

Form **990**

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2015**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

**A** For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FOUNDATION FOR NATIONAL PROGRESS</b> Doing business as <b>MOTHER JONES MAGAZINE</b>		<b>D</b> Employer identification number <b>94-2282759</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>222 SUTTER STREET</b>	Room/suite <b>600</b>	<b>E</b> Telephone number <b>415-321-1700</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>SAN FRANCISCO, CA 94108-4457</b>		<b>G</b> Gross receipts \$ <b>13,452,943.</b>
	<b>F</b> Name and address of principal officer: <b>MONIKA BAUERLEIN</b> <b>SAME AS C ABOVE</b>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No if "No," attach a list. (see instructions) H(c) Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.MOTHERJONES.COM</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			
		<b>L</b> Year of formation: <b>1975</b>	<b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>A NEWS ORGANIZATION THAT SPECIALIZES IN INVESTIGATIVE, POLITICAL &amp; SOCIAL JUSTICE REPORTING.</b>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>21</b>	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>16</b>	
	<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>110</b>	
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>18</b>	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>1,982,867.</b>	
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>-264,524.</b>		
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8,713,127.</b>	<b>8,830,782.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>4,523,094.</b>	<b>4,266,769.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>3,047.</b>	<b>-5,328.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>334,247.</b>	<b>95,107.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>13,573,515.</b>	<b>13,187,330.</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>7,823,018.</b>	<b>7,581,133.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>229,583.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>1,261,847.</b>	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>6,492,760.</b>	<b>6,239,166.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>14,315,778.</b>	<b>14,049,882.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-742,263.</b>	<b>-862,552.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>2,044,263.</b>	<b>1,437,737.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>3,874,222.</b>	<b>4,130,248.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>-1,829,959.</b>	<b>-2,692,511.</b>

**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.

<b>Sign Here</b>	Signature of officer <i>Madeleine Buckingham</i>		Date <b>11/15/16</b>	
	Type or print name and title <b>MADELEINE BUCKINGHAM, CHIEF BUSINESS STRATEGIST/CFO</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>LAWRENCE S. KUECHLER</b>	Preparer's signature <i>Lawrence S. Kuechler</i>	Date <b>11/14/16</b>	Check <input type="checkbox"/> self-employed PTIN <b>P00233621</b>
	Firm's name <b>ARMANINO LLP</b>			Firm's EIN <b>94-6214841</b>
Firm's address <b>50 W. SAN FERNANDO ST, STE 500 SAN JOSE, CA 95113</b>			Phone no. <b>408-200-6400</b>	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
FIRST PUBLISHED IN 1976 BY THE NONPROFIT FOUNDATION FOR NATIONAL PROGRESS, MOTHER JONES' MISSION IS TO PRODUCE REVELATORY JOURNALISM THAT IN ITS POWER AND REACH INFORMS AND INSPIRES A MORE JUST AND DEMOCRATIC WORLD. THIS NONPROFIT NEWS ORGANIZATION SPECIALIZES IN

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
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 [X] 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 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 \$ 7,775,893. including grants of \$ ) (Revenue \$ 580,791.)
INVESTIGATIVE REPORTING:

AMERICA IS DIVIDED ON SOME OF THE MOST ESSENTIAL ISSUES OF OUR TIME: RACIAL JUSTICE, INCOME INEQUALITY, CLIMATE CHANGE, REPRODUCTIVE FREEDOM, MONEY IN POLITICS. AS THESE DEBATES RAGE ON, AN INCREASINGLY ENGAGED PUBLIC NEEDS TRUSTED INFORMATION TO HELP INFORM AND SHAPE THEIR VIEW OF THE WORLD. ACCORDING TO THE PEW RESEARCH CENTER'S STATE OF THE NEWS MEDIA 2015 REPORT, NEWSPAPERS CONTINUE TO BE HARD HIT WHILE LOCAL NEWS ECOSYSTEMS ARE STRUGGLING TO FIND THEIR PLACE IN AN EVER-EVOLVING DIGITAL WORLD. AMERICANS ARE CONSTANTLY BOMBARDED WITH INFORMATION, YET THERE ARE VERY FEW NEWSROOMS THAT CAN CUT THROUGH THE NOISE AND CONNECT THE DOTS TO REVEAL THE LARGER INTERESTS AT PLAY.

4b (Code: ) (Expenses \$ 978,950. including grants of \$ ) (Revenue \$ 661,126.)
THE CLIMATE DESK:

FROM ITS INCEPTION IN 2009 CLIMATE DESK'S MISSION HAS BEEN TO CREATE A NEW NARRATIVE ABOUT CLIMATE, ONE THAT EXPLORES THE ISSUE IN ALL OF ITS RICHNESS AND COMPLEXITY AND THAT POINTS PEOPLE TOWARDS RIGHT ACTION AS A RESULT. AT CLIMATE DESK WE KNOW CLIMATE CHANGE IS NOT JUST AN ENVIRONMENTAL STORY: IT'S ABOUT HOW OUR WAY OF LIFE IS CHANGING, IN WAYS LARGE AND SMALL, LOCAL AND GLOBAL. THIS CALLS FOR JOURNALISM THAT TELLS THE CLIMATE CHANGE STORY THROUGH THOROUGHLY RESEARCHED AND DEEPLY COMPELLING REPORTING THAT IS AT HOME IN THE WORLDS OF BUSINESS AND FINANCE, COMMUNITY LIFE AND URBAN DESIGN, POLITICS AND POWER, SCIENCE AND TECHNOLOGY, CULTURE AND THE IMAGINATION, AND, YES, THE NATURAL

4c (Code: ) (Expenses \$ 783,226. including grants of \$ ) (Revenue \$ 623,550.)
CRIMINAL JUSTICE REPORTING:

IN 2016 MOTHER JONES PUBLISHED SHANE BAUER'S 35,000-WORD REPORT ON HIS FOUR-MONTH STINT AS A GUARD AT WINN CORRECTIONAL CENTER, A MEDIUM SECURITY PRISON MANAGED FOR THE STATE OF LOUISIANA BY CORRECTIONAL CORPORATION OF AMERICA (CCA).

BAUER'S FIRST-HAND INVESTIGATION BROKE THROUGH THE WALL OF CORPORATE SILENCE ABOUT THE FAILURE OF AMERICA'S PRIVATIZED CRIMINAL JUSTICE SYSTEM THE LACK OF SERVICES, THE SAFETY PROBLEMS FACED BY GUARDS AND INMATES ALIKE, THE SUBSTANDARD WAGES AND WORKING CONDITIONS, AND THE EFFECT ON PRISON LIFE OF AN INCENTIVE SYSTEM THAT REWARDS MAXIMUM

4d Other program services (Describe in Schedule O.)
(Expenses \$ 1,884,438. including grants of \$ ) (Revenue \$ 490,593.)

4e Total program service expenses 11,422,507.

**Part IV Checklist of Required Schedules**

	Yes	No
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>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	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>		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>		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>		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>		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>		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>		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>		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>		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>	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>		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>		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>		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>	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>	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>	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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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</i>	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>	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>		X

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

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a	104		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
1c			
2a	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		
2a	110		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
3b			
4a	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)?		X
4a			
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
4b			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
5c			
6a	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?		X
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		N/A
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		N/A
7h			
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? N/A		
8			
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A		
9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A		
9b			
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a	
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
10b			
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders N/A	11a	
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
11b			
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	
12b			
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? N/A <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
13b			
c	Enter the amount of reserves on hand	13c	
13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
14a			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
14b			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

X

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year 21
1b Enter the number of voting members included in line 1a, above, who are independent 16
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? 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
7a 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
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
8a The governing body? X
8b Each committee with authority to act on behalf of the governing body? X
9 Is there any officer, director, 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.)

10a Did the organization have local chapters, branches, or affiliates? X
10b 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?
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X
11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X
12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X
12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X
13 Did the organization have a written whistleblower policy? X
14 Did the organization have a written document retention and destruction policy? X
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?
15a The organization's CEO, Executive Director, or top management official X
15b Other officers or key employees of the organization X
16a 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
16b 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 take 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 AK, AR, CA, CT, FL, GA, HI, IL, KS, KY, LA, ME
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
Own website Another's website X Upon request Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: MADELEINE BUCKINGHAM, CHIEF BUSINESS STRATEGIST - 415-321-1700
222 SUTTER STREET, SUITE 600, SAN FRANCISCO, CA 94108

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PHIL STRAUS BOARD CHAIR	5.00	X		X				0.	0.	0.
(2) MONIKA BAUERLEIN PRESIDENT	37.50	X		X				186,118.	0.	26,061.
(3) CLARA JEFFERY VICE PRESIDENT/EDITOR-IN-CHEF	37.50	X		X				182,041.	0.	17,970.
(4) STEVE KATZ VICE PRESIDENT/PUBLISHER	37.50	X		X				180,302.	0.	26,075.
(5) SARA FRANKEL SECRETARY	5.00	X		X				0.	0.	0.
(6) JON PAGELER TREASURER	5.00	X		X				0.	0.	0.
(7) ERIK HANISCH BOARD MEMBER	5.00	X						0.	0.	0.
(8) HARRIET BARLOW BOARD MEMBER	5.00	X						0.	0.	0.
(9) HARRIETT LEVIN BALKIND - TO FEB BOARD MEMBER	5.00	X						0.	0.	0.
(10) JANE BUTCHER BOARD MEMBER	5.00	X						0.	0.	0.
(11) DAVE GLASSCO BOARD MEMBER	5.00	X						0.	0.	0.
(12) JUDY WISE BOARD MEMBER	5.00	X						0.	0.	0.
(13) KEN PELLETIER BOARD MEMBER	5.00	X						0.	0.	0.
(14) KEVIN SIMMONS BOARD MEMBER	5.00	X						0.	0.	0.
(15) NAN SCHAFFER - TO OCT 2015 BOARD MEMBER	5.00	X						0.	0.	0.
(16) ARRAN BARDIGE BOARD MEMBER	5.00	X						0.	0.	0.
(17) RICHARD MELCHER BOARD MEMBER	5.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANDRE CAROTHERS BOARD MEMBER	5.00	X						0.	0.	0.
(19) DIANE FILIPPI BOARD MEMBER	5.00	X						0.	0.	0.
(20) ADAM HOCHSCHILD BOARD MEMBER	5.00	X						0.	0.	0.
(21) CAROLYN MUGAR BOARD MEMBER	5.00	X						0.	0.	0.
(22) MITCHELL GRUMMON BOARD MEMBER/FINANCIAL ANALYST	37.50	X						57,007.	0.	4,774.
(23) HANNAH LEVINTOVA BOARD MEMBER	37.50	X						50,559.	0.	5,418.
(24) MADELEINE BUCKINGHAM CHIEF BUSINESS STRATEGIST/	37.50			X				172,172.	0.	22,566.
(25) DAVID CORN DC BUREAU CHIEF	37.50				X			166,927.	0.	6,826.
(26) BRENDEN O'HANLON NATIONAL ACCOUNTS MANAGER	37.50				X			127,459.	0.	9,433.
<b>1b Sub-total</b>								1,122,585.	0.	119,123.
<b>c Total from continuation sheets to Part VII, Section A</b>								473,257.	0.	55,979.
<b>d Total (add lines 1b and 1c)</b>								1,595,842.	0.	175,102.

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 **16**

- 3 Did the organization list any former 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
EXECUTIVE MAILING SERVICE 7855 W. 111TH STREET, PALOS HILLS, IL 60465	DIRECT MAIL	308,650.
BALLANTINE CORPORATION 1700 ROUTE 23 NORTH, WAYNE, NJ 07470	DIRECT MAIL	280,244.
QUAD GRAPHICS PO BOX 644840, PITTSBURGH, PA 15264-4840	PRINTER	257,649.
ICN PO BOX 370, BRISTOL, PA 19007-0370	FULFILLMENT SERVICE	223,709.
MIDLAND PAPER 1140 PAYSHERE CIRCLE, CHICAGO, IL 60674	PAPER PURCHASE	187,674.

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

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b>	Federated campaigns	<b>1a</b> 30,000.					
	<b>b</b>	Membership dues	<b>1b</b> 2,308,246.					
	<b>c</b>	Fundraising events	<b>1c</b> 402,568.					
	<b>d</b>	Related organizations	<b>1d</b>					
	<b>e</b>	Government grants (contributions)	<b>1e</b> 276,805.					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 5,813,163.					
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$	195,916.					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		8,830,782.				
<b>Program Service Revenue</b>	<b>2 a</b>	PROGRAM REVENUE	Business Code 511120	2,201,426.	2,201,426.			
	<b>b</b>	ADVERTISING	541800	1,910,709.		1,910,709.		
	<b>c</b>	SPONSORED PROJECTS	900099	154,634.	154,634.			
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f		4,266,769.				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		18,524.			18,524.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds						
	<b>5</b>	Royalties		177,557.			177,557.	
	<b>6 a</b>	Gross rents	(i) Real	55,053.				
			(ii) Personal					
			Less: rental expenses	0.				
			c Rental income or (loss)	55,053.				
	<b>d</b>	Net rental income or (loss)		55,053.			55,053.	
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			Less: cost or other basis and sales expenses	23,852.				
			c Gain or (loss)	-23,852.				
	<b>d</b>	Net gain or (loss)		-23,852.			-23,852.	
	<b>8 a</b>	Gross income from fundraising events (not including \$ 402,568. of contributions reported on line 1c). See Part IV, line 18	a	32,100.				
			b	Less: direct expenses	241,761.			
<b>c</b>			Net income or (loss) from fundraising events		-209,661.		-209,661.	
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19	a						
		b	Less: direct expenses					
		<b>c</b>	Net income or (loss) from gaming activities					
<b>10 a</b>	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		<b>c</b>	Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>				<b>Business Code</b>				
<b>11 a</b>	ACME REVENUE		900000	72,158.		72,158.		
		<b>b</b>						
		<b>c</b>						
		<b>d</b>	All other revenue					
<b>e</b>	<b>Total.</b> Add lines 11a-11d			72,158.				
<b>12</b>	<b>Total revenue.</b> See instructions.			13,187,330.	2,356,060.	1,982,867.	17,621.	

**Part IX** Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	910,998.	276,493.	425,653.	208,852.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,482,207.	4,704,107.	325,214.	452,886.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	720,511.	624,854.	38,774.	56,883.
10 Payroll taxes	467,417.	368,314.	51,885.	47,218.
11 Fees for services (non-employees):				
a Management				
b Legal	115,725.	107,311.	6,094.	2,320.
c Accounting	29,245.		29,245.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	229,583.			229,583.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,396,153.	2,309,801.	12,074.	74,278.
12 Advertising and promotion	221,848.	67,770.	140,824.	13,254.
13 Office expenses	386,459.	298,516.	48,872.	39,071.
14 Information technology	309,469.	283,808.	7,464.	18,197.
15 Royalties				
16 Occupancy	689,973.	538,509.	109,705.	41,759.
17 Travel	296,673.	201,202.	39,126.	56,345.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	26,625.	19,502.	6,426.	697.
20 Interest	20,878.	15,245.	4,080.	1,553.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	82,775.	60,444.	16,174.	6,157.
23 Insurance	59,688.	54,618.	3,672.	1,398.
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 <b>FULFILLMENT</b>	750,227.	749,456.		771.
b <b>FREELANCER EXPENSE</b>	400,762.	322,255.	77,767.	740.
c <b>PRINT PRODUCTION</b>	311,508.	301,968.	72.	9,468.
d <b>PROGRAM</b>	82,390.	82,390.		
e All other expenses	58,768.	35,944.	22,407.	417.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>14,049,882.</b>	<b>11,422,507.</b>	<b>1,365,528.</b>	<b>1,261,847.</b>
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year	(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing		1
	2 Savings and temporary cash investments	689,121.	2 158,544.
	3 Pledges and grants receivable, net		3 45,000.
	4 Accounts receivable, net	933,897.	4 878,095.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6
	7 Notes and loans receivable, net		7 10,000.
	8 Inventories for sale or use		8
	9 Prepaid expenses and deferred charges	192,858.	9 121,959.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,209,879.	
	b Less: accumulated depreciation	10b 1,040,731.	10c 169,148.
	11 Investments - publicly traded securities		11 760.
	12 Investments - other securities. See Part IV, line 11		12
	13 Investments - program-related. See Part IV, line 11		13
	14 Intangible assets		14
	15 Other assets. See Part IV, line 11	54,231.	15 54,231.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	2,044,263.	16 1,437,737.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	2,043,061.	17 2,176,896.
	18 Grants payable		18
	19 Deferred revenue	1,513,173.	19 1,158,338.
	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		23 500,000.
	24 Unsecured notes and loans payable to unrelated third parties	50,000.	24 54,588.
	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	267,988.	25 240,426.
	26 <b>Total liabilities.</b> Add lines 17 through 25	3,874,222.	26 4,130,248.
<b>Net Assets or Fund Balances</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.		
	27 Unrestricted net assets	-2,622,670.	27 -3,589,474.
	28 Temporarily restricted net assets	792,711.	28 896,963.
	29 Permanently restricted net assets		29
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		30
	31 Paid-in or capital surplus, or land, building, or equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds		32
33 Total net assets or fund balances	-1,829,959.	33 -2,692,511.	
34 <b>Total liabilities and net assets/fund balances</b>	2,044,263.	34 1,437,737.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,187,330.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,049,882.
3	Revenue less expenses. Subtract line 2 from line 1	3	-862,552.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-1,829,959.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-2,692,511.

**Part XII Financial Statements and Reporting**

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

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization **FOUNDATION FOR NATIONAL PROGRESS** Employer identification number **94-2282759**

**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 (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....						
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) .....						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4 .....						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
11 <b>Total support.</b> Add lines 7 through 10 .....						
12 Gross receipts from related activities, etc. (see instructions) .....					12	
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 stop here. <input type="checkbox"/>						

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

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14 .....	15	%
16a <b>33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>33 1/3% support test - 2014.</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 stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2015.</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 stop here. Explain in Part VI 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 - 2014.</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 stop here. Explain in Part VI 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 year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4236141.	5184690.	9080890.	8713127.	8830782.	36045630.
<b>2</b> 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	3975737.	4485181.	7235059.	2827696.	2356060.	20879733.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> 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	8211878.	9669871.	16315949.	11540823.	11186842.	56925363.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	2325964.	2501404.	2760808.	2557361.	1868270.	12013807.
<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	87,946.	400,813.	10,090.	57,322.		556,171.
<b>c</b> Add lines 7a and 7b	2413910.	2902217.	2770898.	2614683.	1868270.	12569978.
<b>8 Public support.</b> (Subtract line 7c from line 6)						44355385.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6	8211878.	9669871.	16315949.	11540823.	11186842.	56925363.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	392,964.	351,709.	429,541.	226,964.	251,134.	1652312.
<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	392,964.	351,709.	429,541.	226,964.	251,134.	1652312.
<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 VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	8604842.	10021580.	16745490.	11767787.	11437976.	58577675.

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

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

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	75.72 %
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	16	72.01 %

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

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	2.82 %
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17	18	3.15 %

**19a 33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11c		

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

**Section D. All Type III Supporting Organizations**

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

**Section E. Type III Functionally-Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2015**

Name of the organization

Employer identification number

**FOUNDATION FOR NATIONAL PROGRESS**

**94-2282759**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

FOUNDATION FOR NATIONAL PROGRESS

94-2282759

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,325,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> <b>FOUNDATION FOR NATIONAL PROGRESS</b>	<b>Employer identification number</b> <b>94-2282759</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

Employer identification number

FOUNDATION FOR NATIONAL PROGRESS

94-2282759

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 81,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>FOUNDATION FOR NATIONAL PROGRESS</b>	Employer identification number <b>94-2282759</b>
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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 8,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ <u>20,469.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ <u>276,805.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ <u>92,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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**FOUNDATION FOR NATIONAL PROGRESS**

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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 74,999.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>FOUNDATION FOR NATIONAL PROGRESS</b>	Employer identification number <b>94-2282759</b>
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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 10,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 7,748.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 13,153.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

FOUNDATION FOR NATIONAL PROGRESS

94-2282759

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 42,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>FOUNDATION FOR NATIONAL PROGRESS</b>	Employer identification number <b>94-2282759</b>
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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ 5,155.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>FOUNDATION FOR NATIONAL PROGRESS</b>	Employer identification number <b>94-2282759</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	<hr/> <hr/> <hr/>	\$ 25,626.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74		\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77		\$ <u>129,774.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
78		\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$ <u>185,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80		\$ <u>22,496.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
81		\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82		\$ <u>15,275.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
83		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>FOUNDATION FOR NATIONAL PROGRESS</b>	Employer identification number <b>94-2282759</b>
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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95		\$ 27,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>103</u>	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>104</u>	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>105</u>	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>106</u>	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>FOUNDATION FOR NATIONAL PROGRESS</b>	Employer identification number <b>94-2282759</b>
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**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
25	200 SHARES JOHNSON & JOHNSON	\$ 20,469.	11/20/15
45	90 SHARES MC	\$ 7,748.	02/25/16
48	CASH \$12,393; OPTIBRAND 1226 SHARES	\$ 760.	04/18/16
63	UNH - 43 SHARES	\$ 5,155.	10/19/15
77	1355 SHARES OCCIDENTAL PETROL CO.; 664 SHARES ATVI ACTIVISION; CASH \$5,000	\$ 124,774.	05/31/16
80	65 SHARES PCP; 160 SHARES KO	\$ 22,496.	12/11/15

Name of organization <b>FOUNDATION FOR NATIONAL PROGRESS</b>	Employer identification number <b>94-2282759</b>
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
82	141 SHARES AAPL APPLE _____ _____ _____	\$ 15,275.	12/23/15
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <b>FOUNDATION FOR NATIONAL PROGRESS</b>	Employer identification number <b>94-2282759</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization

**FOUNDATION FOR NATIONAL PROGRESS**

Employer identification number

**94-2282759**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on 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 a 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
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on Form 990, Part IV, line 8.

1a 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) Revenue included on 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 Revenue included on 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		281,645.	249,619.	32,026.
d Equipment		216,268.	187,488.	28,780.
e Other		711,966.	603,624.	108,342.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				169,148.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	237,926.
(3) TENANT SECURITY DEPOSIT	2,500.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	240,426.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	13,429,091.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	241,761.	
e	Add lines 2a through 2d	2e		241,761.
3	Subtract line 2e from line 1	3		13,187,330.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		13,187,330.

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

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

1	Total expenses and losses per audited financial statements		1	14,291,643.
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	241,761.	
e	Add lines 2a through 2d	2e		241,761.
3	Subtract line 2e from line 1	3		14,049,882.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		14,049,882.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

THE FOUNDATION HAS EVALUATED ITS CURRENT TAX POSITIONS AND HAS CONCLUDED THAT AS OF JUNE 30, 2016, THE FOUNDATION DOES NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE NECESSARY.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

FUNDRAISING EVENTS EXPENSES 241,761.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

FUNDRAISING EVENTS EXPENSES 241,761.







**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GALA SF OCT 2015 (event type)	LA APRIL 2016 (event type)	3 (total number)		
Revenue	1	Gross receipts	339,868.	60,600.	34,200.	434,668.
	2	Less: Contributions	307,768.	60,600.	34,200.	402,568.
	3	Gross income (line 1 minus line 2)	32,100.			32,100.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	47,346.		20,925.	68,271.
	7	Food and beverages	33,295.	35,480.	45,688.	114,463.
	8	Entertainment			11,000.	11,000.
	9	Other direct expenses	23,360.	6,481.	18,186.	48,027.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				241,761.
11	Net income summary. Subtract line 10 from line 3, column (d)				-209,661.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: TELEFUND, INC

(I) ADDRESS OF FUNDRAISER:

717 WEST ST. GERMAIN STREET, ST. CLOUD, MN 56301

(I) NAME OF FUNDRAISER: OMP DIRECT MARKETING

(I) ADDRESS OF FUNDRAISER:

1133 19TH STREET, NW, SUITE 300, WASHINGTON, DC 20036-4502



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**FOUNDATION FOR NATIONAL PROGRESS**

Employer identification number

**94-2282759**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 directors, trustees, and officers, including 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 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 |

**4** During the year, did any person listed on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on 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 on 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" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on 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)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a	X	
5b		X
6a		X
6b		X
7		X
8		X
9		

**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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MONIKA BAUERLEIN PRESIDENT	(i)	186,118.	0.	0.	0.	26,061.	212,179.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CLARA JEFFERY VICE PRESIDENT/EDITOR-IN-CHIEF	(i)	182,041.	0.	0.	0.	17,970.	200,011.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) STEVE KATZ VICE PRESIDENT/PUBLISHER	(i)	180,302.	0.	0.	0.	26,075.	206,377.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MADELEINE BUCKINGHAM CHIEF BUSINESS STRATEGIST/	(i)	172,172.	0.	0.	0.	22,566.	194,738.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DAVID CORN DC BUREAU CHIEF	(i)	166,927.	0.	0.	0.	6,826.	173,753.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KHARY BROWN VP MEDIA SALES	(i)	152,725.	0.	0.	0.	18,671.	171,396.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TIM MURPHY FORMER BOARD MEMBER/REPORTER	(i)	79,552.	0.	0.	0.	4,674.	84,226.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 5:

VP MEDIA SALES HAS A COMMISSION PLAN WHERE HE IS PAID A % ON MONTHLY  
ADVERTISING REVENUE.





**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DYLAN DISALVIO	SON OF CHIEF BUSINE	51,960.	DYLAN DISAL		X

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

**SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

(A) NAME OF PERSON: DYLAN DISALVIO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SON OF CHIEF BUSINESS STRATEGIST

(C) AMOUNT OF TRANSACTION \$ 51,960.

(D) DESCRIPTION OF TRANSACTION: DYLAN DISALVIO, SON OF MADELEINE

BUCKINGHAM, CHIEF BUSINESS STRATEGIST, IS EMPLOYED BY THE FOUNDATION FOR SALES OF ADVERTISING. DISALVIO RECEIVED COMPENSATION OF \$51,960 IN FISCAL YEAR 2015-2016.

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**FOUNDATION FOR NATIONAL PROGRESS**

Employer identification number

**94-2282759**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) 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	8	195,916. 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

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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? .....

	Yes	No
30a		X

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? .....

31	X	
----	---	--

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

32a		X
-----	--	---

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.



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

FOUNDATION FOR NATIONAL PROGRESS

Employer identification number  
94-2282759

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

INVESTIGATIVE, POLITICAL, SOCIAL JUSTICE, AND ENVIRONMENTAL REPORTING,  
DIRECTLY REACHING AN AVERAGE OF NEARLY 6 MILLION PEOPLE EACH MONTH.

MOTHER JONES ALSO REACHES MILLIONS MORE THROUGH PICKUP OF OUR STORIES  
BY OTHER MEDIA AND ADVOCACY ORGANIZATIONS AND SHARING THROUGH SOCIAL  
MEDIA.

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

MOTHER JONES GOES AT CORPORATE AND POLITICAL POWER, ENGAGING TEAMS OF  
REPORTERS, EDITORS, FACT-CHECKERS, DESIGNERS, AND VIDEOGRAPHERS TO GET  
AT CRITICAL STORIES FROM EVERY ANGLE, AND REACHING AUDIENCES IN PRINT,  
ON THE WEB, AND ON-THE-GO. STEADY REPORTING, FROM BREAKING NEWS TO  
MONTHS OF DIGGING, EACH STORY PROVIDING THE INSIGHTS AND CONTEXT THAT  
MOTHER JONES HAS BECOME KNOWN FOR.

FROM BLACK LIVES MATTER TO MARRIAGE EQUALITY, WHEN THE RIGHT KIND OF  
JOURNALISM IS DELIVERED AT THE RIGHT MOMENT WE KNOW IT CAN HAVE  
DRAMATIC IMPACT. MOTHER JONES IS A NEWS ORGANIZATION THAT DELIVERS  
TRUSTED, FACT-CHECKED STORIES TO THE FOREFRONT OF THE NATIONAL DEBATE.

IN JUST THE PAST FIVE YEARS, OUR ONLINE AUDIENCE HAS GROWN FROM FEWER  
THAN ONE MILLION PEOPLE PER MONTH TO UPWARDS OF NINE MILLION PER MONTH.  
SIMILARLY, IN 2010, OUR READERS GENERATED AN AVERAGE OF JUST OVER  
3 MILLION PAGEVIEWS AT MOTHERJONES.COM. TODAY, THAT NUMBER HAS GROWN TO  
NEARLY 15.5 MILLION PAGEVIEWS EACH MONTH.

Name of the organization

FOUNDATION FOR NATIONAL PROGRESS

Employer identification number

94-2282759

ONE OF THE THINGS THOSE NUMBERS DON'T TELL IS HOW OUR AUDIENCE HAS CHANGED OVER THE YEARS. FOR ONE THING, IT'S GOTTEN MUCH YOUNGER: OUR ONLINE AUDIENCE AVERAGE AGE IS IN THE MID-30'S, COMPARED TO OUR PRINT AUDIENCE, WHICH IS A GOOD 20 YEARS OLDER ON AVERAGE. THAT'S PARTLY DRIVEN BY THE FACT THAT A GROWING SHARE OF OUR ONLINE AUDIENCE IS FINDING MOTHER JONES THROUGH A VARIETY OF SOCIAL MEDIA PLATFORMS. WE'VE MADE AN INVESTMENT IN CULTIVATING A YOUNGER AND MORE DIVERSE READERSHIP BY GOING TO THEM ON THE DEVICES AND PLATFORMS WHERE THEY LIVE WITH CONTENT THAT'S INTERACTIVE, INFORMATIVE, AND DEEPLY ENGAGING.

GREAT JOURNALISM ROOTED IN A CLEAR SOCIAL MISSION, NOURISHED BY RESPECT FOR REPORTING FUNDAMENTALS AND A SPIRIT OF INNOVATION AND EXPERIMENTATION, AND BEARING THE FRUIT THAT IS COMPELLING STORYTELLING WITH REAL IMPACT: THIS IS MOTHER JONES. THESE GUIDING PRINCIPLES HAVE ALWAYS BEEN AT THE HEART OF OUR WORK:

REPORT ON THE SCANDAL BEHIND THE MUNDANE, HOLDING THE POWERFUL TO ACCOUNT AND FORCING BEHIND-THE-SCENES MACHINATIONS INTO THE LIGHT.

CONNECT THE DOTS BETWEEN SEEMINGLY DISPARATE EVENTS - A SHRINKING PAYCHECK AND AN AMENDMENT TUCKED DEEP INTO A BILL, A SICK CHILD AND A BEHIND-THE-SCENES EXECUTIVE RULE. THE STORIES WE TELL CAN SHOW HOW THE DISTORTION OF DEMOCRACY AFFECTS PEOPLE'S LIVES EVERY DAY.

STICK WITH THE STORY. A SINGLE STORY, NO MATTER HOW POWERFUL, WILL DISAPPEAR IN THE CACOPHONY OF POLITICAL COVERAGE. BUT WE HAVE FOUND THAT WHEN YOU REFUSE TO LET GO, BRINGING READERS BACK TO IT AGAIN AND

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AGAIN, YOU BUILD MOMENTUM. YOU GIVE AUDIENCES THE TOOLS - AND THE REASON - TO MOVE FROM AWARENESS TO ENGAGEMENT.

COLLABORATE AND FLOOD THE ZONE. THOUGH JOURNALISTS LIKE TO OPERATE AS LONE WOLVES, WE'VE LEARNED THAT - ESPECIALLY WITH TOPICS THAT CONVENTIONAL WISDOM IS INCLINED TO DISMISS - COMBINING FORCES PRODUCES EXPONENTIALLY MORE POWERFUL RESULTS. IT'S EASY TO WAVE OFF A SINGLE STORY IN ONE OUTLET, BUT COVERAGE IN MULTIPLE PLACES, FROM MULTIPLE VANTAGE POINTS, BECOMES INESCAPABLE. WHERE AND WHEN WE CAN, WE'LL MAKE THIS HAPPEN.

SHOW THAT DEMOCRACY IS POSSIBLE, AND NECESSARY. DEMONSTRATE HOW ENGAGED CITIZENS CAN CUT THROUGH THE NARRATIVE OF POWERLESSNESS THAT DOMINATES OUR POLITICAL CULTURE, AND CHANGE THINGS FOR THE BETTER. WE WANT TO SHOW AUDIENCES THAT THERE ARE LEVERS ORDINARY PEOPLE CAN PULL. AND EXPOSURE ITSELF REDISTRIBUTES INFLUENCE FROM THE FEW TO THE MANY: DARK MONEY IS POWERFUL PRECISELY BECAUSE IT IS DARK. SHINING A LIGHT ON IT IS THE FIRST STEP IN RETURNING THAT POWER TO CITIZENS.

THE MOST DIRECT CONSEQUENCE OF THE CURRENT DARK MONEY REGIME  THE UNREGULATED FLOW OF HIDDEN MONEY INTO ELECTIONS AND CAMPAIGNS, SPURRED BY COURT DECISIONS SUCH AS CITIZENS UNITED  IS THAT AMERICANS NO LONGER KNOW WHO IS PAYING FOR THE MESSAGES THEY ARE EXPOSED TO DURING AN ELECTION CYCLE. WHAT CONSEQUENCE DOES THIS HAVE ON PUBLIC POLICY? WHEN ONLY SOME VOICES ARE HEARD, TRUST IN PUBLIC INSTITUTIONS DECLINE. THE PROBLEM GOES DEEPER THAN ELECTIONS, HOWEVER: THE BIG DECISIONS URGENTLY IN NEED OF ATTENTION  INEQUALITY, UNEMPLOYMENT AND ECONOMIC VITALITY, GUN VIOLENCE, REPRODUCTIVE RIGHTS, RACIAL JUSTICE, CLIMATE

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CHANGE  ALL OF THESE ARE MEDIATED THROUGH A POLITICAL SYSTEM THAT IS  
 TILTED AWAY FROM MEANINGFUL DIALOGUE AND POLITICAL DEBATE BY THE  
 UNEQUAL VOICE BIG MONEY GIVES TO SOME PLAYERS AND NOT OTHERS.

MONEY AND POLITICS IS AT THE HEART OF OUR REPORTING, AND HAS BEEN SINCE  
 WE STARTED PUBLISHING NEARLY FORTY YEARS AGO. WITH DC-BASED REPORTER  
 RUSS CHOMA AT THE HELM OF THIS BEAT, WE CONTINUED OUR DRUMBEAT COVERAGE  
 OF MONEY IN POLITICS IN 2015/2016.

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

ENVIRONMENT. AS AMERICANS - YOUNG AND OLD, INFLUENCERS AND THE  
 INFLUENCED - BEGIN TO GRAPPLE WITH THE IMPLICATIONS OF CLIMATE CHANGE  
 MORE SERIOUSLY, NOW IS THE TIME FOR CLIMATE DESK TO SHINE. WITH 13  
 PARTNERS AND A TOTAL POTENTIAL REACH OF 325 MILLION READERS, CLIMATE  
 DESK HAS NEVER BEEN BETTER POSITIONED TO MAKE A REAL IMPACT.

THERE'S NEVER BEEN A MORE IMPORTANT TIME TO TELL THE STORY: EVEN AS THE  
 CLIMATE CRISIS GROWS AMERICAN JOURNALISM'S COVERAGE OF CLIMATE IS  
 SPORADIC AT BEST. WE'VE SEEN DECLINE OR FLATTENING OF CLIMATE COVERAGE  
 BY THE LEADING 5 US NEWSPAPERS OVER THE LAST 16 YEARS, ACCORDING TO THE  
 CENTER FOR SCIENCE AND TECHNOLOGY POLICY RESEARCH (UPDATED IN FEBRUARY  
 2016). WHILE THERE ARE SOME BRIGHT SPOTS - SEVERAL BOUTIQUE OUTFITS  
 LIKE CLIMATE CONFIDENTIAL, INSIDE CLIMATE NEWS, THE DAILY CLIMATE  
 HELP TO FILL THE GAP - MANY OF THESE BRANDS ARE SMALL, REACH A NARROW  
 AUDIENCE AND ARE NOT DESIGNED AS JOURNALISTIC ENTERPRISES TO CREATE  
 ORIGINAL REPORTING IN A FORMAT THAT IS COMPELLING AND EASILY  
 DIGESTIBLE. THEY ARE EITHER CONTENT AGGREGATORS, BLOGS OR IN THE  
 BUSINESS OF PRODUCING REPORTS ON CLIMATE SCIENCE. AND WHILE THERE ARE

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SOME POSITIVE EARLY CHANGES IN MAINSTREAM COVERAGE—BOTH THE NEW YORK TIMES AND WASHINGTON POST HAVE EXPANDED THEIR ENVIRONMENTAL STAFF—THIS EXPANSION COMES ON THE HEELS OF A NOTORIOUS GUTTING OF THEIR ENVIRONMENTAL BUREAUS JUST THREE YEARS AGO.

WHILE THERE IS SOME GOOD NEWS TO REPORT ON NETWORK TELEVISION, COVERAGE IS STILL SORELY LACKING AND OFTEN RELEGATED TO POLITICAL COMMENTATORS. ACCORDING TO A JANUARY 2015 STUDY BY MEDIA MATTERS, THE TOTAL COVERAGE OF CLIMATE CHANGE ON ABC, CBS, NBC, AND FOX CONTINUED TO INCREASE FOR THE THIRD CONSECUTIVE YEAR, YET STILL REMAINED BELOW THE LEVEL SEEN IN 2009. COVERAGE ON THE NETWORKS' SUNDAY SHOWS REACHED A SIX-YEAR HIGH AFTER A GROUP OF SENATORS DEMANDED THEY PROVIDE MORE COVERAGE OF THE ISSUE, BUT THE SUNDAY SHOWS STILL INFREQUENTLY INTERVIEWED SCIENTISTS. NOT SURPRISINGLY, FOX NEWS SUNDAY OFFERED THE FEWEST CLIMATE SEGMENTS AIRING SUBSTANTIAL MENTIONS OF CLIMATE CHANGE IN JUST TWO SEGMENTS, BOTH OF WHICH FOCUSED ON POLITICS. FINALLY, DESPITE AN OVERALL INCREASE IN NETWORKS' CLIMATE COVERAGE, COVERAGE ON NIGHTLY NEWS PROGRAMS DROPPED.

AS YOU KNOW, THERE ARE MANY FACTORS SHAPING THESE CHANGES IN AMERICAN NEWS MEDIA CLIMATE COVERAGE: INTEGRATION OF LARGE CORPORATE MEDIA ENTERPRISES INTO ECONOMIC AND POLITICAL ELITES; DRASTIC REDUCTIONS IN EMPLOYED JOURNALISTS WITH THE SKILLS AND INSTITUTIONAL SUPPORT TO COVER THE CLIMATE STORY; FAILURE TO DEVELOP A FRAME FOR THINKING ABOUT AND WRITING ABOUT CLIMATE CHANGE THAT GOES BEYOND THE INHERITED ONE OF ENVIRONMENTALISM; THE SUCCESS OF CLIMATE DENIALISTS AND MAJOR MONEY IN SHAPING THE DEBATE, REDUCING CLIMATE COVERAGE TO UNPRODUCTIVE "HE SAID-SHE SAID" JOURNALISM.



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THERE IS, AS A RESULT, AN ONGOING PROBLEM OF ACCURACY, COMMITMENT, AND SCALE, A PROBLEM THAT CLIMATE DESK IS PERFECTLY POSITIONED TO ANSWER. AFTER SEVEN YEARS, CLIMATE DESK HAS COME INTO ITS OWN WITH A LOYAL AND GROWING FOLLOWING, AN ENORMOUS POTENTIAL REACH, AND COMPELLING STORYTELLING THAT GETS BEYOND AN ENVIRONMENTAL FRAME AND TACTICALLY CONNECTS THE DOTS BETWEEN CLIMATE CHANGE AND NEARLY EVERY ASPECT OF THE HUMAN CONDITION FROM HEALTH TO BUSINESS TO POLITICS. CLIMATE DESK IS SEEN AS A LEADING VOICE IN CLIMATE COVERAGE, ACTING AS A GO-TO RESOURCE FOR JOURNALISTS, INFLUENTIAL ELITES AND MASS AUDIENCES ALIKE.

THE CLIMATE DESK NETWORK SHARED 554 STORIES IN 2014 AND 592 STORIES IN 2015 A 35% INCREASE COMPARED TO THE SAME PERIOD IN 2013 AND A 184% INCREASE COMPARED TO 2012. IN ADDITION, ONE MAJOR GOAL OF CLIMATE DESK WAS TO INCREASE THE OVERALL OUTPUT OF ENVIRONMENTAL STORIES PRODUCED AND SHARED AMONG THE NETWORK. WHEN CLIMATE DESK WAS INITIALLY LAUNCHED IN 2009, MOTHER JONES PRODUCED NEARLY 90% OF ALL THE CONTENT, BUT TODAY ITS SHARE OF THE TOTAL NUMBER OF STORIES PRODUCED HAS DROPPED TO 30% - AND MORE OF THE PARTNERS ARE PRODUCING AND DISTRIBUTING MORE OF CLIMATE DESK'S CONTENT. THIS SPEAKS TO THE ONGOING VALUE ADD OF THE PROJECT FOR EACH PARTNER, AND TELLS US THAT CLIMATE DESK PARTNERS ARE ENGAGED AND SHARING ACROSS THE NETWORK ON A FAR MORE EQUITABLE BASIS.

CLIMATE DESK HAS LIKEWISE SEEN SIGNIFICANT GROWTH IN ITS SOCIAL MEDIA AUDIENCE (I.E., YOUNGER, TECH SAVVY, AND MOBILE-PLATFORM USERS) IN A RELATIVELY SHORT TIME PERIOD. CLIMATE DESK PRESENTLY HAS 90,700 TWITTER FOLLOWERS, AND ITS STORIES GENERATE AT LEAST 1.8 MILLION LIKES AND SHARES ON FACEBOOK AND THOUSANDS OF COMMENTS ON MOTHERJONES.COM. THAT

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REACH HAS EXPLODED SINCE 2011, WITH TWITTER FOLLOWERS INCREASING MORE THAN 550% AND FACEBOOK MORE THAN 700%.

VIDEO IS ALSO A HUGE DRIVER OF TRAFFIC FOR CLIMATE DESK. YOUTUBE SUBSCRIBERS ARE GROWING STEADILY BUT STILL RELATIVELY LOW IN COMPARISON TO FACEBOOK AND TWITTER, AT 5,759 SUBSCRIBERS; HOWEVER, WITH A HALF MILLION VIEWS ON CLIMATE DESK VIDEOS ON YOUTUBE ALONE IN THE PAST YEAR (AND MANY MORE VIEWS OF THOSE SAME VIDEOS POSTED ON CLIMATEDESK.ORG OR PARTNER SITES), IT IS OBVIOUS THAT MANY MORE PEOPLE ARE WATCHING THAN JUST SUBSCRIBERS.

IT'S ALSO WORTH NOTING THAT IN 2015 CLIMATE DESK ARTICLES WERE NOMINATED FOR 10 INDUSTRY AWARDS (INCLUDING THE WEBBY, THE SOCIETY OF ENVIRONMENTAL JOURNALISTS AND THE SOCIETY OF PROFESSIONAL JOURNALISTS) AND WE TOOK HOME SEVEN AWARDS. AS I'M SURE YOU KNOW, RECOGNITION BY OUR PEERS IS A STRONG INDICATOR OF SUCCESS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:  
INMATE NUMBERS AND PUNISHES EVEN THE MOST MINIMAL LEVEL OF INMATE SERVICES.

BAUER'S INVESTIGATION DEMONSTRATED HOW JOURNALISM CAN HELP MOVE THE DEBATE BY PROVIDING COMPELLING STORIES THAT ILLUMINATE AN URGENT PUBLIC ISSUE, PROVIDING AN INFORMED PATHWAY TO ACTION. THE POSITIVE MEDIA RECEPTION BAUER'S STORY RECEIVED ALSO GAVE FEDERAL AGENCIES AN INDICATION THAT THEIR ANNOUNCEMENTS OF PROPOSED POLICY CHANGES WOULD BE WELL RECEIVED BY JOURNALISTS, WHO NOW WOULD RELY ON BAUER'S FIRST-HAND EXPERIENCE TO BACK UP THEIR COVERAGE.

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BAUER'S INVESTIGATION IS ONE PART OF A MUCH LARGER EFFORT, CARRIED ON FOR MANY YEARS BY MANY ORGANIZATIONS AND PEOPLE, TO END THE BUSINESS OF PROFITING IN HUMAN WAREHOUSING AND PUNISHMENT.

EXHAUSTIVE LEGAL REVIEW AND DEEP FACT-CHECKING WERE ESSENTIAL TO THIS STORY. BAUER AND WEST LED A TEAM OF MORE THAN A DOZEN MOTHER JONES STAFF - EDITORS, REPORTERS, SOCIAL ENGAGEMENT STAFF, TECHNICAL AND CREATIVE DESIGN STAFF, PUBLIC AFFAIRS OFFICER, AND FOUR FACT-CHECKERS-ON THE 18-MONTH PROJECT. IN ADDITION TO BAUER'S CORE PIECE, MOTHER JONES ALSO PUBLISHED A SUITE OF EXPLANATORY SIDEBARS, CHARTS, AND GRAPHS, ALONG WITH BAUER'S BLACK AND WHITE PHOTOGRAPHS TAKEN WHILE ON THE JOB AT THE PRISON. THE PACKAGE TOOK UP AN ENTIRE 2016 PRINT ISSUE.

ONLINE, MOTHER JONES SUPPLEMENTED THE STORY WITH SIX SHORT VIDEOS PRODUCED BY OUR VIDEO PRODUCER, JAMES WEST. IN PARTNERSHIP WITH THE CENTER FOR INVESTIGATIVE REPORTING'S REVEAL PODCAST, MOTHER JONES ALSO PRODUCED AN HOUR LONG AUDIO VERSION OF THE STORY, WHICH WAS HEARD ON SOME 360 RADIO STATIONS NATIONWIDE.

THE AUDIENCE NUMBERS FOR BAUER'S INVESTIGATION AND RELATED CONTENT WERE IMPRESSIVE. AS OF SEPTEMBER 2016, THE STORY HAS RECEIVED MORE THAN 1.6 MILLION PAGE VIEWS AT MOTHERJONES.COM, ALONG WITH NEARLY 123,000 YOUTUBE VIEWS OF THE ACCOMPANYING SIX-PART VIDEO, AND NEARLY 100,000 FACEBOOK AND TWITTER SHARES.

EVEN MORE IMPRESSIVE HAS BEEN THE IMPACT OF THIS REPORTING ON POLICY

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DISCUSSIONS AND ITS PICKUP BY OTHER MEDIA ORGANIZATIONS. SINCE BAUER'S  
PIECE WAS PUBLISHED, WE'VE SEEN SEVERAL POTENTIALLY SIGNIFICANT  
DEVELOPMENTS: IN MID-AUGUST 2016, THE INSPECTOR GENERAL OF THE US  
DEPARTMENT OF JUSTICE RELEASED A REPORT FINDING THAT FEDERAL PRISONS  
RUN BY PRIVATE PRISON CORPORATIONS ARE INADEQUATELY SUPERVISED AND THAT  
THESE GAPS IN OVERSIGHT HAVE RESULTED IN THE ENDANGERMENT OF PRISONERS  
AND STAFF AND VIOLATIONS OF PRISONERS' BASIC RIGHTS.

SOON AFTER THE IG'S REPORT WAS ISSUED, THE DOJ DECIDED TO STOP  
CONTRACTING WITH PRIVATE PRISONS. THE ANNOUNCEMENT NOTED THAT PRIVATE  
PRISONS "SIMPLY DO NOT PROVIDE THE SAME LEVEL OF CORRECTIONAL SERVICES,  
PROGRAMS, AND RESOURCES; THEY DO NOT SAVE SUBSTANTIALLY ON COSTS; AND  
AS NOTED IN A RECENT REPORT BY THE DEPARTMENT'S OFFICE OF INSPECTOR  
GENERAL, THEY DO NOT MAINTAIN THE SAME LEVEL OF SAFETY AND SECURITY."

LESS THAN TWO WEEKS AFTER THE DOJ'S ANNOUNCEMENT, THE DEPARTMENT OF  
HOMELAND SECURITY ANNOUNCED THAT IT WOULD REEXAMINE ITS USE OF  
FOR-PROFIT PRISON COMPANIES TO HOLD IMMIGRATION DETAINEES. THIS CAME  
JUST DAYS AFTER A WASHINGTON POST REPORT THAT IN 2014 DHS HAD INKED A  
\$1 BILLION AGREEMENT WITH CCA TO BUILD AND MANAGE A LARGE IMMIGRATION  
DETENTION CENTER.

AS A MOTHER JONES FELLOW (AND FACT-CHECKER ON BAUER'S INVESTIGATION)  
NOTED, THE DHS DECISION COULD BE EVEN MORE SIGNIFICANT THAN THE JUSTICE  
DEPARTMENT'S ANNOUNCEMENT: WHILE PRIVATE PRISONS OVERSEE ABOUT 12  
PERCENT OF FEDERAL INMATES, FOR-PROFIT COMPANIES MANAGE PRISONS HOLDING  
73 PERCENT OF IMMIGRATION DETAINEES.

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IN THE WAKE OF THE DOJ'S ANNOUNCEMENT, SHARE PRICES FOR CCA AND THE OTHER BIG FOR-PROFIT PRISON OPERATOR, GEO, DROPPED ALMOST BY HALF; THE TWO COMPANIES LOST ALMOST \$2.2 BILLION IN SHARE VALUE. SOON THEREAFTER, SHAREHOLDERS FILED CLASS-ACTION LAWSUITS AGAINST CCA AND GEO, ALLEGING THAT THE COMPANIES FAILED TO DISCLOSE BUSINESS PRACTICES THAT WERE PUTTING THEIR FEDERAL CONTRACTS IN JEOPARDY. CCA IS ALSO FACING CIVIL RIGHTS LAWSUITS FILED BY INMATES AND THEIR FAMILIES.

MORE THAN 180 MEDIA OUTLETS REPORTED ON THE STORY IN THE WEEKS FOLLOWING PUBLICATION; TO DATE, BAUER HAS CONDUCTED NEARLY 50 INTERVIEWS FOR TELEVISION, RADIO, AND DIGITAL DISTRIBUTION. BEYOND THE NUMBERS, POLICY WONKS, ADVOCATES, ELECTED OFFICIALS, FELLOW REPORTERS AND MEDIA OBSERVERS PRAISED ITS JOURNALISTIC QUALITY AND POLICY SIGNIFICANCE. ). EDITORIALS IN THE NEW YORK TIMES ('A DISTURBING EXPOSE') AND AN IN-DEPTH REPORT IN THE WASHINGTON POST ('A PIECE THAT FOUND SERIOUS DEFICIENCIES') HIGHLIGHTED BAUER'S INVESTIGATION IN THEIR COVERAGE OF THESE AGENCY ANNOUNCEMENTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

BEN BAGDIKIAN FELLOWSHIP PROGRAM:

SINCE 1980, MOTHER JONES HAS PLACED SUCH EMPHASIS ON CREATING OPPORTUNITIES FOR ASPIRING JOURNALISTS THROUGH THE BEN BAGDIKIAN FELLOWSHIP PROGRAM. THE PROGRAM IS NAMED IN RECOGNITION OF BAGDIKIAN'S MANY CONTRIBUTIONS TO JOURNALISM--AS AN INVESTIGATIVE REPORTER FOR THE WASHINGTON POST WHO HELPED BREAK THE PENTAGON PAPERS STORY; AS A MEDIA CRITIC WHO PUT THE PROBLEM OF MEDIA CONSOLIDATION ON THE PUBLIC AGENDA; AND AS AN EDUCATOR WHO HELPED GUIDE THE JOURNALISM PROGRAM AT THE

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UNIVERSITY OF CALIFORNIA, BERKELEY INTO THE DIGITAL ERA. BEN'S PROFESSIONAL RECORD, PERSONAL INTEGRITY, AND COMMITMENT TO SOCIAL JUSTICE INSPIRED US TO NAME MOTHER JONES' INTERNSHIP PROGRAM IN HIS HONOR.

WHILE THERE ARE A NUMBER OF GENERAL JOURNALISM AND REPORTING INTERNSHIPS AVAILABLE FOR STUDENTS OR RECENT COLLEGE GRADUATES, ONLY MOTHER JONES PUTS SUCH AN EMPHASIS ON INVESTIGATIVE REPORTING. AMONG THE LARGEST TRAINING PROGRAMS IN THE INDEPENDENT MEDIA COMMUNITY, THE BEN BAGDIKIAN FELLOWSHIP PROGRAM GIVES ASPIRING JOURNALISTS INTENSIVE TRAINING IN WHAT IT TAKES TO PUBLISH OUTSTANDING, INDEPENDENT JOURNALISM, TO MEET DEADLINES, AND TO WORK AS PART OF A PROFESSIONAL TEAM.

THE BEN BAGDIKIAN FELLOWSHIP PROGRAM IS A RARE OPPORTUNITY FOR NEW JOURNALISTS TO WORK ALONGSIDE SOME OF THE TOP REPORTERS AND JOURNALISTS IN THE BUSINESS, AND TO LEARN THE INNER WORKINGS OF MULTIMEDIA NATIONAL REPORTING WITH A SPECIAL FOCUS ON INVESTIGATIVE JOURNALISM. DEPENDING ON FUNDING AVAILABILITY, THE PROGRAM ALSO OFFERS INTERNSHIPS FOR THOSE INTERESTED IN ART AND PHOTOGRAPHY, NONPROFIT PUBLIC AFFAIRS AND SOCIAL MEDIA, AND THE BUSINESS AND TECHNOLOGY SIDE OF PUBLISHING. GRADUATES LEAVE WITH PRACTICAL KNOWLEDGE, WORK THAT THEY CAN BE PROUD OF, AND A NETWORK OF FRIENDS AND COLLEAGUES THAT WILL LAST A LIFETIME.

MOTHER JONES' TRAINING PROGRAM IS AN ESSENTIAL IF ALSO UNRECOGNIZED ELEMENT OF AMERICAN JOURNALISM'S INFRASTRUCTURE. OF THE MORE THAN 800 INTERNS AND FELLOWS WHO HAVE PASSED THROUGH MOTHER JONES' INTERNSHIP PROGRAM SINCE 1980, MORE THAN HALF MOVED ON TO A CAREER IN JOURNALISM OR THE MEDIA AT SOME OF THE NATION'S MOST PRESTIGIOUS MEDIA OUTLETS.

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GRADUATES OF THE PROGRAM WORK THROUGHOUT THE NATIONAL MEDIA WORLD AT

OUTLETS RANGING FROM THE NEW YORK TIMES AND THE WALL STREET JOURNAL TO

NATIONAL PUBLIC RADIO AND SALON.COM.

EXPENSES \$ 335,379. INCLUDING GRANTS OF \$ 0. REVENUE \$ 453.

OTHER PROGRAMS INCLUDE:

CLIMATE ACCESS

THE MEDIA CONSORTIUM

RADIO AMBULANTE

WE THE PEOPLE

GWW WILLIAMSON

ENVIRONMENT/ENERGY

FOOD&AGRICULTURE

PEACE & NATIONAL SECURITY

EXPENSES \$ 1,549,059. INCLUDING GRANTS OF \$ 0. REVENUE \$ 490,140.

FORM 990, PART VI, SECTION A, LINE 6:

AS PER THE FOUNDATION FOR NATIONAL PROGRESS' DBA MOTHER JONES MAGAZINE'S BYLAWS, THIS CORPORATION SHALL HAVE POWERS TO THE FULL EXTENT ALLOWED BY LAW. ALL POWERS AND ACTIVITIES OF THIS CORPORATION SHALL BE EXERCISED AND MANAGED BY THE BOARD OF DIRECTORS OF THIS CORPORATION DIRECTLY OR, IF DELEGATED, UNDER THE ULTIMATE DIRECTION OF THE BOARD.

FORM 990, PART VI, SECTION A, LINE 7A:

AS PER THE FOUNDATION FOR NATIONAL PROGRESS' DBA MOTHER JONES MAGAZINE'S BYLAWS, THE NUMBER OF DIRECTORS SHALL NOT BE LESS THAN TEN (10) NOR MORE THAN THIRTY (30), WITH THE EXACT NUMBER OF AUTHORIZED DIRECTORS TO BE FIXED

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FROM TIME TO TIME BY RESOLUTION AND THE BOARD OF DIRECTORS.

AT ALL TIMES, NOT MORE THAN 49% OF THE DIRECTORS OF THIS CORPORATION MAY BE INTERESTED PERSONS. AN INTERESTED PERSON MEANS EITHER:

(A) ANY PERSON CURRENTLY BEING COMPENSATED BY THIS CORPORATION FOR SERVICES RENDERED TO IT WITHIN THE PREVIOUS TWELVE MONTHS, WHETHER A FULL-TIME OR PART-TIME EMPLOYEE, INDEPENDENT CONTRACTOR, OR OTHERWISE, EXCLUDING ANY REASONABLE COMPENSATION PAID TO A DIRECTOR IN HIS OR HER CAPACITY AS A DIRECTOR;

OR

(B) ANY BROTHER, SISTER, ANCESTOR, DESCENDANT, SPOUSE, BROTHER-IN-LAW, SISTER-IN-LAW, SON-IN-LAW, DAUGHTER-IN-LAW, MOTHER-IN-LAW, OR FATHER-IN-LAW, OF ANY SUCH PERSON.

#### SELECTION AND TERM OF OFFICE OF DIRECTORS

THE DIRECTORS OF THIS CORPORATION SHALL BE SELECTED AND SET FORTH BELOW. EACH DIRECTOR, HOWEVER SELECTED, SHALL HOLD OFFICE UNTIL A SUCCESSOR HAS BEEN SELECTED. DIRECTORS MAY BE SELECTED TO SERVE ANY NUMBER OF CONSECUTIVE TERMS.

FOUR (4) OR FIVE (5) OF THE DIRECTORS SHALL BE DESIGNATED AS FOLLOWS: THOSE INDIVIDUALS EMPLOYED BY THIS CORPORATION AS PUBLISHER AND EDITOR(S)-IN-CHIEF ARE DESIGNATED TO SERVE AS DIRECTORS DURING THE RESPECTIVE TERMS OF THEIR EMPLOYMENT. TWO (2) DIRECTORS SHALL BE DESIGNATED



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BY A MAJORITY VOTE OF THOSE EMPLOYEES OF THIS CORPORATION, EXCLUDING THE PUBLISHER AND EDITOR(S)-IN-CHIEF WHO HAVE RECEIVED SALARIES FOR AT LEAST FOUR-FIFTHS (4/5) TIME FOR AT LEAST THIRTY (30) DAYS PRIOR TO THE DATE OF DESIGNATION. EACH EMPLOYEE-DESIGNATED DIRECTOR SHALL BE DESIGNATED FOR A TERM OF ONE (1) YEAR.

THE REMAINDER OF THE DIRECTORS SHALL BE ELECTED BY THE DIRECTORS THEN IN OFFICE. NONE OF THE ELECTED DIRECTORS MAY BE AN "INTERESTED PERSON," AS DEFINED ABOVE. EACH DIRECTOR SHALL BE ELECTED TO A TERM OF THREE (3) YEARS.

#### VACANCIES

A VACANCY SHALL BE DEEMED TO EXIST ON THE BOARD IN THE EVENT THAT THE ACTUAL NUMBER OF DIRECTORS IS LESS THAN THE AUTHORIZED NUMBER FOR ANY REASON. A VACANCY SHALL BE DEEMED TO EXIST IF ANY EMPLOYEE-DESIGNATED DIRECTOR IS SEPARATED FROM EMPLOYMENT WITH THIS CORPORATION. VACANCIES SHALL BE FILLED, FOR THE UNEXPIRED PORTION OF THE TERM, IN THE SAME MANNER AS THE SEAT BEING VACATED.

#### RESIGNATION AND REMOVAL

RESIGNATIONS SHALL BE EFFECTIVE UPON RECEIPT IN WRITING BY THE SECRETARY OR PRESIDENT OF THIS CORPORATION, UNLESS A LATER EFFECTIVE DATE IS SPECIFIED IN THE RESIGNATION. ANY DIRECTOR MAY BE REMOVED AT ANY TIME, WITH OR WITHOUT CAUSE IN THE SAME MANNER AS SUCH DIRECTOR WAS DESIGNATED OR ELECTED. ANY DIRECTOR WHO FAILS TO ATTEND TWO CONSECUTIVE BOARD MEETINGS SHALL BE REMOVED FROM THE BOARD UNLESS THE BOARD CONCLUDES THAT THE DIRECTOR WAS ABSENT FOR REASONS THAT JUSTIFY A WAIVER OF THIS PROVISION.

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

THE BOARD OF DIRECTORS OF THE FOUNDATION FOR NATIONAL PROGRESS, DBA MOTHER JONES MAGAZINE, APPROVED THE FORMATION OF A FINANCIAL AUDIT COMMITTEE AND A FINANCE COMMITTEE IN KEEPING WITH THE CORPORATION'S BYLAWS THAT STATE: THE BOARD OF DIRECTORS MAY, BY RESOLUTION ADOPTED BY A MAJORITY OF THE DIRECTORS THEN IN OFFICE, CREATE ANY NUMBER OF BOARD COMMITTEES, EACH CONSISTING OF TWO OR MORE DIRECTORS, TO SERVE AT THE PLEASURE OF THE BOARD. APPOINTMENTS TO ANY BOARD COMMITTEE SHALL BE MADE BY ANY METHOD DETERMINED BY A MAJORITY VOTE OF THE DIRECTORS THEN IN OFFICE. BOARD COMMITTEES MAY BE GIVEN ALL THE AUTHORITY OF THE BOARD, EXCEPT FOR THE POWER TO: (A) SET THE NUMBER OF DIRECTORS WITHIN A RANGE SPECIFIED IN THESE BYLAWS; (B) FILL VACANCIES ON THE BOARD OF DIRECTORS OR ON ANY BOARD COMMITTEE; (C) ELECT DIRECTORS OR REMOVE ANY DIRECTOR WITHOUT CAUSE; (D) FIX COMPENSATION OF DIRECTORS FOR SERVING ON THE BOARD OR ANY BOARD COMMITTEE; (E) AMEND OR REPEAL THESE BYLAWS OR ADOPT NEW BYLAWS; (F) ADOPT AMENDMENTS TO THE ARTICLES OF INCORPORATION OF THIS CORPORATION; (G) AMEND OR REPEAL ANY RESOLUTION OF THE BOARD OF DIRECTORS WHICH BY ITS EXPRESS TERMS IS NOT SO AMENABLE OR REPEALABLE; (H) CREATE ANY OTHER BOARD COMMITTEES OR APPOINT THE MEMBERS OF ANY BOARD COMMITTEES; OR (I) APPROVE ANY MERGER, REORGANIZATION, VOLUNTARY DISSOLUTION, OR DISPOSITION OF SUBSTANTIALLY ALL OF THE ASSETS OF THIS CORPORATION. AS SUCH, THE FINANCIAL AUDIT COMMITTEE AND FINANCE COMMITTEE APPROVE THE FORM 990 PRIOR TO FILING; A COMPLETE COPY OF THE FORM 990 IS DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING.

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

AS PER THE CORPORATION'S CONFLICT OF INTEREST POLICY, AND TO ENSURE THAT

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THE FOUNDATION OPERATES IN A MANNER CONSISTENT WITH ITS EDUCATIONAL PURPOSES AND THAT IT DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS STATUS AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX, PERIODIC REVIEWS SHALL BE CONDUCTED BY THE DEPARTMENT SUPERVISOR (RELEVANT TO THE TRANSACTION OR ARRANGEMENT), PUBLISHER, CEO, CFO, AND BOARD OF DIRECTOR'S AUDIT COMMITTEE. THE PERIODIC REVIEWS SHALL, AT A MINIMUM, OCCUR ANNUALLY AND SHALL INCLUDE THE FOLLOWING SUBJECTS:

\* WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE AND ARE AS THE RESULT OF ARM'S-LENGTH BARGAINING.

\* WHETHER ACQUISITIONS OF SERVICES RESULT IN INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT.

\* WHETHER TRANSACTIONS AND ARRANGEMENTS WITH VENDORS AND OTHER ORGANIZATIONS CONFORM TO WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE PAYMENTS FOR GOODS AND SERVICES, FURTHER THE FOUNDATION'S EDUCATIONAL PURPOSES, AND DO NOT RESULT IN INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT.

\* WHETHER AGREEMENTS WITH EMPLOYEES AND THIRD-PARTY PAYORS FURTHER THE FOUNDATION'S EDUCATIONAL PURPOSES AND DO NOT RESULT IN INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT.

IN CONDUCTING THESE PERIODIC REVIEWS, THE FOUNDATION MAY, BUT NEED NOT, USE OUTSIDE ADVISORS. IF OUTSIDE EXPERTS ARE USED, THEIR USE SHALL NOT RELIEVE THE FOUNDATION OF ITS RESPONSIBILITY FOR ENSURING THAT PERIODIC REVIEWS ARE CONDUCTED.

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

THE CEO'S SALARY AND PERFORMANCE IS REVIEWED ANNUALLY BY AN ELECTED PERFORMANCE REVIEW/COMPENSATION COMMITTEE AS PART OF THE BOARD OF

Name of the organization

FOUNDATION FOR NATIONAL PROGRESS

Employer identification number

94-2282759

DIRECTORS. THIS WAS LAST PERFORMED AND RELAYED TO THE CEO IN FEBRUARY 2013 PERTAINING TO 2012 PERFORMANCE. THE CEO'S SALARY IS ADJUSTED ACCORDING TO A COLA EACH YEAR BASED ON THE BAY AREA CPI. ANY ADDITIONAL WAGE INCREASE IS BASED ON MERIT AND APPROVED BY THE BOARD OF DIRECTORS.

THE CFO'S SALARY AND PERFORMANCE IS REVIEWED ANNUALLY BY THE CEO WITH INPUT FROM MEMBERS OF THE SENIOR MANAGEMENT TEAM. THIS WAS LAST PERFORMED AND RELAYED TO THE CFO IN FEBRUARY 2013 PERTAINING TO 2012 PERFORMANCE. THE CFO'S SALARY IS ADJUSTED ACCORDING TO A COLA EACH YEAR BASED ON THE BAY AREA CPI. ANY ADDITIONAL WAGE INCREASE IS BASED ON MERIT AND APPROVED BY THE CEO.

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

AK, AR, CA, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK  
OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, CO, MO, AL

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

THE FOUNDATION FOR NATIONAL PROGRESS PROVIDES A COPY OF FORMS 990 AND 990-T FOR PUBLIC INSPECTION ON REQUEST (DISTRIBUTED EITHER THROUGH THE U.S. POSTAL OFFICE OR AS A PDF DOCUMENT ATTACHED TO AN EMAIL). ADDITIONALLY, THE FOUNDATION FOR NATIONAL PROGRESS PROVIDES GUIDESTAR (A PUBLIC NONPROFIT TRACKING WEB SITE) A COPY OF FORMS 990 AND 990-T FOR PUBLIC INSPECTION.

FURTHER, THE FOUNDATION'S WEBSITE, MOTHERJONES.COM, PUBLISHES THE FOUNDATION'S MOST CURRENT ANNUAL AUDITED FINANCIAL STATEMENTS FOR PUBLIC INSPECTION.

FORM 990, PART IX, LINE 11G, OTHER FEES:

Name of the organization <b>FOUNDATION FOR NATIONAL PROGRESS</b>	Employer identification number <b>94-2282759</b>
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**CONSULTANTS:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>1,079,702.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>12,074.</b>
<b>FUNDRAISING EXPENSES</b>	<b>70,660.</b>
<b>TOTAL EXPENSES</b>	<b>1,162,436.</b>

**DONOR/MEMBERSHIP COMMUNICATIONS:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>1,230,099.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>0.</b>
<b>FUNDRAISING EXPENSES</b>	<b>3,618.</b>
<b>TOTAL EXPENSES</b>	<b>1,233,717.</b>
<b>TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A</b>	<b>2,396,153.</b>

**FORM 990, PART XII, LINE 2C**

**THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.**



# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2015 or other tax year beginning JUL 1, 2015 and ending JUN 30, 2016

## 2015

Department of the Treasury  
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).

Open to Public Inspection for  
501(c)(3) Organizations Only

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) )  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year  <u>1,437,737.</u></p>	<p>Print or Type</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>FOUNDATION FOR NATIONAL PROGRESS</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>222 SUTTER STREET, NO. 600</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>SAN FRANCISCO, CA 94108-4457</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>94-2282759</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.)  <b>541800 541900</b></p>
<p><b>F</b> Group exemption number (See instructions.) ▶</p>		<p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	

**H** Describe the organization's primary unrelated business activity. ▶ **ADVERTISING**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **MADELEINE BUCKINGHAM, CHIEF BUSINE** Telephone number ▶ **415-321-1700**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>		
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>	<b>2,175,378.</b>	<b>-264,669.</b>
<b>12</b> Other income (See instructions; attach schedule) <b>STATEMENT 1</b>	<b>12</b>	<b>72,158.</b>	<b>72,158.</b>
<b>13</b> Total. Combine lines 3 through 12	<b>13</b>	<b>2,175,378.</b>	<b>-192,511.</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	<b>72,000.</b>
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b>
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule) <b>SEE STATEMENT 2</b>	<b>28</b>	<b>13.</b>
<b>29</b> Total deductions. Add lines 14 through 28	<b>29</b>	<b>72,013.</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	<b>-264,524.</b>
<b>31</b> Net operating loss deduction (limited to the amount on line 30) <b>SEE STATEMENT 3</b>	<b>31</b>	
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>	<b>-264,524.</b>
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>	<b>1,000.</b>
<b>34</b> Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>	<b>-264,524.</b>

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
Controlled group members (sections 1561 and 1563) check here
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ (2) \$ (3) \$
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$
(2) Additional 3% tax (not more than \$100,000) \$
c Income tax on the amount on line 34
35c 0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
Tax rate schedule or Schedule D (Form 1041)
36
37 Proxy tax. See instructions
37
38 Alternative minimum tax
38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies
39 0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)
40b Other credits (see instructions)
40c General business credit. Attach Form 3800
40d Credit for prior year minimum tax (attach Form 8801 or 8827)
40e
41 Subtract line 40e from line 39
41 0.
42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)
42
43 Total tax. Add lines 41 and 42
43 0.
44a Payments: A 2014 overpayment credited to 2015
44b 2015 estimated tax payments
44c Tax deposited with Form 8868
44d Foreign organizations: Tax paid or withheld at source (see instructions)
44e Backup withholding (see instructions)
44f Credit for small employer health insurance premiums (Attach Form 8941)
44g Other credits and payments: Form 2439 Other Total
45 Total payments. Add lines 44a through 44g
45
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached
46
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed
47 0.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid
48 0.
49 Enter the amount of line 48 you want: Credited to 2016 estimated tax Refunded
49

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here
Yes No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.
Yes No
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year 1
2 Purchases 2
3 Cost of labor 3
4a Additional section 263A costs (att. schedule) 4a
b Other costs (attach schedule) 4b
5 Total. Add lines 1 through 4b 5
6 Inventory at end of year 6
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer Date Title
CHIEF BUSINESS STRATEGIST/CFO
May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No

Paid Preparer Use Only
Print/Type preparer's name LAWRENCE S.
Preparer's signature LAWRENCE S.
Date 11/14/16
Check self-employed if PTIN P00233621
Firm's name ARMANINO LLP
Firm's EIN 94-6214841
50 W. SAN FERNANDO ST, STE 500
Firm's address SAN JOSE, CA 95113
Phone no. 408-200-6400



**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

<b>1. Description of property</b>		
(1) _____		
(2) _____		
(3) _____		
(4) _____		
<b>2. Rent received or accrued</b>		<b>3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)</b>
<b>(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)</b>	<b>(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)</b>	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) <span style="float: right;">▶</span>		<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) <span style="float: right;">▶</span>
		0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

<b>1. Description of debt-financed property</b>		<b>2. Gross income from or allocable to debt-financed property</b>	<b>3. Deductions directly connected with or allocable to debt-financed property</b>	
			<b>(a) Straight line depreciation (attach schedule)</b>	<b>(b) Other deductions (attach schedule)</b>
(1)				
(2)				
(3)				
(4)				
<b>4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</b>	<b>5. Average adjusted basis of or allocable to debt-financed property (attach schedule)</b>	<b>6. Column 4 divided by column 5</b>	<b>7. Gross income reportable (column 2 x column 6)</b>	<b>8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))</b>
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> <span style="float: right;">▶</span>			0.	0.
<b>Total dividends-received deductions</b> included in column 8 <span style="float: right;">▶</span>				0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

<b>1. Name of controlled organization</b>	<b>2. Employer identification number</b>	<b>Exempt Controlled Organizations</b>			
		<b>3. Net unrelated income (loss) (see instructions)</b>	<b>4. Total of specified payments made</b>	<b>5. Part of column 4 that is included in the controlling organization's gross income</b>	<b>6. Deductions directly connected with income in column 5</b>
(1)					
(2)					
(3)					
(4)					
<b>Nonexempt Controlled Organizations</b>					
<b>7. Taxable income</b>	<b>8. Net unrelated income (loss) (see instructions)</b>	<b>9. Total of specified payments made</b>	<b>10. Part of column 9 that is included in the controlling organization's gross income</b>	<b>11. Deductions directly connected with income in column 10</b>	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). <span style="float: right;">▶</span>	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). <span style="float: right;">▶</span>	
<b>Totals</b> <span style="float: right;">▶</span>			0.	0.	

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>	0.			0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>	0.	0.				0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>	0.	0.				0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>MOTHER JONES</b>	1910709.	2175378.	-264,669.			
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>	1910709.	2175378.				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			0.

FORM 990-T	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
ACME		72,158.
TOTAL TO FORM 990-T, PAGE 1, LINE 12		72,158.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
OTHER EXPENSES		13.
TOTAL TO FORM 990-T, PAGE 1, LINE 28		13.

FORM 990-T	NET OPERATING LOSS DEDUCTION			STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/12	64,973.	0.	64,973.	64,973.
06/30/14	121,265.	0.	121,265.	121,265.
06/30/15	335,940.	0.	335,940.	335,940.
NOL CARRYOVER AVAILABLE THIS YEAR			522,178.	522,178.