending _____.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b 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 and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **EXECUTIVE DIRECTOR** Date