See a Social Security Number? Say Something!
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**Exempt Organization Business Income Tax Return**

**(and proxy tax under section 6033(e))**

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

**Foundation for National Progress**

**501(c)(3)**

**222 Sutter Street, No. 600**

**San Francisco, CA 94108-4457**

**Ssn**

**541800 541900**

**Book value of all assets at end of year**

**1,437,737**

**Check organization type**

**501(c) corporation**

**Check organization trust**

**501(a) trust**

**Other trust**

**Yes**

**No**

**MADELINE BUCKINGHAM, CHIEF BUSINESE**

**415-321-1700**

**Part I**

**Unrelated Trade or Business Income**

<table>
<thead>
<tr>
<th>(A) Income</th>
<th>(B) Expenses</th>
<th>(C) Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Gross receipts or sales</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Less returns and allowances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross profit (Schedule B, line 7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a Capital gain net income (attach Schedule D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4c Capital loss deduction for trusts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5c Income (loss) from partnerships and S corporations (attach statement)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Rent income (Schedule C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Unrelated debt-financed income (Schedule E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Exploited exempt activity income (Schedule I)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Advertising income (Schedule J)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income (See instructions; attach schedule)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>STMTMENT 1</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total Income Combined lines 3 through 12</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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) |  |  |
| 15 Salaries and wages | 72,000. |
| 16 Repairs and maintenance |  |  |
| 17 Bad debts |  |  |
| 18 Interest (attach schedule) |  |  |
| 19 Taxes and licenses |  |  |
| 20 Charitable contributions (See instructions for limitation rules) |  |  |
| 21 Depreciation (attach Form 4562) | 21 |  |
| 22 Less depreciation claimed on Schedule A and elsewhere on return | 22a | 22b |
| 23 Depletion |  |  |
| 24 Contributions to deferred compensation plans |  |  |
| 25 Employee benefit programs |  |  |
| 26 Excess exempt expenses (Schedule I) |  |  |
| 27 Excess readership costs (Schedule J) |  |  |
| 28 Other deductions (attach schedule) |  |  |
| **STMTMENT 2** |  |  |
| 29 Total Deductions. Add lines 14 through 28 |  |  |
| 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 |  |  |
| 31 Net operating loss deduction (limited to the amount on line 30) |  |  |
| **STMTMENT 3** |  |  |
| 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 |  |  |
| 33 Specific deduction (Generally $1,000, but see line 33 instructions for exceptions) | 1,000. |
| **PART II** |  |  |

**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

**54254.**

**Form 990-T (2015)**

LH For Paperwork Reduction Act Notice, see instructions.
### Part III - Tax Computation

35. **Organizations Taxable as Corporations.** See instructions for tax computation.
   
   Controlled group members (sections 1561 and 1563) check here □
   
   a. Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order):
      
      (1) $ □
      (2) $ □
      (3) $ □
   
   b. Enter organization's share of:
      
      (1) Additional 5% tax (not more than $11,750) $ □
      (2) Additional 3% tax (not more than $100,000) $ □
   
   c. Income tax on the amount on line 34 □

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)

37. **Proxy tax.** See instructions □

38. **Alternative minimum tax.** □

39. **Total.** Add lines 37 and 38 to line 35c or 36, whichever applies 0 □

### Part IV - Tax and Payments

40a. **Foreign tax credit.** (corporations attach Form 1118; trusts attach Form 1116)
   
   40b. **Other credits.** (see instructions)

40c. **General business credits.** Attach Form 3800

40d. **Credit for prior year minimum tax.** (attach Form 8801 or 8827)

40e. **Total credits.** Add lines 40a through 40d □

41. **Subtract line 40e from line 39.** □ 0 □

42. **Other taxes.** Check if from:
   
   □ Form 4255 □ Form 8611 □ Form 8697 □ Form 8866 □ Other (attach schedule)

43. **Total tax.** Add lines 41 and 42 □ 0 □

44a. **Payments.** A 2014 overpayment credited to 2015 □

44b. **2015 estimated tax payments.** □

44c. **Tax deposited with Form 8826.** □

44d. **Foreign organizations.** Tax paid or withheld at source (see instructions)

44e. **Backup withholding.** (see instructions)

44g. **Credit for small employer health insurance premiums.** (Attach Form 8941)

44h. **Other credits and payments.**
   
   □ Form 2439 □ Form 4136 □ Other □

44i. **Total.** Add lines 44a through 44g □

45. **Estimated tax penalty.** (see instructions). Check if Form 2220 is attached □

47. **Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed □

48. **Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid □ 0 □

49. **Enter the amount of line 48 you want: Credited to 2016 estimated tax □
   
   □ Refunded □

### Part V - Statements Regarding Certain Activities and Other Information

1. At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here □

2. During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file □

3. Enter the amount of tax-exempt interest received or accrued during the tax year □

### Schedule A - Cost of Goods Sold

Enter method of inventory valuation □ N/A

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Inventory at beginning of year</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Purchases</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Cost of labor</td>
<td>3</td>
</tr>
<tr>
<td>4a</td>
<td>Additional section 263A costs (attach schedule)</td>
<td>4a</td>
</tr>
<tr>
<td>4b</td>
<td>Other costs (attach schedule)</td>
<td>4b</td>
</tr>
<tr>
<td>5</td>
<td>Total Add line 4 through 4a</td>
<td>5</td>
</tr>
</tbody>
</table>

6. Inventory at end of year □

7. Cost of goods sold Subtract line 6 from line 5. Enter here and in Part I, line 2 □

### Sign Here

Signature of chief business strategist/cfo □

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

**Paid Preparer Use Only**

Print/Type preparer’s name □

Preparer’s signature □

Date 11/14/16

Check if self-employed □

PTIN □

**Use Only**

Firm’s name □ ARMANINO LLP □

Firm’s EIN □ 94-6214841

Firm’s address □ 50 W. SAN FERNANDO ST, STE 500 □

San Jose, CA 95113

Phone no. 408-200-6400

Form 990-T (2015)
### 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%)
   
   (1) 
   (2) 
   (3) 
   (4)

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

3. **Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)**
   
   (a) 
   (b)

   **Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)**
   
   0.

(c) **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**
   
   (1) 
   (2) 
   (3) 
   (4)

2. **Gross income from or allocable to debt-financed property**
   
   (1) 
   (2) 
   (3) 
   (4)

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

5. **Average adjusted basis of or allocable to debt-financed property (attach schedule)**
   
   (1) 
   (2) 
   (3) 
   (4)

6. **Column 4 divided by column 5**
   
   (1) 
   (2) 
   (3) 
   (4)

7. **Gross income reportable (column 2 x column 6)**
   
   (1) 
   (2) 
   (3) 
   (4)

8. **Allocate deductions (column 6 x total of columns 3(a) and 3(b))**
   
   (1) 
   (2) 
   (3) 
   (4)

**Total dividends-received deductions included in column 8**

0.

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

#### Exempt Controlled Organizations

1. **Name of controlled organization**
   
   (1) 
   (2) 
   (3) 
   (4)

2. **Employer identification number**
   
   (1) 
   (2) 
   (3) 
   (4)

3. **Net unrelated income (loss) (see instructions)**
   
   (1) 
   (2) 
   (3) 
   (4)

4. **Total of specified payments made**
   
   (1) 
   (2) 
   (3) 
   (4)

5. **Part of column 4 that is included in the controlling organization's gross income**
   
   (1) 
   (2) 
   (3) 
   (4)

6. **Deductions directly connected with income in column 5**
   
   (1) 
   (2) 
   (3) 
   (4)

#### Nonexempt Controlled Organizations

7. **Taxable income**
   
   (1) 
   (2) 
   (3) 
   (4)

8. **Net unrelated income (loss) (see instructions)**
   
   (1) 
   (2) 
   (3) 
   (4)

9. **Total of specified payments made**
   
   (1) 
   (2) 
   (3) 
   (4)

10. **Part of column 9 that is included in the controlling organization's gross income**
    
    (1) 
    (2) 
    (3) 
    (4)

11. **Deductions directly connected with income in column 10**
    
    (1) 
    (2) 
    (3) 
    (4)

**Totals**

0.

Add columns 5 and 10

Add columns 6 and 11
### Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

<table>
<thead>
<tr>
<th></th>
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<td>(4)</td>
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</tr>
</tbody>
</table>

Totals ▶ 0. 0.

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

(see instructions)

<table>
<thead>
<tr>
<th>1. Description of exploited activity</th>
<th>2. Gross unrelated business income from trade or business</th>
<th>3. Expenses directly connected with production of unrelated business income</th>
<th>4. Net income (loss) from unrelated trade or business (column 2 minus column 3) if a gain, compute col 5 through 7</th>
<th>5. Gross income from activity that is not unrelated business income</th>
<th>6. Expenses attributable to column 5</th>
<th>7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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<td>(4)</td>
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</tr>
</tbody>
</table>

Enter here and on page 1, Part I, line 9, column (A)  Enter here and on page 1, Part I, line 9, column (B)  Enter here and on page 1, Part II, line 26

Totals ▶ 0. 0.

### Schedule J - Advertising Income

(see instructions)

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

<table>
<thead>
<tr>
<th>1. Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or (loss) (column 2 minus column 3) if a gain, compute cols 5 through 7</th>
<th>5. Circulation income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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<tr>
<td>(4)</td>
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</tr>
</tbody>
</table>

Totals (carry to Part II, line (5)) ▶ 0. 0.

#### Part II Income From Periodicals Reported on a Separate Basis

(For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

<table>
<thead>
<tr>
<th>1. Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or (loss) (column 2 minus column 3) if a gain, compute cols 5 through 7</th>
<th>5. Circulation income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) MOTHER JONES</td>
<td>1910709.</td>
<td>-264,669.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>(2)</td>
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<td>(3)</td>
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<td>(4)</td>
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</tr>
</tbody>
</table>

Totals from Part I ▶ 0. 0.

Enter here and on page 1, Part I, line 11, col (A)  Enter here and on page 1, Part I, line 11, col (B)  Enter here and on page 1, Part II, line 27

Totals, Part II (lines 1-5) ▶ 1910709. 2175378.

0.

### Schedule K - Compensation of Officers, Directors, and Trustees

(see instructions)

<table>
<thead>
<tr>
<th>1. Name</th>
<th>2. Title</th>
<th>3. Percent of time devoted to business</th>
<th>4. Compensation attributable to unrelated business</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
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<tr>
<td>(4)</td>
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</tbody>
</table>

Total. Enter here and on page 1, Part II, line 14 ▶ 0.
<table>
<thead>
<tr>
<th>FORM 990-T</th>
<th>OTHER INCOME</th>
<th>STATEMENT 1</th>
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<tbody>
<tr>
<td>DESCRIPTION</td>
<td>AMOUNT</td>
<td></td>
</tr>
<tr>
<td>ACME</td>
<td>72,158.</td>
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<tr>
<td>TOTAL TO FORM 990-T, PAGE 1, LINE 12</td>
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<td>72,158.</td>
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<table>
<thead>
<tr>
<th>FORM 990-T</th>
<th>OTHER DEDUCTIONS</th>
<th>STATEMENT 2</th>
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</thead>
<tbody>
<tr>
<td>DESCRIPTION</td>
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<td></td>
</tr>
<tr>
<td>OTHER EXPENSES</td>
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<tr>
<td>TOTAL TO FORM 990-T, PAGE 1, LINE 28</td>
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<td>13.</td>
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</tbody>
</table>

STATEMENT(S) 1, 2, 3