

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

## A For the 2012 calendar year, or tax year beginning

, 2012, and ending

## B Check if applicable:

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

C

CENTER FOR INVESTIGATIVE REPORTING, INC.  
2130 CENTER STREET #103  
BERKELEY, CA 94704

## D Employer Identification Number

94-2434026

## E Telephone number

510.809.3160

## G Gross receipts \$ 11,522,944.

F Name and address of principal officer: PHIL BRONSTEIN  
SAME AS C ABOVEH(a) Is this a group return for affiliates?  Yes  No  
H(b) Are all affiliates included?  Yes  No  
If 'No,' attach a list. (see instructions)

## I Tax-exempt status

501(c)(3)

501(c) ( )

► (insert no.)

4947(a)(1) or

527

## J Website: ► WWW.CIRONLINE.ORG

H(c) Group exemption number ►

K Form of organization:  Corporation  Trust  Association  Other ►

L Year of Formation: 1977

M State of legal domicile: CA

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>CENTER FOR INVESTIGATIVE REPORTING'S MISSION IS TO REVEAL INJUSTICE AND ABUSE OF POWER THROUGH THE TOOLS OF JOURNALISM, TO PROVIDE THE PUBLIC WITH THE INFORMATION NEEDED TO PARTICIPATE IN DEMOCRACY AND BRING ABOUT NEEDED REFORMS.</u>		
	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 13	
	4 Number of independent voting members of the governing body (Part VI, line 1b) .....	4 13	
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) .....	5 102	
	6 Total number of volunteers (estimate if necessary) .....	6 3	
	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 8,913.	
		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h) .....	5,403,245.	11,146,211.
	9 Program service revenue (Part VIII, line 2g) .....	314,772.	320,265.
Revenue	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	-21,742.	21,686.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	34,782.	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	5,696,275.	11,522,944.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....		
	14 Benefits paid to or for members (Part IX, column (A), line 4) .....		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	2,774,488.	6,346,843.
	16a Professional fundraising fees (Part IX, column (A), line 11e) .....		
	b Total fundraising expenses (Part IX, column (D), line 25) ► <input type="checkbox"/> 212,265.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	1,828,106.	2,446,307.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	4,602,594.	8,793,150.
Net Assets of Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12 .....	1,093,681.	2,729,794.
	20 Total assets (Part X, line 16) .....	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26) .....	5,042,107.	7,933,615.
	22 Net assets or fund balances. Subtract line 21 from line 20 .....	253,112.	469,730.
		4,788,995.	7,463,885.

## 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
	► PHILIP BRONSTEIN	EXECUTIVE CHAIRMAN
	Type or print name and title.	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	DOUGLAS W. REGALIA	DOUGLAS W. REGALIA
	Firm's name ► REGALIA & ASSOCIATES, CPAS	
	Firm's address ► 103 TOWN & COUNTRY DR., STE. K DANVILLE, CA 94526	Firm's EIN ► 68-0260103 Phone no. (925) 314-0390

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 to any question in this Part III. 

1 Briefly describe the organization's mission:

THE ORGANIZATION DISTRIBUTES ITS REPORTING WIDELY, PARTNERING WITH HUNDREDS OF NEWS OUTLETS ACROSS THE COUNTRY, AND CREATES STRATEGIES FOR ENGAGING ITS AUDIENCE FOR IMPACT.

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  No  
If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If 'Yes,' describe these changes on Schedule O.

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 and section 4947(a)(1) trusts 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 \$ 7,982,362. including grants of \$ \_\_\_\_\_) (Revenue \$ 320,265.)

THE CENTER FOR INVESTIGATIVE REPORTING (CIR) CONDUCTS ONGOING INVESTIGATIVE REPORTING PROJECTS IN AREAS SUCH AS THE ENVIRONMENT, CRIMINAL JUSTICE, MONEY AND POLITICS, AND GOVERNMENT OVERSIGHT. THE REPORTING IS THEN PRODUCED INTO MULTIPLE MEDIA FORMATS AND IS PUBLISHED AND BROADCAST ON THE ORGANIZATION'S WEBSITE AND IN NEWSPAPERS, MAGAZINES, AND BOOKS, AND ON RADIO, TELEVISION AND OTHER NEWS WEBSITES. CIR THEN USES SOCIAL MEDIA, ORGANIZATIONAL COLLABORATIONS, EVENTS, AND PRINT AND WEB MATERIALS TO DISTRIBUTE ITS REPORTING TO COMMUNITIES MOST IMPACTED BY THE INFORMATION IT UNCOVERS, AND TO ENGAGE THE PUBLIC IN SEEKING SOLUTIONS TO THE PROBLEMS ON WHICH IT REPORTS.

**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 ► 7,982,362.**

**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A</i> .....	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? .....	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I</i> .....	3 X	
4 <b>Section 501(c)(3) organizations</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i> .....	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III</i> .....	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i> .....	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i> .....	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III</i> .....	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i> .....	9 X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i> .....	10 X	
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i> .....	11a X	
b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i> .....	11b X	
c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII</i> .....	11c X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX</i> .....	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X</i> .....	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X</i> .....	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, and XII</i> .....	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i> .....	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States? .....	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i> .....	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Parts II and IV</i> .....	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Parts III and IV</i> .....	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I (see instructions)</i> .....	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i> .....	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i> .....	19 X	
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i> .....	20 X	
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	20b	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>21</b>	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II .....	<b>21</b>	X
<b>22</b>	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III .....	<b>22</b>	X
<b>23</b>	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? If 'Yes,' complete Schedule J .....	<b>23</b>	X
<b>24a</b>	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25 .....	<b>24a</b>	X
<b>24b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>24c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>24d</b>	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I .....	<b>25a</b>	X
<b>25b</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? If 'Yes,' complete Schedule L, Part I .....	<b>25b</b>	X
<b>26</b>	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II .....	<b>26</b>	X
<b>27</b>	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? If 'Yes,' complete Schedule L, Part III .....	<b>27</b>	X
<b>28</b>	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):		
<b>28a</b>	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV .....	<b>28a</b>	X
<b>28b</b>	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV .....	<b>28b</b>	X
<b>28c</b>	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? If 'Yes,' complete Schedule L, Part IV .....	<b>28c</b>	X
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M .....	<b>29</b>	X
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M .....	<b>30</b>	X
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I .....	<b>31</b>	X
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II .....	<b>32</b>	X
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I .....	<b>33</b>	X
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 .....	<b>34</b>	X
<b>35a</b>	a Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>35b</b>	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)? If 'Yes,' complete Schedule R, Part V, line 2 .....	<b>35b</b>	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 .....	<b>36</b>	X
<b>37</b>	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? If 'Yes,' complete Schedule R, Part VI .....	<b>37</b>	X
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b>	X

BAA

Form 990 (2012)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V 

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1 a	80
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1 b	0
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2 a	102
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X
3 a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	3 a	X
3 b	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 b	X
4 a	If 'Yes,' provide an explanation in Schedule O.	4 a	X
4 b	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 b	
5 a	If 'Yes,' enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	5 a	X
5 b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 b	X
5 c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 c	
6 a	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	6 a	X
6 b	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 b	
7 a	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7 a	X
7 b	7 b	X	
7 c	7 c	X	
7 d	7 d		
7 e	7 e	X	
7 f	7 f	X	
7 g	7 g		
7 h	7 h		
8	8		
9 a	9 a		
9 b	9 b		
10 a	10 a		
10 b	10 b		
11 a	11 a		
11 b	11 b		
12 a	12 a		
12 b	12 b		
13 a	13 a		
13 b	13 b		
13 c	13 c		
14 a	14 a	X	
14 b	14 b		

**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 to any question in this Part VI. ....

### Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year .....	13	
	If there are material differences in voting rights among members SEE SCH. O of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1 b	Enter the number of voting members included in line 1a, above, who are independent .....	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?.....		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .....		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... SEE SCH. O .....	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
6	Did the organization have members or stockholders? .....	X	
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	X	
	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? .....		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?.....		
b	Each committee with authority to act on behalf of the governing body? .....	X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. ....		X

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

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates? .....		X
b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13. ....	X	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. .... SEE SCHEDULE O .....		
13	Did the organization have a written whistleblower policy? .....		
14	Did the organization have a written document retention and destruction policy? .....		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official ... SEE SCHEDULE O .....		
b	Other officers of key employees of the organization ... SEE SCHEDULE O .....		
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? .....		

### Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ► CA
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
	<input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
	► JANICE E. SAGER 2130 CENTER STREET, SUITE 103 BERKELEY CA 94704 510.809.3169

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII .....

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1 a** 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 dotted line)	(C)					(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	
		Or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated			
(1) DAVID BOARDMAN DIRECTOR	2 0	X						0.	0.	0.
(2) PHILIP BRONSTEIN EXEC CHAIRMAN	40 0	X	X					146,667.	0.	0.
(3) STEPHEN DAVIS DIRECTOR	2 0	X						0.	0.	0.
(4) SANDRA R. HERNANDEZ, M. VICE CHAIR	2 0	X	X					0.	0.	0.
(5) SUSAN HIRSCH DIRECTOR	2 0	X						0.	0.	0.
(6) TOM LOCKARD TREASURER	2 0	X	X					0.	0.	0.
(7) JONATHAN LOGAN VICE CHAIR	2 0	X	X					0.	0.	0.
(8) JUSTIN NYWEIDE DIRECTOR	2 0	X						0.	0.	0.
(9) SUSAN SACHS SECRETARY	2 0	X	X					0.	0.	0.
(10) CHRISTIAN SELCHAU-HANSE DIRECTOR	2 0	X						0.	0.	0.
(11) GABRIEL STRICKER DIRECTOR	2 0	X						0.	0.	0.
(12) JEFF UBBEN VICE CHAIR	2 0	X	X					0.	0.	0.
(13) HOWARD ZACK DIRECTOR	2 0	X						0.	0.	0.
(14) JANICE E. SAGER DIR OF FINANCE	40 0		X					99,223.	0.	3,220.

## Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(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	Officer	Key employee	Highest compensated employee			
(15) ROBERT J. ROSENTHAL EXEC DIRECTOR	40 0		X			210,183.	0.	0.
(16) CHRISTA SCHARFENBERG ASSOC DIRECTOR	40 0		X			110,024.	0.	4,100.
(17) MARK KATCHES EDITORIAL DIRECTOR	40 0			X		179,155.	0.	14,667.
(18) SHARON TILLER EXECUTIVE PRODUCER	40 0			X		153,333.	0.	0.
(19) CHERILYN PARSONS NEWSROOM	40 0			X		138,171.	0.	17,000.
(20) CHASE DAVIS DIR OF TECHNOLOGY	40 0			X		136,342.	0.	15,000.
(21) ROBERT SALLADAY MANAGING EDITOR	40 0			X		131,399.	0.	0.
(22)								
(23)								
(24)								
(25)								
1 b Sub-total						1,304,497.	0.	53,987.
c Total from continuation sheets to Part VII, Section A						0.	0.	0.
d Total (add lines 1b and 1c)						1,304,497.	0.	53,987.
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 ►	8							

		Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.	3		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? If 'Yes' complete Schedule J for such individual.	4	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? If 'Yes,' complete Schedule J for such person.	5		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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0

**Part VIII Statement of Revenue**Check if Schedule O contains a response to any question in this Part VIII. 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	1 a Federated campaigns .....	1 a				
	b Membership dues .....	1 b				
	c Fundraising events .....	1 c				
	d Related organizations .....	1 d				
	e Government grants (contributions) .....	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above. ....	1 f	11,146,211.			
	g Noncash contributions included in line 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f. ....		► 11,146,211.			
<b>PROGRAM SERVICE REVENUE</b>	Business Code					
	2 a <u>CONTENT FEES</u> -----		320,265.	320,265.		
	b -----					
	c -----					
	d -----					
	e -----					
	f All other program service revenue .....					
	<b>g Total.</b> Add lines 2a-2f. ....		► 320,265.			
3 Investment income (including dividends, interest and other similar amounts). ....		► 21,686.			21,686.	
4 Income from investment of tax-exempt bond proceeds ...		►				
5 Royalties. ....		► 22,932.	22,932.			
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	(ii) Other				
b Less: cost or other basis and sales expenses .....						
c Gain or (loss). ....						
d Net gain or (loss).....		►				
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 <u>OTHER INCOME</u> -----		11,850.	11,850.			
b -----						
c -----						
d All other revenue.....						
<b>e Total.</b> Add lines 11a-11d. ....		► 11,850.				
<b>12 Total revenue.</b> See instructions. ....		► 11,522,944.	355,047.	0.	21,686.	

**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 to any question 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.....				
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.....				
4 Benefits paid to or for members.....				
5 Compensation of current officers, directors, trustees, and key employees.....	573,417.	528,674.	36,452.	8,291.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....	0.	0.	0.	0.
7 Other salaries and wages.....	4,806,493.	4,607,533.	100,385.	98,575.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions).....	68,287.	61,635.	5,420.	1,232.
9 Other employee benefits.....	501,226.	452,399.	39,779.	9,048.
10 Payroll taxes.....	397,420.	358,705.	31,541.	7,174.
11 Fees for services (non-employees):				
a Management.....				
b Legal.....	77,744.	9,472.	68,272.	
c Accounting.....	66,063.		66,063.	
d Lobbying.....				
e Professional fundraising services. See Part IV, line 17.....				
f Investment management fees.....				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O).....	9,650.		9,650.	
12 Advertising and promotion.....				
13 Office expenses.....	42,300.	31,696.	9,769.	835.
14 Information technology.....	76,697.	63,508.	12,210.	979.
15 Royalties.....				
16 Occupancy.....	288,192.	238,468.	49,724.	
17 Travel.....	252,191.	211,419.	33,210.	7,562.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.....				
19 Conferences, conventions, and meetings.....				
20 Interest.....				
21 Payments to affiliates.....				
22 Depreciation, depletion, and amortization.....	70,837.	70,819.	15.	3.
23 Insurance.....	85,527.	57,801.	27,726.	
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 CONTRACTORS.....	797,976.	705,084.	55,391.	37,501.
b PROJECT & PRODUCTION EXPENSES.....	436,750.	430,130.		6,620.
c COMPUTER RELATED EXPENSES.....	58,425.	44,830.	11,852.	1,743.
d HUMAN RESOURCES & RECRUITMENT.....	37,586.	24,878.	3,213.	9,495.
e All other expenses.....	146,369.	85,311.	37,851.	23,207.
25 Total functional expenses. Add lines 1 through 24e.....	8,793,150.	7,982,362.	598,523.	212,265.
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 ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).....				

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X 

		(A) Beginning of year	(B) End of year
<b>ASSETS</b>			
1	Cash – non-interest-bearing .....	446,964.	1,540,233.
2	Savings and temporary cash investments .....	855,955.	1,072,029.
3	Pledges and grants receivable, net .....	2,700,000.	2,826,334.
4	Accounts receivable, net .....	99,559.	110,245.
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 instructions). Complete Part II of Schedule L .....	6	
7	Notes and loans receivable, net .....	7	
8	Inventories for sale or use .....	8	
9	Prepaid expenses and deferred charges .....	46,719.	106,286.
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	294,864.	
b	Less: accumulated depreciation .....	103,988.	10c 140,267.
11	Investments – publicly traded securities .....		11
12	Investments – other securities. See Part IV, line 11 .....		12
13	Investments – program-related. See Part IV, line 11 .....	776,389.	13 2,094,822.
14	Intangible assets .....		14
15	Other assets. See Part IV, line 11 .....	12,533.	15 43,399.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	5,042,107.	16 7,933,615.
<b>LIABILITIES</b>			
17	Accounts payable and accrued expenses .....	60,045.	17 99,951.
18	Grants payable .....		18
19	Deferred revenue .....		19
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 .....	193,067.	25 369,779.
26	<b>Total liabilities.</b> Add lines 17 through 25 .....	253,112.	26 469,730.
<b>NET ASSETS OR FUND BALANCES</b>			
	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
27	Unrestricted net assets .....	258,818.	27 2,487,444.
28	Temporarily restricted net assets .....	4,530,177.	28 4,976,441.
29	Permanently restricted net assets .....	29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>		
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 .....	4,788,995.	33 7,463,885.
34	Total liabilities and net assets/fund balances .....	5,042,107.	34 7,933,615.

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Form 990 (2012)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI. 

1 Total revenue (must equal Part VIII, column (A), line 12).....	1	11,522,944.
2 Total expenses (must equal Part IX, column (A), line 25).....	2	8,793,150.
3 Revenue less expenses. Subtract line 2 from line 1.....	3	2,729,794.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).....	4	4,788,995.
5 Net unrealized gains (losses) on investments.....	5	-964.
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)..... <b>SEE SCHEDULE O</b>	9	-53,940.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).....	10	7,463,885.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question 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?.....	2a	X
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		
b Were the organization's financial statements audited by an independent accountant?.....	2b	X
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		
c 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?.....	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
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?.....	3a	X
b 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.....	3b	

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Form 990 (2012)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

**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. ► See separate instructions.

Name of the organization

CENTER FOR INVESTIGATIVE REPORTING, INC.

Employer identification number

94-2434026

**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 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 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
11 g (i)		
11 g (ii)		
11 g (iii)		

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

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'). . . . .	2,432,151.	4,158,035.	2,289,855.	5,403,245.	11146211.	25,429,497.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						0.
4 <b>Total.</b> Add lines 1 through 3. . . . .	2,432,151.	4,158,035.	2,289,855.	5,403,245.	11146211.	25,429,497.
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). . . . .						8,707,829.
6 <b>Public support.</b> Subtract line 5 from line 4. . . . .						16,721,668.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4. . . . .	2,432,151.	4,158,035.	2,289,855.	5,403,245.	11146211.	25,429,497.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .	28,549.	8,427.	5,870.	3,058.	21,686.	67,590.
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). . . . .						0.
11 <b>Total support.</b> Add lines 7 through 10. . . . .						25,497,087.
12 Gross receipts from related activities, etc (see instructions) . . . . .					12	1,029,827.
13 <b>First five years.</b> 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 <b>stop here</b> . . . . .						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)). . . . .	14	65.58 %
15 Public support percentage from 2011 Schedule A, Part II, line 14. . . . .	15	50.24 %
16a <b>33-1/3% support test – 2012.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .		► <input checked="" type="checkbox"/>
b <b>33-1/3% support test – 2011.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .		► <input type="checkbox"/>
17a <b>10%-facts-and-circumstances test – 2012.</b> 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 <b>stop here</b> . 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 <b>10%-facts-and-circumstances test – 2011.</b> 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 <b>stop here</b> . 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 <b>Private foundation.</b> 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 yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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. ....						
<b>6 Total.</b> Add lines 1 through 5. ....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons. ....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b. ....						
<b>8 Public support</b> (Subtract line 7c from line 6.).....						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6. ....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. ....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. ....						
<b>c</b> Add lines 10a and 10b. ....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. ....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> . ....						▶ <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)). ....	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15. ....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for <b>2012</b> (line 10c, column (f) divided by line 13, column (f)). ....	17	%
18 Investment income percentage from <b>2011</b> Schedule A, Part III, line 17. ....	18	%
<b>19a 33-1/3% support tests – 2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization. ....	▶ <input type="checkbox"/>	
<b>b 33-1/3% support tests – 2011.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization. ....	▶ <input type="checkbox"/>	
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ....	▶ <input type="checkbox"/>	

## Part IV

**Supplemental Information.** Complete this part to 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).

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**Supplemental Financial Statements****2012****Open to Public  
Inspection**

Name of the organization

Employer identification number

CENTER FOR INVESTIGATIVE REPORTING, INC.

94-2434026

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....  Yes  No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements .....

b Total acreage restricted by conservation easements .....

c Number of conservation easements on a certified historic structure included in (a) .....

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year  
 ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  
 ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**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.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ..... ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ..... ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... ► \$ \_\_\_\_\_

**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.

1 a 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
1 c	
1 d	
1 e	
1 f	

2 a 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	(b) Prior year	(c) Two years	(d) Three years	(e) Four years
1 a Beginning of year balance.....	698,264.	768,051.	838,148.	904,731.	1,024,507.
b Contributions.....					
c Net investment earnings, gains, and losses.....	52.	213.	-97.	3,417.	20,224.
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....	70,000.	70,000.	70,000.	70,000.	140,000.
f Administrative expenses.....					
g End of year balance.....	628,316.	698,264.	768,051.	838,148.	904,731.

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

a Board designated or quasi-endowment ► 100.00 %

b Permanent endowment ►        %

c Temporarily restricted endowment ►        %

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

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

	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.** 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
1 a Land.....				
b Buildings.....				
c Leasehold improvements.....				
d Equipment.....		294,864.	154,597.	140,267.
e Other.....				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ► 140,267.

BAA

Schedule D (Form 990) 2012

<b>Part VII Investments – Other Securities.</b> See Form 990, Part X, line 12.		N/A
(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) _____		
(I) _____		
<b>Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)</b> ►		

<b>Part VIII Investments – Program Related.</b> See Form 990, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) FUTURE FUND	698,348.	END OF YEAR MARKET VALUE
(2) CERTIFICATE OF DEPOST	1,396,474.	END OF YEAR MARKET VALUE
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
(10) _____		
<b>Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)</b> ►	2,094,822.	

<b>Part IX Other Assets.</b> See Form 990, Part X, line 15. N/A	
(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
<b>Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)</b> ►	

<b>Part X Other Liabilities.</b> See Form 990, Part X, line 25.	
(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED VACATION	248,224.
(3) FISCAL SPONSORSHIP LIABILITIES	90,368.
(4) OTHER PAYROLL LIABILITIES	31,187.
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
(11) _____	
<b>Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)</b> ►	369,779.

2. FIN 48 (ASC 740) Footnote. 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.  SEE PART XIII

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

1	Total revenue, gains, and other support per audited financial statements .....	1	11,468,040.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments.....	2a	-964.
b	Donated services and use of facilities.....	2b	
c	Recoveries of prior year grants.....	2c	
d	Other (Describe in Part XIII.)... SEE PART XIII.....	2d	-53,940.
e	Add lines 2a through 2d.....	2e	-54,904.
3	Subtract line 2e from line 1.....	3	11,522,944.
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	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,522,944.

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

1	Total expenses and losses per audited financial statements .....	1	8,793,150.
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	
3	Subtract line 2e from line 1.....	3	8,793,150.
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	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,793,150.

**Part XIII Supplemental Information**

Complete this part to 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 X - FIN 48 FOOTNOTE****INCOME TAXES**

FINANCIAL STATEMENT PRESENTATION FOLLOWS THE RECOMMENDATIONS OF ASC 740, INCOME

TAXES. UNDER ASC 740, CIR IS REQUIRED TO REPORT INFORMATION REGARDING ITS EXPOSURE

TO VARIOUS TAX POSITIONS TAKEN BY CIR AND REQUIRES A TWO-STEP PROCESS THAT SEPARATES

RECOGNITION FROM MEASUREMENT. THE FIRST STEP IS DETERMINING WHETHER A TAX POSITION

HAS MET THE RECOGNITION THRESHOLD; THE SECOND STEP IS MEASURING A TAX POSITION THAT

MEETS THE RECOGNITION THRESHOLD. MANAGEMENT BELIEVES THAT CIR HAS ADEQUATELY

BAA

Schedule D (Form 990) 2012

**Part XIII Supplemental Information (continued)****PART X - FIN 48 FOOTNOTE (CONTINUED)**

EVALUATED ITS CURRENT TAX POSITIONS AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2012 CIR DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE OR AN ACCRUAL FOR A TAX LIABILITY WOULD BE NECESSARY.

CIR HAS RECEIVED NOTIFICATION FROM THE INTERNAL REVENUE SERVICE AND THE STATE OF CALIFORNIA THAT IT QUALIFIES FOR TAX-EXEMPT STATUS UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE AND SECTION 23701D OF THE CALIFORNIA REVENUE AND TAXATION CODE. THE EXEMPTIONS ARE SUBJECT TO PERIODIC REVIEW BY THE FEDERAL AND STATE TAXING AUTHORITIES AND MANAGEMENT IS CONFIDENT THAT CIR CONTINUES TO SATISFY ALL FEDERAL AND STATE STATUTES IN ORDER TO QUALIFY FOR CONTINUED TAX EXEMPTION STATUS.

CIR MAY PERIODICALLY RECEIVE UNRELATED BUSINESS INCOME (SUCH AS SUBLICENSE RENTAL INCOME, ADVERTISING INCOME, ETC.) REQUIRING CIR TO FILE SEPARATE TAX RETURNS UNDER FEDERAL AND STATE STATUTES. CIR ALSO HAS CERTAIN TRANSACTIONS REQUIRING THE PAYMENT OF VALUE ADDED TAXES. UNDER SUCH CONDITIONS, CIR CALCULATES AND ACCRUES THE APPLICABLE TAXES.

2012

**SCHEDULE D, PART XIII - SUPPLEMENTAL INFORMATION PAGE 4**

CLIENT 201312

CENTER FOR INVESTIGATIVE REPORTING, INC.

94-2434026

8/14/13

09:12PM

**SCHEDULE D, PART XI, LINE 2D  
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

ADVERTISING INCOME FORM 990-T.....	\$ 14,226.
CHANGE IN DISCOUNT FOR MULTI-YEAR RCVBLS.....	-68,166.
<b>TOTAL</b>	<b><u>\$ -53,940.</u></b>

**SCHEDULE J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization

CENTER FOR INVESTIGATIVE REPORTING, INC.

Employer identification number

94-2434026

**Part I Questions Regarding Compensation**

**1 a** 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.

<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.....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....

**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.

<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**PART III**

**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?.....  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?.....  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?.....

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?.....  
**b** Any related organization?.....

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?.....  
**b** Any related organization?.....

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. ....

**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. ....

**9** If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?.....

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

Schedule J (Form 990) 2012

**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 columns (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 and incentive compensation	(iii) Other reportable compensation				
1	ROBERT J. ROSENTHAL 1 EXEC DIRECTOR	(i) 210,183. (ii) 0.	0.	0.	0.	0.	210,183. 0.	0.
2	MARK KATCHES 2 EDITORIAL DIRECTOR	(i) 176,155. (ii) 0.	3,000. 0.	0. 0.	0.	14,667. 0.	193,822. 0.	0.
3	SHARON TILLER 3 EXECUTIVE PRODUCER	(i) 153,333. (ii) 0.	0. 0.	0. 0.	0.	0. 0.	153,333. 0.	0.
4	CHERILYN PARSONS 4 NEWSROOM	(i) 138,171. (ii) 0.	0. 0.	0. 0.	0.	17,000. 0.	155,171. 0.	0.
5	CHASE DAVIS 5 DIR OF TECHNOLOGY	(i) 136,342. (ii) 0.	0. 0.	0. 0.	0.	15,000. 0.	151,342. 0.	0.
6		(i) (ii)						
7		(i) (ii)						
8		(i) (ii)						
9		(i) (ii)						
10		(i) (ii)						
11		(i) (ii)						
12		(i) (ii)						
13		(i) (ii)						
14		(i) (ii)						
15		(i) (ii)						
16		(i) (ii)						

BAA

TEEA4102L 12/11/12

Schedule J (Form 990) 2012

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, for Part II. Also complete this part for any additional information.

**PART I, LINE 3 - METHODS USED BY RELATED ORG. TO ESTABLISH CEO/EXEC. DIR. COMPENSATION**

PERFORMANCE REVIEWS OF THE ORGANIZATION'S EXECUTIVE DIRECTOR AND EXECUTIVE CHAIRMAN ARE CONDUCTED ANNUALLY BY A SUBCOMMITTEE OF THE BOARD OF DIRECTORS. AS PART OF THE REVIEW, COMPENSATION OF THE EXECUTIVE DIRECTOR AND THE EXECUTIVE CHAIRMAN ARE CONSIDERED. THE SUBCOMMITTEE CONDUCTS A COMPARABILITY SURVEY USING PUBLICLY AVAILABLE SALARY SURVEYS AND BY CONSULTING WITH COMPARABLE ORGANIZATIONS ON THEIR COMPENSATION PACKAGES. A RECOMMENDATION FOR ANY CHANGE IN COMPENSATION IS THEN MADE TO THE FULL BOARD OF DIRECTORS AND REQUIRES MAJORITY APPROVAL.

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2012**

**Open To Public  
Inspection**

► Complete if the organizations answered 'Yes'  
on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Name of the organization

CENTER FOR INVESTIGATIVE REPORTING, INC.

Employer identification number

94-2434026

**Part I** **Types of Property**

	<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of determining noncash contribution amounts
1 Art – Works of art.....				
2 Art – Historical treasures.....				
3 Art – Fractional interests.....				
4 Books and publications.....				
5 Clothing and household goods.....				
6 Cars and other vehicles.....				
7 Boats and planes.....				
8 Intellectual property.....				
9 Securities – Publicly traded.....	X	1	50,450.	FMV
10 Securities – Closely held stock.....				
11 Securities – Partnership, LLC, or trust interests.....				
12 Securities – Miscellaneous.....				
13 Qualified conservation contribution – Historic structures.....				
14 Qualified conservation contribution – Other.....				
15 Real estate – Residential.....				
16 Real estate – Commercial.....				
17 Real estate – Other.....				
18 Collectibles.....				
19 Food inventory.....				
20 Drugs and medical supplies.....				
21 Taxidermy.....				
22 Historical artifacts.....				
23 Scientific specimens.....				
24 Archeological artifacts.....				
25 Other ► ( _____ )....				
26 Other ► ( _____ )....				
27 Other ► ( _____ )....				
28 Other ► ( _____ )....				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement.....	29			

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?.....

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?.....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?.....

b If 'Yes,' describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	<b>Yes</b>	<b>No</b>
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2012

## Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**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.

OMB No. 1545-0047

**2012**Open to Public  
Inspection

Name of the organization

CENTER FOR INVESTIGATIVE REPORTING, INC.

Employer identification number

94-2434026

**FORM 990, PART VI, LINE 1A - EXPLANATION OF MATERIAL DIFFERENCES OF VOTING RIGHTS**

THE BOARD DELEGATES CERTAIN LIMITED MATTERS TO THE EXECUTIVE COMMITTEE, WHICH IS EMPOWERED TO ACT BETWEEN BOARD MEETINGS IF NECESSARY. IN ACCORDANCE WITH THE CALIFORNIA NONPROFIT INTEGRITY ACT, THE AUDIT COMMITTEE IS EMPOWERED TO REVIEW THE ANNUAL AUDIT AND TO VOTE ON ITS ACCEPTANCE. OTHER COMMITTEES OF THE BOARD DO NOT HAVE AUTHORITY TO ACT ON BEHALF OF THE BOARD. THEY ARE ADVISORY COMMITTEES THAT MAKE RECOMMENDATIONS TO THE FULL BOARD.

**FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS**

ON MARCH 27, 2012, THE CENTER FOR INVESTIGATIVE REPORTING, INC. AND THE BAY AREA NEWS PROJECT (BAY CITIZEN) AGREED TO MERGE OPERATIONS. THE CALIFORNIA ATTORNEY GENERAL'S OFFICE APPROVED THE MERGER ON APRIL 30, 2012. CONSEQUENTLY, THE ORGANIZATION PREPARED AND FILED AMENDED AND RESTATED BYLAWS WITH THE STATE OF CALIFORNIA.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

FORM 990 IS PREPARED BY AN OUTSIDE TAX PROFESSIONAL. THE FORM IS THEN REVIEWED BY THE ORGANIZATION'S MANAGEMENT WHICH INCLUDES THE EXECUTIVE DIRECTOR. THE CONTENTS OF THE RETURN ARE DISCUSSED WITH THE OUTSIDE TAX PROFESSIONAL. AFTER A FULL REVIEW (WITH MODIFICATIONS WHERE NECESSARY), THE FINAL VERSION OF THE TAX RETURN IS PROVIDED TO ALL MEMBERS OF THE ORGANIZATION'S VOTING BODY. A REPRESENTATIVE OF MANAGEMENT SIGNS AND MAILED THE RETURN TO THE DEPARTMENT OF THE TREASURY.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

MEMBERS OF THE BOARD OF DIRECTORS REVIEW ALL POTENTIAL CONFLICTS OF INTEREST AT LEAST ANNUALLY. ALL PERSONNEL AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE (IN WRITING) POTENTIAL CONFLICTS AND ANY RELATED PARTY AFFILIATIONS. LOANS BETWEEN THE ORGANIZATION AND MEMBERS OF MANAGEMENT AND THE BOARD ARE STRICTLY PROHIBITED. THE ORGANIZATION SEEKS FULL TRANSPARENCY ON ALL RELATIONSHIPS. ANY POTENTIAL CONFLICTS

Name of the organization

CENTER FOR INVESTIGATIVE REPORTING, INC.

Employer identification number

94-2434026

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)**

(IN FACT OR APPEARANCE) ARE DISCUSSED OPENLY AND RESOLVED IN ACCORDANCE WITH THE  
ORGANIZATION'S POLICIES AND PROCEDURES.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT**

PERFORMANCE REVIEWS OF THE ORGANIZATION'S EXECUTIVE DIRECTOR AND EXECUTIVE CHAIRMAN  
ARE CONDUCTED ANNUALLY BY A SUBCOMMITTEE OF THE BOARD OF DIRECTORS. AS PART OF THE  
REVIEW, COMPENSATION OF THE EXECUTIVE DIRECTOR AND THE EXECUTIVE CHAIRMAN ARE  
CONSIDERED. THE SUBCOMMITTEE CONDUCTS A COMPARABILITY SURVEY USING PUBLICLY  
AVAILABLE SALARY SURVEYS AND BY CONSULTING WITH COMPARABLE ORGANIZATIONS ON THEIR  
COMPENSATION PACKAGES. A RECOMMENDATION FOR ANY CHANGE IN COMPENSATION IS THEN MADE  
TO THE FULL BOARD OF DIRECTORS AND REQUIRES MAJORITY APPROVAL.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES**

THE COMPENSATION OF OTHER KEY EMPLOYEES IS DETERMINED BY THE ORGANIZATION'S  
EXECUTIVE DIRECTOR AND/OR EXECUTIVE CHAIRMAN IN CONSULTATION WITH OTHER SENIOR  
MANAGEMENT WHEN APPROPRIATE, AND IS BASED ON INDUSTRY SALARY SURVEYS, EQUITABLE PAY  
SCALE WITHIN THE ORGANIZATION, AND INDIVIDUAL EMPLOYEE PERFORMANCE AS ASSESSED IN  
ANNUAL REVIEWS.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND OTHER LEGAL  
FILINGS ARE MAINTAINED IN A SECURE ENVIRONMENT AND HELD AVAILABLE FOR INSPECTION FOR  
TAX AUTHORITIES AND THE GENERAL PUBLIC (WHEN NECESSARY). TAX RETURNS ARE POSTED  
ANNUALLY ON THE ORGANIZATION'S OWN WEBSITE, ON WWW.GUIDESTAR.ORG (WHERE THEY ARE  
AVAILABLE FOR VIEWING), AND MADE AVAILABLE AT THE ORGANIZATION'S OFFICE IN BERKELEY,  
CALIFORNIA (FOR A PHYSICAL INSPECTION).

2012

**SCHEDULE O - SUPPLEMENTAL INFORMATION**

**PAGE 1**

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**CENTER FOR INVESTIGATIVE REPORTING, INC.**

**94-2434026**

8/14/13

09:12PM

**FORM 990, PART XI, LINE 9**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

ADVERTISING INCOME FORM 990-T.....	\$ 14,226.
CHANGE IN DISCOUNT FOR MULTI-YEAR RECEIVABLES.....	-68,166.
<b>TOTAL</b>	<b><u>\$ -53,940.</u></b>

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ..... ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extention on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ..... ► 

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions.  <b>CENTER FOR INVESTIGATIVE REPORTING, INC.</b>	Employer identification number (EIN) or  <b>94-2434026</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions.  <b>2130 CENTER STREET #103</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  <b>BERKELEY, CA 94704</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)..... ► **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► JANICE E. SAGER -----

Telephone No. ► 510.809.3169 FAX No. ► 510.849.1813

- 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 13, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- calendar year 20 12 or
- tax year beginning                   , 20       , and ending                   , 20       .

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions .....	3a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit .....	3b \$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions .....	3c \$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**Power of Attorney  
and Declaration of Representative**

OMB No. 1545-0150

**For IRS Use Only**

Received by:

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Function \_\_\_\_\_

Date / /

**Part II Power of Attorney****Caution:** A separate Form 2848 should be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.**1 Taxpayer information.** Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address

Taxpayer identification number(s)

94-2434026

CENTER FOR INVESTIGATIVE REPORTING, INC.  
2130 CENTER STREET #103  
BERKELEY, CA 94704

Daytime telephone number

510.809.3160

Plan number (if applicable)

hereby appoints the following representative(s) as attorney(s)-in-fact:

**2 Representative(s)** must sign and date this form on page 2, Part II.

Name and address DOUGLAS REGALIA 103 TOWN & COUNTRY DR., STE. K DANVILLE, CA 94526	Check if to be sent notices and communications <input checked="" type="checkbox"/>	CAF No. <u>NONE</u> PTIN <u>P00186389</u> Telephone No. <u>925-314-0390</u> Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address		CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Check if to be sent notices and communications <input type="checkbox"/>		CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address		CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

to represent the taxpayer before the Internal Revenue Service for the following matters:

**3 Matters**

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, etc) (see instructions)	Tax Form Number (1040, 941, 720, etc) (if applicable)	Year(s) or Period(s) (if applicable) (see the instructions for line 3)

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. **Specific Uses Not Recorded on CAF** **5 Acts authorized.** Unless otherwise provided below, the representatives generally are authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The representative(s), however, is (are) not authorized to receive or negotiate any amounts paid to the client in connection with this representation (including refunds by either electronic means or paper checks). Additionally, unless the appropriate box(es) below are checked, the representative(s) is (are) not authorized to execute a request for disclosure of tax returns or return information to a third party, substitute another representative or add additional representatives, or sign certain tax returns. Disclosure to third parties;  Substitute or add representative(s);  Signing a return; \_\_\_\_\_ Other acts authorized: \_\_\_\_\_ (see instructions for more information)

**Exceptions.** An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan agent may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. A registered tax return preparer may only represent taxpayers to the extent provided in section 10.3(f) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (level k) authority is limited (for example, they may only practice under the supervision of another practitioner).

List any specific deletions to the acts otherwise authorized in this power of attorney:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here  ►

**YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

**7 Signature of taxpayer.** If a tax matter concerns a year in which a joint return was filed, the husband and wife must each file a separate power of attorney even if the same representative(s) is (are) being appointed. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

► **IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED TO THE TAXPAYER.**

-----  
Signature

-----  
Date

**EXECUTIVE CHAIRMAN**  
Title (if applicable)

-----  
**PHILIP BRONSTEIN**

Print Name

-----  
PIN Number

-----  
Print name of taxpayer from line 1 if other than individual

## **Part II Declaration of Representative**

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
  - a** Attorney — a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b** Certified Public Accountant — duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c** Enrolled Agent — enrolled as an agent under the requirements of Circular 230.
  - d** Officer — a bona fide officer of the taxpayer's organization.
  - e** Full-Time Employee — a full-time employee of the taxpayer.
  - f** Family Member — a member of the taxpayer's immediate family (for example, spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
  - g** Enrolled Actuary — enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
  - h** Unenrolled Return Preparer — Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. **See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.**
  - i** Registered Tax Return Preparer — registered as a tax return preparer under the requirements of section 10.4 of Circular 230. Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. **See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.**
  - k** Student Attorney or CPA — receives permission to practice before the IRS by virtue of his/her status as a law, business or accounting student working in LITC or STCP under section 10.7(d) of Circular 230. See instructions for Part II for additional information and requirements.
  - r** Enrolled Retirement Plan Agent — enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

► **IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN LINE 2 ON PAGE 1.** See the instructions for Part II.

**Note:** For designations d-f, enter your title, position, or relationship to the taxpayer in the 'Licensing jurisdiction' column. See the instructions for Part II for more information.

Designation — Insert above letter (a - r)	Licensing jurisdiction (state) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable). See instructions for Part II for more information.	Signature	Date
B				

2012

**FEDERAL SUPPORTING DETAIL**

**PAGE 1**

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**CENTER FOR INVESTIGATIVE REPORTING, INC.**

**94-2434026**

8/14/13

09:12PM

**CONTRIBUTIONS, GIFTS, AND GRANTS**  
**OTHER CONTRIBUTIONS, GIFTS, GRANTS, ETC.**

UNRESTRICTED CONTRIBUTIONS.....	\$ 3,737,190.
TEMP RESTRICTED CONTRIBUTIONS.....	4,285,426.
GRANTS.....	3,123,595.
<b>TOTAL</b>	<b><u>\$ 11,146,211.</u></b>