

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017Open to Public
Inspection**A** For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

FOUNDATION FOR NATIONAL PROGRESS

Doing business as MOTHER JONES MAGAZINE

Number and street (or P.O. box if mail is not delivered to street address)
222 SUTTER STREETRoom/suite
600City or town, state or province, country, and ZIP or foreign postal code
SAN FRANCISCO, CA 94108-4457**F** Name and address of principal officer: MONIKA BAUERLEIN
SAME AS C ABOVE**D** Employer identification number

94-2282759

E Telephone number

415-321-1700

G Gross receipts \$ 16,853,586.**H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

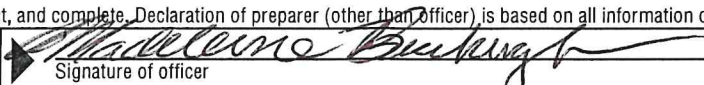
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.MOTHERJONES.COM**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1975**M** State of legal domicile: CA**Part I** Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: A NEWS ORGANIZATION THAT SPECIALIZES IN INVESTIGATIVE, POLITICAL & SOCIAL JUSTICE REPORTING.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	20
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	122
	6	Total number of volunteers (estimate if necessary)	6	15
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,085,503.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-268,827.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 11,565,250.	Current Year 11,542,974.
	9	Program service revenue (Part VIII, line 2g)	4,769,598.	4,891,556.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,123.	16,648.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	200,029.	389,456.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,538,000.	16,840,634.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	96,493.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,855,263.	9,487,624.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	258,162.	136,225.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,605,125.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,574,430.	6,497,563.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,687,855.	16,217,905.
	19	Revenue less expenses. Subtract line 18 from line 12	2,850,145.	622,729.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 3,798,775.	End of Year 4,264,299.
	21	Total liabilities (Part X, line 26)	3,641,141.	3,483,936.
	22	Net assets or fund balances. Subtract line 21 from line 20	157,634.	780,363.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶  Signature of officer
 Date 11/13/18
 ▶ MADELEINE BUCKINGHAM, CFO/CHIEF BUSINESS STRATEGIST
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name LAWRENCE S. KUECHLER	Preparer's signature LAWRENCE S. KUECHLER	Date 11/12/18	Check if self-employed <input type="checkbox"/>	PTIN P00233621
Firm's name ▶ ARMANINO LLP	Firm's EIN ▶ 94-6214841			
Firm's address ▶ 12657 ALCOSTA BLVD, STE. 500 SAN RAMON, CA 94583-4600	Phone no. 925-790-2600			

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

SEE SCHEDULE O

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations 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 \$ 10,339,538. including grants of \$) (Revenue \$ 1,768,945.)

PROGRAM SERVICE 1: INVESTIGATIVE REPORTING

SEE SCHEDULE O

4b (Code:) (Expenses \$ 967,167. including grants of \$) (Revenue \$ 620,174.)

PROGRAM SERVICE #2: BEN BAGDIKIAN FELLOWSHIP PROGRAM:

SEE SCHEDULE O

4c (Code:) (Expenses \$ 820,026. including grants of \$ 96,493.) (Revenue \$ 554,713.)

PROGRAM SERVICE 3: SPONSORED PROJECT

SEE SCHEDULE O

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 12,126,731.

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 <i>Schedule B, Schedule of Contributors</i> ?	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 Section 501(c)(3) organizations. 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

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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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule OForm **990** (2017)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	1a	1b	1c	2a	2b	3a	3b	4a	5a	5b	5c	6a	6b	7a	7b	7c	7d	7e	7f	7g	7h	8	9a	9b	10a	10b	11a	11b	12a	12b	13a	13b	13c	14a	14b
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	104																																		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0																																	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?																																			
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		122																																	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					X																														
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?						X																													
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																													
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																											
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).																																			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?																																			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?																																			
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?																																			
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?																																			
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?																																			
7 Organizations that may receive deductible contributions under section 170(c).																																			
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																													
b If "Yes," did the organization notify the donor of the value of the goods or services provided?						X																													
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?																																			
d If "Yes," indicate the number of Forms 8282 filed during the year																																			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?																																			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?																																			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?																				N/A															
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?																				N/A															
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?																																			
9 Sponsoring organizations maintaining donor advised funds.																																			
a Did the sponsoring organization make any taxable distributions under section 4966?																																			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?																																			
10 Section 501(c)(7) organizations. Enter:																																			
a Initiation fees and capital contributions included on Part VIII, line 12																																			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities																																			
11 Section 501(c)(12) organizations. Enter:																																			
a Gross income from members or shareholders																																			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)																																			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?																																			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year																																			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.																																			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.																																			
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																																			
c Enter the amount of reserves on hand																																			
14a Did the organization receive any payments for indoor tanning services during the tax year?																																			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O																																			

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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

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 20		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 15		
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?	2	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?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	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?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b 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	9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a X	
b 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	12a X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c X	
13 Did the organization have a written whistleblower policy?	13 X	
14 Did the organization have a written document retention and destruction policy?	14 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?		
a The organization's CEO, Executive Director, or top management official	15a X	
b Other officers or key employees of the organization	15b X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
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?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

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 ☐ 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, CFO - 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 ContractorsCheck 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				207,415.	0.	37,180.
(3) CLARA JEFFERY VICE PRESIDENT/EDITOR-IN-C	37.50	X		X				201,208.	0.	24,523.
(4) STEVE KATZ VICE PRESIDENT/PUBLISHER	37.50	X		X				184,114.	0.	30,577.
(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 (TO 01/18) BOARD MEMBER	5.00	X						0.	0.	0.
(8) HARRIET BARLOW BOARD MEMBER	5.00	X						0.	0.	0.
(9) JANE BUTCHER BOARD MEMBER	5.00	X						0.	0.	0.
(10) JUDY WISE BOARD MEMBER	5.00	X						0.	0.	0.
(11) KEN PELLETIER BOARD MEMBER	5.00	X						0.	0.	0.
(12) ARRAN BARDIGE BOARD MEMBER	5.00	X						0.	0.	0.
(13) RICHARD MELCHER BOARD MEMBER	5.00	X						0.	0.	0.
(14) ANDRE CAROTHERS BOARD MEMBER	5.00	X						0.	0.	0.
(15) DIANE FILIPPI BOARD MEMBER	5.00	X						0.	0.	0.
(16) ADAM HOCHSCHILD BOARD MEMBER	5.00	X						0.	0.	0.
(17) CAROLYN MUGAR 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) JAMES WEST BOARD MEMBER - STAFF REP	37.50	X						109,233.	0.	16,297.
(19) LINDA GRUBER (FROM 10/17) BOARD MEMBER	5.00	X						0.	0.	0.
(20) STEVE HENDRICKSON (FROM 10/17) BOARD MEMBER	5.00	X						0.	0.	0.
(21) BECCA ANDREWS (FROM 10/17) BOARD MEMBER - STAFF	37.50	X						50,551.	0.	11,918.
(22) MADELEINE BUCKINGHAM CHIEF BUSINESS STRATEGIST/CFO	30.00					X		125,595.	0.	21,717.
(23) DAVID CORN BUREAU CHIEF	37.50					X		178,429.	0.	14,852.
(24) BRENDEN O'HANLON NATIONAL ACCOUNTS MANAGER	37.50					X		149,359.	0.	18,682.
(25) KHARY BROWN VP MEDIA SALES	37.50					X		191,784.	0.	23,596.
(26) TERI CARHART LEADERSHIP GIFTS DIRECTOR	37.50					X		134,902.	0.	28,861.
1b Sub-total								1,532,590.	0.	228,203.
c Total from continuation sheets to Part VII, Section A								121,559.	0.	20,172.
d Total (add lines 1b and 1c)								1,654,149.	0.	248,375.

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

10

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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	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		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
SOCIAL CAPITAL STRATEGIES, INC., 3939 VAUX ROAD, DUNCAN, V9L 6S7, BRITISH COLOMBIA,	FSP CONTRACTOR	377,400.
EXECUTIVE MAILING SERVICE 7855 W. 111TH STREET, PALOS HILLS, IL 60465	DIRECT MAIL	318,060.
BALLANTINE CORPORATION 1700 ROUTE 23 NORTH, WAYNE, NJ 07470	DIRECT MAIL	298,361.
ICN PO BOX 370, BRISTOL, PA 19007-0370	FULFILLMENT SERVICE	256,788.
QUAD GRAPHICS PO BOX 644840, PITTSBURGH, PA 15264-4840	PRINTER	251,772.

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

9

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2017)

Part VII

732201
04-01-17

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b	3,273,298.			
	c	Fundraising events	1c	88,843.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	102,491.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,078,342.			
	g	Noncash contributions included in lines 1a-1f: \$		885,670.			
	h	Total. Add lines 1a-1f		11,542,974.			
Program Service Revenue	2 a	PROGRAM REVENUE	Business Code 511120	2,329,321.	2,329,321.		
	b	ADVERTISING	541800	2,007,522.		2,007,522.	
	c	SPONSORED PROJECTS	900099	554,713.	554,713.		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		4,891,556.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		9,330.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties		200,893.			200,893.
6 a		Gross rents	(i) Real (ii) Personal				
		b Less: rental expenses	61,786. 0.				
		c Rental income or (loss)	61,786.				
		d Net rental income or (loss)		61,786.			61,786.
7 a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		b Less: cost or other basis and sales expenses	7,318. 0.				
		c Gain or (loss)	7,318.				
		d Net gain or (loss)		7,318.			7,318.
8 a		Gross income from fundraising events (not including \$ 88,843. of contributions reported on line 1c). See Part IV, line 18	a	1,950.			
		b Less: direct expenses	b	12,952.			
		c Net income or (loss) from fundraising events		-11,002.			-11,002.
9 a		Gross income from gaming activities. See Part IV, line 19	a				
		b Less: direct expenses	b				
		c Net income or (loss) from gaming activities					
10 a		Gross sales of inventory, less returns and allowances	a				
		b Less: cost of goods sold	b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
11 a	ACME	900099	77,981.		77,981.		
	b FISCAL SPONSORSHIP INC	900099	42,876.	42,876.			
	c EVENT REVENUE	900099	16,922.	16,922.			
	d All other revenue						
e	Total. Add lines 11a-11d		137,779.				
12	Total revenue. See instructions.		16,840,634.	2,943,832.	2,085,503.	268,325.	

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

☒ X

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	96,493.	96,493.		
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	895,573.	511,372.	81,641.	302,560.
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	7,049,266.	5,251,817.	1,245,588.	551,861.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	115,126.	95,426.	8,475.	11,225.
9 Other employee benefits	858,628.	733,045.	64,096.	61,487.
10 Payroll taxes	569,031.	464,422.	44,355.	60,254.
11 Fees for services (non-employees):				
a Management				
b Legal	93,165.	92,482.	519.	164.
c Accounting	32,500.		32,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	136,225.			136,225.
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.)	1,763,860.	1,369,027.	82,849.	311,984.
12 Advertising and promotion	73,492.	40,284.	16,081.	17,127.
13 Office expenses	586,603.	473,339.	73,139.	40,125.
14 Information technology	264,678.	144,495.	114,503.	5,680.
15 Royalties				
16 Occupancy	745,480.	602,815.	108,399.	34,266.
17 Travel	316,966.	213,157.	47,697.	56,112.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,986.	5,736.	8,399.	851.
20 Interest	6,443.	4,631.	1,377.	435.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	119,186.	85,605.	25,515.	8,066.
23 Insurance	91,145.	86,193.	3,763.	1,189.
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 FULFILLMENT	919,042.	552,462.	366,580.	
b SPONSORED PROJECTS	723,533.	723,533.		
c FREELANCER EXPENSE	390,466.	315,277.	74,472.	717.
d PRINT PRODUCTION	281,097.	215,412.	63,559.	2,126.
e All other expenses	74,921.	49,708.	22,542.	2,671.
25 Total functional expenses. Add lines 1 through 24e	16,217,905.	12,126,731.	2,486,049.	1,605,125.
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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,543,506.	1	2,305,429.
	2 Savings and temporary cash investments	882,870.	2	705,871.
	3 Pledges and grants receivable, net	300,000.	3	490,226.
	4 Accounts receivable, net	661,777.	4	359,285.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	124,810.	9	126,788.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,459,973.		
	b Less: accumulated depreciation	10b 1,247,224.	10c	212,749.
	11 Investments - publicly traded securities	760.	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	60,497.	15	63,191.
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,798,775.	16	4,264,299.	
Liabilities	17 Accounts payable and accrued expenses	1,745,695.	17	1,780,835.
	18 Grants payable		18	
	19 Deferred revenue	1,604,627.	19	1,515,320.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	4,235.	24	68,317.
	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	286,584.	25	119,464.
	26 Total liabilities. Add lines 17 through 25	3,641,141.	26	3,483,936.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-2,063,480.	27	-1,668,407.
	28 Temporarily restricted net assets	2,221,114.	28	2,448,770.
	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	157,634.	33	780,363.
34 Total liabilities and net assets/fund balances	3,798,775.	34	4,264,299.	

Form 990 (2017)

Part XI Reconciliation of Net AssetsCheck 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	16,840,634.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,217,905.
3	Revenue less expenses. Subtract line 2 from line 1	3	622,729.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	157,634.
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	780,363.

Part XII Financial Statements and ReportingCheck 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
b 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	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 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
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2017)

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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 1-10 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		
Total						

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 Total. 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 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. 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		
b 33 1/3% support test - 2016. 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		
17a 10% -facts-and-circumstances test - 2017. 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		
b 10% -facts-and-circumstances test - 2016. 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		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Schedule A (Form 990 or 990-EZ) 2017

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

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,080,890.	8,713,127.	8,830,782.	11,565,250.	11,542,974.	49,733,023.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	7,235,059.	2,827,696.	2,356,060.	2,396,069.	4,891,556.	19,706,440.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	16,315,949.	11,540,823.	11,186,842.	13,961,319.	16,434,530.	69,439,463.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	2,760,808.	2,557,361.	1,868,270.	2,204,139.	1,676,473.	11,067,051.
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	10,090.	57,322.				67,412.
c Add lines 7a and 7b	2,770,898.	2,614,683.	1,868,270.	2,204,139.	1,676,473.	11,134,463.
8 Public support. (Subtract line 7c from line 6.)						58,305,000.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	16,315,949.	11,540,823.	11,186,842.	13,961,319.	16,434,530.	69,439,463.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	429,541.	226,964.	251,134.	247,466.	272,009.	1,427,114.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	429,541.	226,964.	251,134.	247,466.	272,009.	1,427,114.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	16,745,490.	11,767,787.	11,437,976.	14,208,785.	16,706,539.	70,866,577.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	82.27 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	78.39 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	2.01 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	2.35 %

19a **33 1/3% support tests - 2017.** 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 - 2016.** 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
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>		
c 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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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>		
7 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>		
8 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>		
9a 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 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>		
c 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>		
10a 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 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)

- 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?
- b A family member of a person described in (a) above?
- 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.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 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.
- 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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?
- 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).
- 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.

	Yes	No
1		
2		
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 ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ 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.
- 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.

	Yes	No
2a		
2b		
3a		
3b		

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.
- 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.

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 (explain in Part VI.) 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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		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	Distributable Amount. 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).

Schedule A (Form 990 or 990-EZ) 2017

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	Total annual distributions. 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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2017)

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		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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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		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 5,038.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 15,000.	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
13		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 12,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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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		\$ 147,114.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 5,000.	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		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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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		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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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
31		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 5,308.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 325,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FOUNDATION FOR NATIONAL PROGRESS	Employer identification number 94-2282759
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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		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 5,250.	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
43		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 25,866.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 20,000.	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
49		\$ 95,941.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 1,025,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 5,000.	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
55		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 750,000.	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		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FOUNDATION FOR NATIONAL PROGRESS	Employer identification number 94-2282759
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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		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ 167,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ 6,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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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
67		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72		\$ 65,000.	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
73		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75		\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76		\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78		\$ 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
79		\$ 37,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82		\$ 15,259.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
83		\$ 28,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84		\$ 9,955.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FOUNDATION FOR NATIONAL PROGRESS	Employer identification number 94-2282759
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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		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90		\$ 15,000.	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	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
91		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92		\$ 7,521.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95		\$ 20,000.	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.)

Name of organization

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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
97		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99		\$ 10,000.	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		\$ 12,690.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
102		\$ 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
103		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106		\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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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
109		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113		\$ 102,461.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
114		\$ 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
115		\$ 15,212.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
116		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119		\$ 598,057.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
120		\$ 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
121		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126		\$ 102,491.	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
127		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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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
133		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135		\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136		\$ 5,189.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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	Employer identification number
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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
11	17 SHARES OF BA BOEING @ \$296.6416	\$ 5,038.	12/13/17
46	157 SHARES MCD @\$164.79	\$ 25,866.	10/18/17
49	SEE STATEMENT 1	\$ 95,941.	04/20/18
82	77 SHARES BRKB (BERSHIRE HATHAWAY) @ 198.2384	\$ 15,259.	12/11/17
84	120 SHARES XOM @ \$83.0044	\$ 9,955.	12/13/17
101	66 SHARES CSCO CISCO, 205.9208 OF VZ VERIZON, IRA BEQUEST	\$ 12,690.	11/29/17

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

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
113	265 SHARES JNJ (JOHNSON&JOHNSON) @142.568, 100 SHARES JNJ (JOHNSON&JOHNSON) @142.565, 390 SHARES JNJ @129.309	\$ 102,461.	07/21/17
115	93 SHARES CME @163.6288	\$ 15,212.	02/20/18
119	9445 SHARES OF ATVI - ACTIVISION BLIZZARD	\$ 598,057.	12/29/17
136	46 SHARES @112.8 EPGAX FIDELITY ADV EQTY GROWTH FD	\$ 5,189.	01/05/18
		\$	
		\$	

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

SCH B PG 3

STATEMENT 1

600 SHARES BFA @53.0725 ANNUALBOD SPLIT 2 WAYS \$31838.19 (BROWNFORMAN), 350
SHARES MA @ 175.59 PLANGIVMRKT SPLIT 2 WAYS\$61450.13 (MASTERCARD), 50 SHARES
BFA @53.0701 401KFY19 (BROWNFORMAN)

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.▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017Open to Public
Inspection

Name of the organization

FOUNDATION FOR NATIONAL PROGRESS

Employer identification number

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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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 7/25/06, 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:

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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		285,747.	275,070.	10,677.
d Equipment		216,268.	203,068.	13,200.
e Other		957,958.	769,086.	188,872.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				212,749.

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)		
Total. (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)		
Total. (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)	
Total. (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	116,964.
(3) TENANT SECURITY DEPOSIT	2,500.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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	16,298,873.
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	12,952.
e	Add lines 2a through 2d	2e	12,952.
3	Subtract line 2e from line 1	3	16,285,921.
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	554,713.
c	Add lines 4a and 4b	4c	554,713.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	16,840,634.

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	15,676,144.
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	12,952.
e	Add lines 2a through 2d	2e	12,952.
3	Subtract line 2e from line 1	3	15,663,192.
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	554,713.
c	Add lines 4a and 4b	4c	554,713.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	16,217,905.

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, 2018 AND 2017, THE FOUNDATION DOES NOT HAVE ANY

SIGNIFICANT UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE

NECESSARY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RECLASSIFY FUNDRAISING EVENTS EXPENSES 12,952.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECLASSIFY SPONSORED PROJECTS REVENUE 554,713.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASSIFY FUNDRAISING EVENTS EXPENSES AGAINST REVENUE 12,952.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECLASSIFY SPONSORED PROJECTS REVENUE NETTED AGAINST

EXPENSES 554,713.

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

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Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
- b ☒ Internet and email solicitations
- c ☒ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☒ Solicitation of government grants
- g ☒ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
TELEFUND, INC - 717 WEST ST. GERMAIN STREET, ST. CLOUD, MN	PROFESSIONAL SOLICITOR		X	27,936.	40,196.	-12,260.
ARIA COMMUNICATIONS CORP - 717 WEST SAINT GERMAIN	PROFESSIONAL SOLICITOR		X	4,547.	14,804.	-10,257.
WINDWARD STRATEGIES - 3406 WATERFORD MILL ROAD, BOWIE,	CONSULTING		X	0.	81,225.	-81,225.
Total				32,483.	136,225.	-103,742.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

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 CC080217, CAPE CODE, MA (event type)	(b) Event #2 MV091217, MILL VALLEY, CA (event type)	(c) Other events 10 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	76,348.	7,350.	7,095.	90,793.
	2 Less: Contributions	74,398.	7,350.	7,095.	88,843.
	3 Gross income (line 1 minus line 2)	1,950.			1,950.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	2,630.	3,569.	4,738.	10,937.
	8 Entertainment				
	9 Other direct expenses	1,366.	540.	109.	2,015.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				12,952.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-11,002.

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: ARIA COMMUNICATIONS CORP

(I) ADDRESS OF FUNDRAISER:

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

Part IV Supplemental Information *(continued)*

(I) NAME OF FUNDRAISER: WINDWARD STRATEGIES

(I) ADDRESS OF FUNDRAISER: 3406 WATERFORD MILL ROAD, BOWIE, MD 20721

Schedule I (Form 990) (2017)

FOUNDATION FOR NATIONAL PROGRESS

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Page 2

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV

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

PART I, LINE 2:

THE ORGANIZATION HAS A WRITTEN AGREEMENT WITH THE GRANTEE ORGANIZATION.

THE AGREEMENT REQUIRES A BUDGET AND A FINAL WRITTEN REPORT TO BE SUBMITTED

NO LATER THAN 90 DAYS AFTER THE END OF THE GRANT PERIOD. THE GRANTOR

RESERVES THE RIGHT TO DEMAND THE RETURN OF FUNDS NO PROPERLY SPENT UNDER

THE AGREEMENT.

732102 11-01-17

Schedule I (Form 990) (2017)

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

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Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <p><input type="checkbox"/> First-class or charter travel</p> <p><input type="checkbox"/> Travel for companions</p> <p><input type="checkbox"/> Tax indemnification and gross-up payments</p> <p><input type="checkbox"/> Discretionary spending account</p> </div> <div style="width: 50%;"> <p><input type="checkbox"/> Housing allowance or residence for personal use</p> <p><input type="checkbox"/> Payments for business use of personal residence</p> <p><input type="checkbox"/> Health or social club dues or initiation fees</p> <p><input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)</p> </div> </div>		
<p>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</p>	1b	
<p>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 on line 1a?</p>	2	
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <p><input checked="" type="checkbox"/> Compensation committee</p> <p><input type="checkbox"/> Independent compensation consultant</p> <p><input type="checkbox"/> Form 990 of other organizations</p> </div> <div style="width: 50%;"> <p><input type="checkbox"/> Written employment contract</p> <p><input type="checkbox"/> Compensation survey or study</p> <p><input checked="" type="checkbox"/> Approval by the board or compensation committee</p> </div> </div>		
<p>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:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	X
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	X
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>		
<p>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:</p>		
<p>a The organization?</p>	5a	X
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b	X
<p>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:</p>		
<p>a The organization?</p>	6a	X
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b	X
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	7	X
<p>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</p>	8	X
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

Schedule J (Form 990) 2017

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.

(Form 990 or 990-EZ)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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Part I	Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
---------------	---

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

[illegible]

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II	Loans to and/or From Interested Persons.
----------------	---

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

[illegible]

Total ▶ \$

Part III		Grants or Assistance Benefiting Interested Persons.
-----------------	--	--

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

[illegible]

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	DYLAN DISALVIO, SON	44,532.	PT HOURLY E		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:

DYLAN DISALVIO, SON OF MADELEINE BUCKINGHAM, CHIEF BUSINESS STRATEGIST

(C) AMOUNT OF TRANSACTION \$ 44,532.

(D) DESCRIPTION OF TRANSACTION: PT HOURLY EMPLOYEE IN OL TECH DEPT

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

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	16	885,670. FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.....				
26 Other ▶ (.....				
27 Other ▶ (.....				
28 Other ▶ (.....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

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

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

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2017

Part II

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

FOUNDATION FOR NATIONAL PROGRESS

Employer identification number

94-2282759

FORM 990, PART III, LINE 1

THE FOUNDATION FOR NATIONAL PROGRESS PUBLISHES MOTHER JONES, A MAGAZINE

AND MULTI-PLATFORM DIGITAL NEWS SITE, AND DIRECTS THE BEN BAGDIKIAN

FELLOWSHIP PROGRAM. ITS MISSION IS TO PRODUCE REVELATORY JOURNALISM

THAT, IN ITS POWER AND REACH, SEEKS TO INFORM AND INSPIRE A MORE JUST

AND DEMOCRATIC WORLD.

MOTHER JONES DELIVERS GROUNDBREAKING INVESTIGATIVE JOURNALISM VIA A

WEBSITE, PRINT MAGAZINE, SOCIAL MEDIA, AND PODCASTS TO AN AUDIENCE OF

NEARLY 12 MILLION EACH MONTH. WITH A 42-YEAR HISTORY, MOTHER JONES IS A

MODEL FOR A NONPROFIT JOURNALISM ORGANIZATION A DIGITAL-FIRST NEWSROOM

WITH THE JOURNALISTIC STRENGTHS THAT COME FROM DECADES OF EXPERIENCE IN

LONG-FORM INVESTIGATIVE REPORTING.

MOTHER JONES HAS GROWN FROM 600,000 READERS A DECADE AGO AND

TRANSFORMED OURSELVES FROM A PRINT-DRIVEN BI-MONTHLY TO A DIGITAL-FIRST

NEWSROOM BUT ONE THAT RETAINS OUR MAGAZINE DNA, BRINGING THE BEST IN

DEEP, CONTEXTUAL INVESTIGATIVE REPORTING TOGETHER WITH A

DIGITAL-NATIVE'S SAVVY SENSE OF WHAT PEOPLE ARE TALKING AND THINKING

ABOUT RIGHT NOW. AND WE'VE BEEN RECOGNIZED BY OUR PEERS IN THE PROCESS,

INCLUDING BEING NAMED AS 2017 MAGAZINE OF THE YEAR BY THE AMERICAN

SOCIETY OF MAGAZINE EDITORS. WE'VE ACCOMPLISHED THIS THANKS IN GOOD

MEASURE TO A BUSINESS MODEL THAT IS POWERED BY READER SUPPORT:

TWO-THIRDS OF OUR REVENUE COMES FROM OUR READERS, EITHER AS

SUBSCRIPTIONS OR DONATIONS (THE BALANCE IS EVENLY SPLIT BETWEEN

ADVERTISING AND FOUNDATION GRANTS). READER SUPPORT IS AT THE HEART OF

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

FOUNDATION FOR NATIONAL PROGRESS

Employer identification number

94-2282759

OUR IDENTITY -- OUR DONOR-SUPPORTER COMMUNITY OF 50,000 INDIVIDUALS IS
THE LARGEST OF ANY NON-PROFIT MEDIA ORGANIZATION OUTSIDE PUBLIC
BROADCASTING.

AS THE ECONOMIC MODEL THAT SUPPORTED THE AMERICAN NEWS MEDIA HAS ALL
BUT DISAPPEARED, AND AN INCREASINGLY DIVISIVE POLITICAL CLIMATE MAKES
ACCURATE, TRUTHFUL REPORTING ON NATIONAL AFFAIRS ESSENTIAL FOR KEEPING
THE PUBLIC INFORMED, THE NEED FOR MOTHER JONES' BRAND OF JOURNALISM IS
GREATER THAN EVER. MOTHER JONES' WORKS TO SAFEGUARD THE TRUTH THROUGH
UNFLINCHING, INDEPENDENT, AND EFFECTIVE INVESTIGATIVE JOURNALISM, AND
OUR INNOVATIVE NON-PROFIT BUSINESS MODEL ENSURES WE ARE BEHOLDEN TO NO
ONE.

THIS IS A JOURNALISM ORGANIZATION WITH REAL IMPACT ON THE ISSUES OF THE
DAY. MANY BELIEVE OUR REPORTING IN 2012 ON MITT ROMNEY'S ILL-SPOKEN
COMMENTS ON THE "47 PERCENT" HELPED TURN AN ELECTION. OUR PRE-ELECTION
SCOOP IN OCTOBER 2016 ON HOW THE STEELE DOSSIER WAS IN THE FBI'S
POSSESSION SET THE TABLE FOR WHAT MAY BE THE SINGLE MOST IMPORTANT
SCANDAL OF THE TRUMP ADMINISTRATION THE POTENTIALLY-CRIMINAL TIES TO
RUSSIAN STATE AND ECONOMIC INTERESTS THAT MAY HAVE FATALLY COMPROMISED
HIS ADMINISTRATION. OUR 35,000-WORD, FOUR-MONTH UNDERCOVER
INVESTIGATION INTO THE PRIVATE PRISON INDUSTRY CHANGED THE DEBATE.

BEYOND POLITICS, WE ALSO REPORT ON ISSUES THAT CROSS THE PARTISAN
BORDER; OUR FRONTLINE REPORTING ON BALTIMORE'S OPIOID CRISIS IS AN
EXAMPLE. HERE IS JOURNALISM THAT BRINGS A NATIONAL PROBLEM TO LIFE,
PUTS A HUMAN FACE ON THE TROUBLE, AND POINTS TO WAYS IN WHICH WE CAN
CHANGE OUR LAWS, POLICIES, AND PRACTICES. AND AS WE DO THIS WORK, WE

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CONSTANTLY LOOK FOR THE BEST POSSIBLE WAY TO PRESENT OUR WORK SO IT

REACHES OUR READERS NO MATTER WHERE THEY FIND OUR REPORTING. FOR

INSTANCE, WE'VE LAUNCHED A NEW DOCUMENTARY FILM RESIDENCY PROGRAM AT

MOTHER JONES THAT IS GIVING US A REAL INSIGHT INTO HOW A MORE COMPLEX

CONVERSATION BETWEEN REPORTER AND DOCUMENTARIAN CAN BE STRUCTURED, AND

HOW THE COMBINED EDITORIAL IMAGINATIONS OF BOTH DO BETTER THAN EITHER

ON THEIR OWN TO REACH READERS WHERE THEY LIVE ONLINE AND ON A SMALL

SCREEN.

DRIVEN BY A RICH MIX OF REPORTORIAL VOICES AND BY-LINES, OUR WORK

INCREASINGLY FOCUSES ON THE INTERSECTION OF RACIAL AND CLASS INEQUALITY

AND HOW THEY SHAPE CRIMINAL JUSTICE POLICIES, PATTERNS OF COMMUNITY

VIOLENCE, PUBLIC HEALTH, POLITICAL INFLUENCE, AND MUCH MORE. AS A

RESULT, OUR READERSHIP IS DIVERSIFYING, IN TERMS OF AGE, ETHNICITY, AND

POLITICAL LEANINGS.

AT A MOMENT WHEN THREATS OF WAR AND CLIMATE DISRUPTION, OF ECONOMIC

TROUBLE AND GROWING INEQUALITY, AND OF CONSTITUTIONAL CRISIS AND

DIVISIVE TRIBAL POLITICS LOOM LARGE, MOTHER JONES' JOURNALISM IS NEEDED

TO HOLD THE POWERFUL TO ACCOUNT AND TO INFORM AND INSPIRE PEOPLE TO

TAKE ACTION FOR JUSTICE AND DEMOCRACY.

FORM 990, PART III, LINE 4A

IN WHAT CONTINUES TO BE AN HISTORIC PERIOD FOR AMERICAN POLITICS AND

PUBLIC DEBATE, MOTHER JONES REPORTS ON THE UNDERLYING FORCES AND LARGER

ISSUES THAT HAVE THE POTENTIAL TO SHAPE THE CONVERSATION. WE CONTINUE

OUR COMMITMENT TO INVESTIGATIVE REPORTING WITH A FOCUS ON TWO MAJOR

THEMES:

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POLITICS, CORRUPTION, AND THE REALIGNMENT OF POLITICAL GIVING: MONEY

AND POLITICS IS AT THE HEART OF OUR REPORTING AND HAS BEEN SINCE WE

STARTED PUBLISHING 42 YEARS AGO. IT'S WHY WE CREATED THE FIRST ONLINE

DATA-DRIVEN INVESTIGATION OF POLITICAL BIG MONEY. WORKING IN

COLLABORATION WITH RESEARCH OPERATIONS LIKE OPENSECRETS.ORG AND THE

SUNLIGHT FOUNDATION, WE'VE CONTINUED REPORTING ON MONEY AND POLITICS

BUT DEEPENED OUR INVESTIGATIVE ATTENTION INTO THE MONEY THAT DOESN'T

SHOW UP IN THE OFFICIAL DATABASES.

TODAY, MOTHER JONES HAS ONE OF THE LARGEST AND MOST EXPERIENCED MONEY

AND POLITICS REPORTING TEAMS OF ANY JOURNALISM ORGANIZATION IN THE

COUNTRY. WITH MORE THAN TWO DOZEN JOURNALISTS IN OUR WASHINGTON BUREAU,

THIS IS ONE OF THE DEEPEST BENCHES OF ANY DC NEWSROOM. FROM BUREAU

CHIEF DAVID CORN'S AND REPORTER HANNAH LEVINTOVA'S TIMELY AND DEEP LEAD

COVERAGE OF THE RUSSIA-TRUMP STORY, TO ANDY KROLL'S AND RUSS CHOMA'S

INVESTIGATIONS INTO PRESIDENT TRUMP'S CONFLICT-RIDDEN BUSINESS

RELATIONSHIPS, TO A.J. VICENS AND DAN FRIEDMAN'S REPORTING ON THE RISE

OF THE SURVEILLANCE STATE AND THE TRANSFORMATION IN THE AMERICAN

FOREIGN POLICY AGENDA, MOTHER JONES IS THERE TO TELL THE STORY DEEPLY,

ITERATIVELY, AND ENGAGINGLY.

WE ARE FOCUSING OUR ATTENTION ON STORIES WHERE WE'VE TRADITIONALLY DONE

GROUNDBREAKING WORK DARK MONEY SOURCES ATTEMPTING TO SHAPE ELECTIONS.

WE ARE INVESTIGATING WHO ARE THE DARK MONEY PLAYERS TRYING TO INFLUENCE

THE NEXT CONGRESS? CAN WE SEE THEM PLACING EARLY BETS? WHAT ARE THE

PATHWAYS OF INFLUENCE AT A TIME WHEN THE MOST IMPORTANT CHANNELS FOR

PUBLIC DEBATE ARE CONTROLLED BY PRIVATELY OWNED ALGORITHMS, WHEN MOSCOW

IS PUSHING JUST AS HARD TO TARGET AMERICAN VOTERS AS THE KOCH BROTHERS

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DO, AND WHEN POLITICAL DONORS (ON BOTH SIDES OF THE AISLE) PLAY A BIGGER ROLE IN PICKING CANDIDATES THAN PARTIES? OUR EXPERIENCED MONEY AND INFLUENCE TEAM INVESTIGATE THE TECTONIC SHIFTS IN HOW BIG MONEY IS DEPLOYED TO SHAPE THIS HISTORIC ELECTION. FOR EXAMPLE, ANDY KROLL'S RECENT STORY ON THE ROOTS OF CAMBRIDGE ANALYTICA, THE UK-RESEARCH ORGANIZATION FUNDED BY ROBERT MERCER TO HELP CONSERVATIVE U.S. CANDIDATES AVOID CAMPAIGN FINANCE LAWS (AND NOW UNDER FIRE FOR HARVESTING PERSONAL DATA FROM FACEBOOK) BUILDS ON YEARS OF HIS REPORTING.

CLIMATE AND ATTACKS ON THE ENVIRONMENT: LAST YEAR'S HURRICANE SEASON WAS THE LATEST REMINDER THAT CLIMATE CHANGE IS NO LONGER AN "IF" OR EVEN A "WHEN;" THE STORY TO COVER NOW IS HOW WE'LL RESPOND POLITICALLY, ECONOMICALLY, AND CULTURALLY. ONE ISSUE IN PARTICULAR THAT RESONATES ACROSS THE POLITICAL SPECTRUM IS THE IMPACT OF CLIMATE CHANGE ON HEALTH, FROM THE RISE IN INFECTIOUS DISEASES TO THE CONSEQUENCES OF CARBON-EMITTING INDUSTRIES. OUR REPORTING ON THESE ISSUES ENGAGES WIDE AUDIENCES AND WE WILL DOUBLE DOWN ON THESE STORIES. WE ARE ALSO INVESTIGATING HOW POLLUTION AND CLIMATE CHANGE HURT COMMUNITIES OF COLOR AND OTHER DISADVANTAGED POPULATIONS, LIKE THE WEST VIRGINIA COAL-MINING COMMUNITY SO POLLUTED, ITS OWN RESIDENTS WANT IT WIPED OFF THE MAP. NATHALIE BAPTISTE IN OUR WASHINGTON BUREAU WROTE ABOUT THIS IN ONE OF OUR MOST-READ STORIES OF 2018.

THREATS TO THE ENVIRONMENT ARE INCREASINGLY URGENT, AND MOTHER JONES DOUBLES DOWN ON ENVIRONMENTAL REPORTING, DELIVERING THE FACTS AND CONTEXT TO MILLIONS OF PEOPLE CONCERNED ABOUT THE FATE OF THE EARTH. WE ARE DIGGING DEEP ON THE AGENDAS AND CONFLICTS OF INTEREST OF CABINET

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MEMBERS, CONGRESSIONAL LEADERS AND INDUSTRY CHIEFS, TO EXPLAIN WHAT

THEIR ACTIONS MEAN FOR THE NATION'S PUBLIC LANDS, ENVIRONMENTAL AND

HUMAN HEALTH, AND THE WORLD'S CLIMATE, TOGETHER WITH THE CLIMATE DESK

A PARTNERSHIP THAT HAS GROWN TO 17 TERRIFIC PUBLISHERS WE HAVE A

COMBINED AUDIENCE OF MORE THAN 100 MILLION READERS. CLIMATE DESK HAS

BECOME A LEADING VOICE IN CLIMATE COVERAGE. SOCIAL MEDIA PLATFORMS ARE

INCREASINGLY KEY TO REACHING NEW READERS, AND CLIMATE DESK GAINED

44,000 TWITTER FOLLOWERS, FOR A 61 PERCENT INCREASE, BETWEEN 2015 AND

2017. INCREASED ENGAGEMENT BY ALL OF THE PARTNERS IS REFLECTED IN THE

DATA WE TRACK. THE NUMBER OF STORIES RE-POSTED BY OUR PARTNERS WAS 52

PERCENT HIGHER IN 2016 THAN IN 2015, AND THAT NUMBER GREW BY ANOTHER 29

PERCENT IN 2017.

OUR COVERAGE OF SCIENTIFIC INTEGRITY AT THE ENVIRONMENTAL AGENCIES HAS

HELPED DRIVE THE CONVERSATION ABOUT TRUMP'S EFFORTS TO RESHAPE POLICY

AND ROLL BACK REGULATIONS IN THE FIRST YEAR OF HIS ADMINISTRATION, AND

THIS IS A CONTINUING THEME. MOTHER JONES WAS FIRST TO REPORT THAT A

USGS GEOLOGIST HAD QUIT OVER WHAT HE SAW AS AN EFFORT BY INTERIOR

SECRETARY ZINKE TO UNDERMINE POLICIES GOVERNING THE DISCLOSURE OF DATA

FROM A STUDY OF OIL AND GAS DEPOSITS IN ALASKA. AND OUR WINTER MAGAZINE

COVER STORY "MAKE AMERICA TOXIC AGAIN" BY REBECCA LEBER EXPLORED HOW

EPA ADMINISTRATOR PRUITT'S EVANGELICAL FAITH AND POLITICAL ZEAL SHAPE

HIS VIEWS ON ENVIRONMENTAL POLICY. OTHER MAJOR THEMES WE ARE

INVESTIGATING:

THE DRUMS OF WAR: THE PENTAGON IS RESHAPING POLICY ON EVERYTHING FROM

OVERSEAS FORCE PROJECTION TO CONTRACTING IN WAYS THAT WILL HAVE A

LASTING IMPACT ON AMERICA'S MILITARY BUDGET AND FOREIGN TROOP PRESENCE.

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WE'LL UNCOVER WHO IS PUSHING FOR MILITARY BUILDUP AND AGGRESSIVE

AMERICAN ACTION OVERSEAS, AN AREA THAT HAS DRAWN FAR TOO LITTLE

JOURNALISTIC INTEREST.

VOTING RIGHTS: VOTER ID AND SUPPRESSION LAWS PLAYED A HUGE PART IN THE

2016 ELECTION BOTH IN INTERFERING WITH AMERICANS' ABILITY TO VOTE, AND

IN MOBILIZING THOSE MOTIVATED TO FIGHT BACK. WHERE ARE THE NEXT BATTLES

BEING FOUGHT, AND WHICH UNDER-THE-RADAR ACTORS ARE BEHIND THEM? WE'RE

FOCUSING ON EFFORTS TO RIG THE ELECTORAL SYSTEM.

GUN VIOLENCE: IN THE WAKE OF THE PARKLAND, FLORIDA, SCHOOL MASSACRE,

AUDIENCES FLOCKED TO MOTHER JONES' INVESTIGATIONS OF MASS SHOOTINGS AND

THE COST OF GUN VIOLENCE A SIX-YEAR PROJECT THAT OTHER MEDIA AND

RESEARCHERS REGULARLY TURN TO AS AN AUTHORITATIVE SOURCE OF DATA ON

THIS TOPIC. DRAWING ON THIS BODY OF EXPERTISE, OUR REPORTERS GO DEEP TO

CHALLENGE THE MYTHS AND FALSEHOODS SURROUNDING GUNS AND REPORT ON THE

GROWING YOUTH MOVEMENT THAT COULD TRANSFORM THIS DEBATE.

ORGANIZING: THE LAST ELECTION HAD A SILVER LINING: MILLIONS OF PEOPLE

WHO'D NEVER BEEN INVOLVED IN POLITICS BEFORE CHOSE TO ATTEND EVENTS,

READ THE NEWS, AND PARTICIPATE IN THE DECISIONS THAT SHAPE OUR COUNTRY.

THE SURGE OF CIVIC ENERGY SEEMS HEADED TO PRODUCE A POLITICAL WAVE, ONE

MOTHER JONES FOLLOWS CLOSELY, PAYING ATTENTION TO UNDER-THE-RADAR

ORGANIZING AND ACTIVISM THAT, MORE THAN TRADITIONAL POLITICAL

INSTITUTIONS AND PARTIES, CAN HAVE A TRULY TRANSFORMATIVE EFFECT.

INFORMATION, DISINFORMATION, AND TECHNOLOGY: 2016 WAS A SHOT ACROSS THE

BOW. WITH MORE AND MORE OF OUR LIVES, OUR POLITICS, OUR WORK AND OUR

RELATIONSHIPS PLAYING OUT IN DIGITAL SPACES, INFORMATION IS AS VITAL A

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RESOURCE AS FOOD OR FUEL AND DISINFORMATION IS AS DANGEROUS A WEAPON AS

ANY GUN, FROM THE DEBATE OVER CORPORATE AND STATE SURVEILLANCE, TO

TRACKING DOWN PROPAGANDA BOTS AND MEMES, TO COVERING POWERFUL TECH

COMPANIES WITH THE VIGOR THEY DESERVE, OUR REPORTERS DIG INTO VITAL

ISSUES THAT TOO OFTEN ARE SWEEPED ASIDE BY EITHER FAWNING OR HYSTERIA.

GENDER JUSTICE: SOME ABORTION PROVIDERS ARE GOING UNDERGROUND, AND

OTHERS ARE BUILDING VERITABLE FORTRESSES TO DEFEND THEMSELVES AND THEIR

PATIENTS, WHILE A NEW GENERATION OF ACTIVISTS IS ENGAGING IN

STATEHOUSES, ON THE STREETS, EVEN IN CHURCHES. WE INVESTIGATE ATTACKS

ON REPRODUCTIVE RIGHTS, OBSTACLES FACED BY WOMEN IN THE WORKPLACE AND

PUBLIC LIFE, AND HOW SEXUAL ABUSE IN OUR MOST PROMINENT INSTITUTIONS

HAS BECOME SYSTEMATIC.

FOOD, AGRICULTURE AND WHAT WE EAT: WITH CLIMATE CHANGE RESHAPING

WEATHER PATTERNS AND WATER FLOW, OUR MAJOR FOOD GROWING REGIONS ARE

CONFRONTING ENORMOUS CHALLENGES. REGULATION ROLLBACKS MEAN FOOD SAFETY

IS UNDER ATTACK. BUT FOOD AND AG ARE ALSO THE SOURCE OF SOME OF THE

MOST INSPIRING AND INNOVATIVE STORIES WE COVER, LIKE THE MOVEMENT FOR

"SANCTUARY RESTAURANTS" AND THE CONTINUING CONSUMER PUSH TO CHALLENGE

UNSUSTAINABLE PRACTICES. FEW JOURNALISTS BESIDES MOTHER JONES

EXPERIENCED TEAM LED BY TOM PHILPOTT ARE TELLING THESE STORIES.

RACE AND IDENTITY IN THE AGE OF TRUMP: THEMES OF RACE AND JUSTICE ARE

AT THE CORE OF OUR WORK, AND THEY HAVE NEVER BEEN MORE IMPORTANT.

RIISING POLITICAL ENGAGEMENT AMONG COMMUNITIES OF COLOR; RECOGNITION OF

THE ROLE RACISM PLAYS IN PUBLIC INSTITUTIONS; RACIALLY MOTIVATED

LANGUAGE AND POLICIES FROM THE CORRIDORS OF THE WHITE HOUSE TO THE ECHO

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CHAMBERS OF SOCIAL MEDIA.

FORM 990, PART III, LINE 4B

SINCE 1980, MOTHER JONES HAS PLACED AN 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

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

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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.
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.

FORM 990, PART III, LINE 4C

FISCALLY SPONSORED PROJECTS ARE AN EFFECTIVE AND EFFICIENT MEANS OF
LAUNCHING NEW GRANT FUNDED INITIATIVES AND DELIVERING PUBLIC SERVICES.
FISCAL SPONSORSHIPS PROVIDE A LEGAL FRAMEWORK FOR PROJECTS, ACTIVITIES,
IDEAS, AND ORGANIZATIONS THAT SHARE THE MISSION OF MOTHER JONES, AND
ENABLE ORGANIZATIONS TO GROW AND SCALE WHILE FOCUSING ON THEIR MISSION.
MOTHER JONES HAS A LONG HISTORY OF PROVIDING HIGH QUALITY SERVICES AND
SUPPORT TO THE NONPROFIT COMMUNITY AND HAS HOSTED CLOSE TO 20 SPONSORED
PROJECTS OVER THE LAST 20 YEARS.

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

THE BOARD OF DIRECTORS OF THE FOUNDATION FOR NATIONAL PROGRESS, DBA MOTHER

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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

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, PERIOD

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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

DIRECTORS. THIS WAS LAST PERFORMED AND RELAYED TO THE CEO IN OCTOBER 2018

PERTAINING TO 2018 PERFORMANCE. THE CEO'S SALARY IS ADJUSTED ACCORDING TO A

COLA EACH YEAR BASED ON THE BAY AREA CPI. ANY ADDITIONAL WAGE INCREASE IS

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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 SEPTEMBER 2018 PERTAINING TO 2018 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:

CONSULTANTS:

PROGRAM SERVICE EXPENSES 530,324.

MANAGEMENT AND GENERAL EXPENSES 81,315.

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FUNDRAISING EXPENSES 17,022.

TOTAL EXPENSES 628,661.

DONOR/MEMBERSHIP COMMUNICATIONS:

PROGRAM SERVICE EXPENSES 838,703.

MANAGEMENT AND GENERAL EXPENSES 1,534.

FUNDRAISING EXPENSES 294,962.

TOTAL EXPENSES 1,135,199.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,763,860.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n t i n u o u s	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	FURNITURE AND EQUIPMENT	12/31/08	SL	5.00		16	216,268.				216,268.	195,173.		7,895.	203,068.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						216,268.				216,268.	195,173.		7,895.	203,068.
	OTHER														
2	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	5.00		16	285,747.				285,747.	262,012.		13,058.	275,070.
3	HARDWARE AND SOFTWARE	VARIOUS	SL	5.00		16	957,958.				957,958.	670,853.		98,233.	769,086.
	* 990 PAGE 10 TOTAL OTHER						1,243,705.				1,243,705.	932,865.		111,291.	1,044,156.
	* GRAND TOTAL 990 PAGE 10 DEPR						1,459,973.				1,459,973.	128,038.		119,186.	1,247,224.

728111 04-01-17

(D) - Asset disposed

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

EXTENDED TO MAY 15, 2019

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018**2017**Department of the Treasury
Internal Revenue Service▶ Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

A <input type="checkbox"/> Check box if address changed 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)	Print or Type Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) FOUNDATION FOR NATIONAL PROGRESS Number, street, and room or suite no. If a P.O. box, see instructions. 222 SUTTER STREET, NO. 600 City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94108-4457	D Employer identification number (Employees' trust, see instructions.) 94-2282759	
		E Unrelated business activity codes (See instructions.) 541800 541900	
		C Book value of all assets at end of year 4,264,299.	
		F Group exemption number (See instructions.) ▶ G 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	

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, CFO Telephone number ▶ 415-321-1700

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) ...		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11	2,007,522.	2,276,330.
12 Other income (See instructions; attach schedule) STATEMENT 2		12	77,981.	77,981.
13 Total. Combine lines 3 through 12		13	2,085,503.	2,276,330.
				-190,827.

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.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	78,000.
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	78,000.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-268,827.
31 Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 3	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-268,827.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34 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	34	-268,827.

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 **35c** 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 Tax on Non-Compliant Facility Income.** See instructions **39****40 Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies **40** 0.**Part IV Tax and Payments****41a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116) **41a****b Other credits** (see instructions) **41b****c General business credit.** Attach Form 3800 **41c****d Credit for prior year minimum tax** (attach Form 8801 or 8827) **41d****e Total credits.** Add lines 41a through 41d **41e****42 Subtract line 41e from line 40** **42** 0.**43 Other taxes.** Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) **43****44 Total tax.** Add lines 42 and 43 **44** 0.**45a Payments:** A 2016 overpayment credited to 2017 **45a****b 2017 estimated tax payments** **45b****c Tax deposited with Form 8868** **45c****d Foreign organizations: Tax paid or withheld at source** (see instructions) **45d****e Backup withholding** (see instructions) **45e****f Credit for small employer health insurance premiums** (Attach Form 8941) **45f****g Other credits and payments:** ☐ Form 2439 ☐ Form 4136 ☐ Other **45g**Total **45g****46 Total payments.** Add lines 45a through 45g **46****47 Estimated tax penalty** (see instructions). Check if Form 2220 is attached ☐ **47****48 Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed **48** 0.**49 Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid **49** 0.**50 Enter the amount of line 49 you want:** Credited to 2018 estimated tax **50** Refunded**Part V Statements Regarding Certain Activities and Other Information** (see instructions)**51** At any time during the 2017 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** X**52** 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** X**53** Enter the amount of tax-exempt interest received or accrued during the tax year **\$****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 **11/13/18** Date **STRATEGIST** Title**CFO/CHIEF BUSINESS**May the IRS discuss this return with the preparer shown below (see instructions)? ☒ **Yes** ☐ **No****Paid Preparer Use Only**Print/Type preparer's name **LAWRENCE S. KUECHLER** Preparer's signature **LAWRENCE S. KUECHLER** Date **11/12/18** Check ☐ if self-employed **PTIN** **P00233621**
Firm's name **ARMANINO LLP** Firm's EIN **94-6214841**
12657 ALCOSTA BLVD, STE. 500
Firm's address **SAN RAMON, CA 94583-4600** Phone no. **925-790-2600**

Form 990-T (2017)

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

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

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

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)**(b) Total deductions.**

Enter here and on page 1, Part I, line 6, column (B)

0.

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

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8				0.

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			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)				

		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		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)						

		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).		Enter here and on page 1, Part II, line 26.
Totals		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)						

Totals (carry to Part II, line (5))		0.	0.			0.
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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) MOTHER JONES	2,007,522.	2,276,330.	-268,808.			
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 2,007,522.	Enter here and on page 1, Part I, line 11, col. (B). 2,276,330.				Enter here and on page 1, Part II, line 27. 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)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2017)

FORM 990-T

OTHER INCOME

STATEMENT 2

DESCRIPTION

AMOUNT

ACME

77,981.

TOTAL TO FORM 990-T, PAGE 1, LINE 12

77,981.

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.	2,832.	62,141.	62,141.
06/30/14	121,265.	0.	121,265.	121,265.
06/30/15	335,940.	0.	335,940.	335,940.
06/30/16	264,524.	0.	264,524.	264,524.
NOL CARRYOVER AVAILABLE THIS YEAR			783,870.	783,870.