

PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO MCKENNA ^{LLP}

Certified Public Accountants & Consultants

12667 Alcosta Blvd., Suite 500

San Ramon, CA 94583

ph 925.790.2600

fx 925.790.2601

Return of Organization Exempt From Income Tax

2009

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Terminated Amended return Application pending

Please use IRS label or print or type. See Specific Instructions.

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) Room/suite
222 SUTTER STREET 600
 City or town, state or country, and ZIP + 4
SAN FRANCISCO, CA 94108

D Employer identification number
94-2282759

E Telephone number
415-321-1700

G Gross receipts \$ **9,381,643.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

F Name and address of principal officer: **MADELEINE BUCKINGHAM**
SAME AS C ABOVE

I Tax-exempt status: 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.MOTHERJONES.COM**

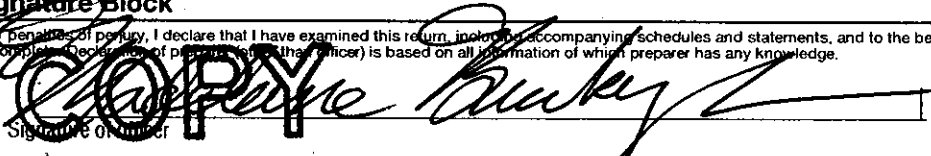
K Form of organization: Corporation Trust Association Other ▶ **L Year of formation:** **1976** **M State of legal domicile:** **CA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: A NEWS ORG. THAT SPECIALIZES IN INVESTIGATIVE, POLITICAL, AND 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	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of employees (Part V, line 2a)	5	91
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	870,292.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	6,381,223.	4,774,824.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,854,265.	4,307,423.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-9,530.	5,755.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	389,177.	189,482.
	12	10,615,135.	9,277,484.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,615,135.	9,277,484.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	35,200.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)	4,138,066.	4,041,344.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 615,545.	177,233.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	6,285,195.	5,103,602.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,635,694.	9,144,946.	
19 Revenue less expenses. Subtract line 18 from line 12	-20,559.	132,538.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,362,961.	937,042.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,312,995.	2,754,538.
		-1,950,034.	-1,817,496.

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 ▶  Date **5/14/10**

Signature of officer

MADELEINE BUCKINGHAM, PRESIDENT AND CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ **ARMANINO MCKENNA LLP** Date
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **12667 ALCOSTA BOULEVARD, SUITE 500 SAN RAMON, CA 94583-4427**

Check if self-employed Preparer's identifying number (see instructions)
 EIN ▶ 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 Accomplishments

1 Briefly describe the organization's mission: MOTHER JONES IS AN INDEPENDENT, NONPROFIT NEWS ORGANIZATION WITH A LEGACY OF SMART, FEARLESS, INVESTIGATIVE REPORTING. (SEE SCHEDULE O FOR CONTINUATION)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 5,817,251. including grants of \$) (Revenue \$ 2,801,494.) THE MOTHER JONES INVESTIGATIVE FUND: HERALDED AS A "ROLE MODEL" FOR THE FUTURE OF OUR INDUSTRY BY THE NEW YORK TIMES AND THE SAN FRANCISCO CHRONICLE, MOTHER JONES USES A UNIQUE "MIXED REVENUE" MODEL THAT BLENDS PHILANTHROPIC SUPPORT WITH EARNED REVENUE TO SUSTAIN OUR AMBITIOUS WORK. MOST OF THIS REVENUE IS DIRECTED TOWARD THE MOTHER JONES INVESTIGATIVE FUND AND USED TO UNDERWRITE THE COSTS ASSOCIATED WITH PRODUCING OUR PRINT AND ONLINE NEWS INVESTIGATIONS.

AMONG MANY INVESTIGATIVE FUND SUCCESS STORIES FROM LAST YEAR WAS OUR EXPOSE ON FIJI WATER COMPANY'S ENVIRONMENTAL DAMAGE, PUBLIC HEALTH FAILURES, AND SILENCE IN THE FACE OF A MILITARY JUNTA. THE COVER-STORY

4b (Code:) (Expenses \$ 736,100. including grants of \$) (Revenue \$ 167,400.) THE WASHINGTON, DC BUREAU: LAUNCHED IN THE FALL OF 2008 THE WASHINGTON, DC BUREAU HAS BECOME AN INDISPENSIBLE PART OF MOTHER JONES' DAILY NEWS OPERATION. THE SEVEN-PERSON TEAM LED BY BUREAU CHIEF DAVID CORN COVERS POLITICS & NEWS ON EVERYTHING FROM CAPITOL HILL TO FOREIGN AFFAIRS. EDITORS AND REPORTERS ARE CHARGED WITH DIGGING DEEP TO LET YOU KNOW WHAT'S REALLY HAPPENING WITH WASHINGTON'S POWER PLAYERS AND DEAL-MAKERS AND HELP CONNECT THE DOTS ON HOW ACTIONS UNDER THE RADAR IN WASHINGTON OFTEN HAVE AN AMPLIFIED IMPACT ON OUR LIVES.

DAVID CORN IS ALREADY KNOWN TO KEEP ROBERT GIBBS ON HIS TOES IN THE WHITE HOUSE BRIEFING ROOM, AND THANKS TO OUR "TOO BIG TO FAIL" SPECIAL

4c (Code:) (Expenses \$ 540,314. including grants of \$) (Revenue \$ 390,314.) THE BEN BAGDIKIAN INTERNSHIP PROGRAM: MOTHER JONES IS HOME TO ONE OF THE LARGEST AND MOST AMBITIOUS PAID INTERNSHIP AND FELLOWSHIP PROGRAMS IN THE INDEPENDENT MEDIA WORLD, THE BEN BAGDIKIAN FELLOWSHIP PROGRAM, A TRAINING PROGRAM WHOSE GRADUATES HAVE GONE ON TO POSITIONS ACROSS THE JOURNALISM WORLD, FROM WIRED AND SLATE TO THE NEW YORK TIMES AND WASHINGTON POST. WHILE THERE ARE A NUMBER OF GENERAL JOURNALISM AND REPORTING INTERNSHIPS AVAILABLE FOR STUDENTS OR RECENT COLLEGE GRADUATES, ONLY ONE INTERNSHIP PROGRAM OTHER THAN MOTHER JONES - AT THE CENTER FOR INVESTIGATIVE REPORTING - HAS AN EMPHASIS ON INVESTIGATIVE REPORTING. OUR PROGRAM IS THE ONE PLACE WHERE YOUNG AND ASPIRING JOURNALISTS CAN GET IN-THE-FIELD EXPERIENCE, NURTURE THE SOCIAL AND PROFESSIONAL NETWORKS THAT WILL ENABLE THEM TO BREAK

4d Other program services. (Describe in Schedule O.) (Expenses \$ 544,506. including grants of \$) (Revenue \$ 948,215.)

4e Total program service expenses \$ 7,638,171.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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; 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 term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• 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>		
	• 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>		
	• 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>		
	• 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>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>		
		Yes	No
			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
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</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
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <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 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <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 a grant selection committee member, or to a person related to such an individual? <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 of the organization (or a family member) 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, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 125		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 91		
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 this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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 the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		X
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?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the 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	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AK, AR, AZ, CA, CT, FL, GA, HI, IL, KS, KY, LA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MADELEINE BUCKINGHAM - 415-321-1700**
222 SUTTER STREET, SUITE 600, SAN FRANCISCO, CA 94108

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
JOHN HARRIS PRESIDENT/PUBLISHER	37.50	X		X	X		161,997.	0.	0.	
MADELEINE BUCKINGHAM CFO/COO	37.50			X			153,661.	0.	0.	
MONIKA BAUERLEIN EDITOR-IN-CHIEF	37.50	X			X		171,107.	0.	0.	
DANIEL SCHULMAN EDITOR/STAFF DIRECTOR	37.50	X					53,882.	0.	0.	
NICOLE MCCLELLAND REPORTER/STAFF DIRECTOR	37.50	X					35,799.	0.	0.	
ADAM HOCHSCHILD DIRECTOR	5.00	X					0.	0.	0.	
CAROLYN MUGAR DIRECTOR	5.00	X					0.	0.	0.	
CHRISTINA PLATT DIRECTOR	5.00	X					0.	0.	0.	
ERIK HANISCH DIRECTOR	5.00	X					0.	0.	0.	
HARRIET BARLOW DIRECTOR	5.00	X					0.	0.	0.	
HOPE MORRISSETT DIRECTOR	5.00	X					0.	0.	0.	
JANE BUTCHER DIRECTOR	5.00	X					0.	0.	0.	
JON PAGELER DIRECTOR	5.00	X					0.	0.	0.	
JUDY GOLD DIRECTOR	5.00	X					0.	0.	0.	
KEVIN DUNLAP SIMMONS DIRECTOR	5.00	X					0.	0.	0.	
MARK NORTH DIRECTOR	5.00	X					0.	0.	0.	
MEREDITH SPEAR DIRECTOR	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	(C) Position (check all that apply)						(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			
PAUL RYAN DIRECTOR	5.00	X					0.	0.	0.	
PHIL STRAUS DIRECTOR	5.00	X					0.	0.	0.	
RICK MELCHER DIRECTOR	5.00	X					0.	0.	0.	
ROB MCKAY DIRECTOR	5.00	X					0.	0.	0.	
SARA FRANKEL DIRECTOR	5.00	X					0.	0.	0.	
SUSAN PRITZKER DIRECTOR	5.00	X					0.	0.	0.	
CLARA JEFFERY EDITOR-IN-CHIEF	37.50				X		174,767.	0.	0.	
DAVID CORN BUREAU CHIEF	37.50					X	128,474.	0.	0.	
STEVE KATZ VP, STRATEGY & DEVELOP.	37.50					X	142,855.	0.	0.	
TIM LUDDY CREATIVE DIRECTOR	37.50					X	109,539.	0.	0.	
1b Total							1,132,081.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **7**

	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	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
KABLE INC. 4515 PAYSHERE CIRCLE, CHICAGO, IL 60674	FULFILLMENT SERVICES	213,782.

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	81,870.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,692,954.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		4,774,824.				
	Program Service Revenue	2 a PROGRAM REVENUE	Business Code 511120	3,398,340.	3,398,340.		
b ADVERTISING		541800	870,292.		870,292.		
c OTHER REVENUE		900099	38,791.	38,791.			
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			4,307,423.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		5,755.			5,755.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		229,303.			229,303.	
	6 a Gross Rents	(i) Real	45,207.				
		(ii) Personal					
		b Less: rental expenses	69,318.				
		c Rental income or (loss)	-24,111.				
	d Net rental income or (loss)		-24,111.			-24,111.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 81,870. of contributions reported on line 1c). See Part IV, line 18	a	19,131.				
		b Less: direct expenses	34,841.				
c Net income or (loss) from fundraising events			-15,710.			-15,710.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	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						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			9,277,484.	3,437,131.	870,292.	195,237.	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	723,615.	446,294.	236,531.	40,790.
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	2,637,453.	2,078,228.	188,445.	370,780.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	400,741.	278,841.	65,158.	56,742.
10 Payroll taxes	279,535.	211,299.	38,697.	29,539.
11 Fees for services (non-employees):				
a Management				
b Legal	44,622.	41,120.	1,490.	2,012.
c Accounting	79,136.	79,136.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	432,643.	334,035.	70,292.	28,316.
17 Travel	156,439.	95,741.	18,310.	42,388.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	26,972.	21,491.	4,647.	834.
20 Interest	9,071.	5,790.	2,702.	579.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	54,037.	31,970.	19,728.	2,339.
23 Insurance	4,444.	3,346.	1,098.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PRINTING AND PUBLICATIO	1,684,819.	1,675,858.	5,161.	3,800.
b DONOR MEMBERSHIP COMMUN	580,913.	564,196.		16,717.
c POSTAGE AND FREIGHT	411,195.	404,281.	6,914.	
d CONSULTANTS	331,270.	318,233.	9,314.	3,723.
e FULFILLMENT	243,850.	243,850.		
f All other expenses	1,044,191.	804,462.	222,743.	16,986.
25 Total functional expenses. Add lines 1 through 24f	9,144,946.	7,638,171.	891,230.	615,545.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	310,821.	2	182,263.
	3	Pledges and grants receivable, net	200,719.	3	91,175.
	4	Accounts receivable, net	565,826.	4	427,749.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	150,501.	9	122,624.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 700,048.		
	b	Less: accumulated depreciation	10b 616,902.	10c	83,146.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	31,037.	15	30,085.
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,362,961.	16	937,042.	
Liabilities	17	Accounts payable and accrued expenses	1,316,162.	17	934,260.
	18	Grants payable		18	
	19	Deferred revenue	1,526,427.	19	1,329,876.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	98,230.
	23	Secured mortgages and notes payable to unrelated third parties	339,325.	23	297,916.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	131,081.	25	94,256.
	26	Total liabilities. Add lines 17 through 25	3,312,995.	26	2,754,538.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	-2,570,358.	27	-2,405,404.
	28	Temporarily restricted net assets	620,324.	28	587,908.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	-1,950,034.	33	-1,817,496.	
34	Total liabilities and net assets/fund balances	1,362,961.	34	937,042.	

Part XI Financial Statements and Reporting

		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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2009)

Public Charity Status and Public Support

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 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

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 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 IV.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 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

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2008 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2009; 16b 33 1/3% support test - 2008; 17a 10% -facts-and-circumstances test - 2009; 17b 10% -facts-and-circumstances test - 2008; 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.

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4949125.	5212393.	5096507.	6381223.	4774824.	26414072.
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	4135521.	3994222.	3666225.	3870665.	4326554.	19993187.
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	9084646.	9206615.	8762732.	10251888.	9101378.	46407259.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	2333710.	465,263.	2689196.	2794108.	2528625.	10810902.
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	1045607.	2891000.	400,000.	395,334.	591,199.	5323140.
c Add lines 7a and 7b	3379317.	3356263.	3089196.	3189442.	3119824.	16134042.
8 Public support (Subtract line 7c from line 6.)						30273217.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	9084646.	9206615.	8762732.	10251888.	9101378.	46407259.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	444,261.	466,881.	369,968.	374,295.	280,265.	1935670.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	444,261.	466,881.	369,968.	374,295.	280,265.	1935670.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	365,991.	514,862.	481,695.	472,193.	228,691.	2063432.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)	9894898.	10188358.	9614395.	11098376.	9610334.	50406361.

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 2009 (line 8, column (f) divided by line 13, column (f))	15	60.06 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	60.23 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	3.84 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	2.01 %

19a **33 1/3% support tests - 2009.** 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 - 2008.** 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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

FOUNDATION FOR NATIONAL PROGRESS

Employer identification number

94-2282759

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<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" to Form 990, Part IV, line 7.

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

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	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, and enforcing conservation easements during the year ▶

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

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

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

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1
- ▶ \$
- (ii) Assets included in Form 990, Part X
- ▶ \$
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1
- ▶ \$
- b Assets included in Form 990, Part X
- ▶ \$

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 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 organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(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		203,175.	170,930.	32,245.
d Equipment		170,847.	167,041.	3,806.
e Other		326,026.	278,931.	47,095.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				83,146.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,277,484.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,144,946.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	132,538.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	132,538.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	9,381,643.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	104,159.
e	Add lines 2a through 2d	2e	104,159.
3	Subtract line 2e from line 1	3	9,277,484.
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,277,484.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	9,249,105.
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 XIV.)	2d	104,159.
e	Add lines 2a through 2d	2e	104,159.
3	Subtract line 2e from line 1	3	9,144,946.
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,144,946.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES: 34841.

RENTAL EXPENSES: 69318.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES: 34841.

RENTAL EXPENSES: 69318.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No. 1545-0047

2009

Open To Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ▶ See separate instructions.**

Name of the organization

FOUNDATION FOR NATIONAL PROGRESS

Employer identification number

94-2282759

Part I

Fundraising Activities. Complete if the organization answered "Yes" to 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 ten 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 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			
GORDON AND SCHWENKMEYER INC	TELEMARKETING		X	0.	0.	10,983.
TELEFUND, INC.	TELEMARKETING		X	0.	0.	90,140.
OMP DIRECT MARKETING	FUNDRAISING COUNSEL		X	0.	0.	83,858.
Total						184,981.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.
AL, DE, ID, IN, MT, NE, NV, SD, TX, VT, WY, AR, AZ, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, AK

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		RACHEL MADDOX EVENT (event type)	NEW YORK EVENT (event type)	NONE (total number)		
Revenue	1	Gross receipts	72,736.	28,265.		101,001.
	2	Less: Charitable contributions	57,870.	24,000.		81,870.
	3	Gross income (line 1 minus line 2)	14,866.	4,265.		19,131.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	3,450.	7,698.		11,148.
	7	Food and beverages	12,604.			12,604.
	8	Entertainment				
	9	Other direct expenses	5,572.	5,517.		11,089.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(34,841)
	11	Net income summary. Combine line 3, column (d), and line 10				-15,710.

Part III Gaming. Complete if the organization answered "Yes" to 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				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
Revenue	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. Combine line 1, column (d), and line 7				()

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
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? _____	12	

		Yes	No
13 Indicate the percentage of gaming activity operated 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?			
15a			
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 ▶ _____			

<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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?			
17a			
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 ▶ \$ _____			

**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" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

FOUNDATION FOR NATIONAL PROGRESS

Employer identification number

94-2282759

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </p>		
<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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	X
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <p> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</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) and 501(c)(4) organizations must complete lines 5-9.</p>		
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p>a The organization?</p>	5a	X
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	X
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p>a The organization?</p>	6a	X
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	X
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	X
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JOHN HARRIS	(i)	161,997.				161,997.	
	(ii)						
MADELEINE BUCKINGHAM	(i)	153,661.				153,661.	
	(ii)						
MONIKA BAUERLEIN	(i)	151,107.	20,000.			171,107.	
	(ii)						
CLARA JEFFERY	(i)	154,767.	20,000.			174,767.	
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **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. ▶ See separate instructions.**

OMB No. 1545-0047

2009

Open To Public Inspection

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

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) 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.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
	ADAM HOCHSCHILD -	X				12,000.	8,070.		X	X
ERIK HANISCH - LO	X		20,000.	13,385.		X	X		X	
HARRIET BARLOW -	X		5,000.	2,958.		X	X		X	
JON PAGELER - LOA	X		10,000.	0.		X	X		X	
MARK NORTH - LOAN	X		10,000.	6,570.		X	X		X	
MEREDITH SPEAR -	X		5,000.	0.		X	X		X	
Total				\$ 98,230.						

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

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
ADAM HOCHSCHILD	DIRECTOR	8,070.	LOAN WAS MA		X
ERIK HANISCH	DIRECTOR	13,385.	LOAN WAS MA		X
HARRIET BARLOW	DIRECTOR	2,958.	LOAN WAS MA		X
JON PAGELER	DIRECTOR	0.	LOAN WAS MA		X
MARK NORTH	DIRECTOR	6,570.	LOAN WAS MA		X
MEREDITH SPEAR	DIRECTOR	0.	LOAN WAS MA		X

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

FOUNDATION FOR NATIONAL PROGRESS

Employer identification number

94-2282759

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

WAS A SOCIAL MEDIA BONANZA GAINING WIDE-SPREAD VIRAL PICKUP ON TWITTER,
FACEBOOK AND DIGG AND CAUSING THE COMPANY ITSELF TO ENGAGE IN DESPERATE
ATTEMPTS AT DAMAGE CONTROL (HOW ABOUT A FREE FIJI TOWEL, ANYONE?).

ADDITIONALLY, STAFF REPORTER JOSH HARKINSON'S MOTHERJONES.COM
INVESTIGATION INTO THE INFLATED MEMBERSHIP NUMBERS BY THE CHAMBER OF
COMMERCE CREATED AN ONLINE COMMOTION AND A HEADACHE FOR THE CHAMBER WHO
WAS ULTIMATELY FORCED TO PUBLICLY REDUCE THEIR MEMBERSHIP BY 90%.

IN APRIL 2010, FOR THE SECOND TIME IN THREE YEARS, MOTHER JONES WAS
RECOGNIZED BY OUR PEERS AND WON THE COVETED NATIONAL MAGAZINE AWARD FOR
GENERAL EXCELLENCE (THE OSCARS OF THE MAGAZINE WORLD) FOR REPORTING
PUBLISHED IN 2009.

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

REPORT IN THE JANUARY/FEBRUARY ISSUE, BOTH HE AND MOTHER JONES
POLITICAL BLOGGER KEVIN DRUM ARE CONSIDERED EXPERTS ON THE WALL STREET
BAILOUT. BOTH OF THEM HAVE AN IMPRESSIVE TWITTER FOLLOWING THAT HAS
GARNERED THEM PRAISE FROM THE HUFFINGTON POST AND THE ATLANTIC WIRE.

SPEAKING OF TWITTER, BESIDES BEING NAMED ONE OF GRIST'S TOP GREEN
TWEETERS, KATE SHEPPARD'S PIECES ON THE INTERSECTION OF THE ENVIRONMENT
AND THE ECONOMY ARE CONSISTENTLY BEING PICKED UP ALL OVER THE
PROGRESSIVE AND MAINSTREAM MEDIA.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

FOUNDATION FOR NATIONAL PROGRESS

Employer identification number

94-2282759

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

INTO REPORTING, AND DEEPEN THEIR COMMITMENT AND PASSION FOR LEARNING
THE TRADE.

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

ASSIGNMENT 2020*:

ASSIGNMENT 2020: REPORTING AS IF THE FUTURE DEPENDED ON IT, IS A
COLLABORATIVE JOURNALISM PROJECT THAT ENGAGES SEVERAL OF THE NATION'S
LEADING INDEPENDENT MEDIA ORGANIZATIONS TO TELL THE BIGGEST AND MOST
URGENT STORY OF OUR LIFETIMES: HOW OUR ECONOMY, OUR POLITICAL LIFE, OUR
INFRASTRUCTURE, AND OUR COMMUNITIES WILL CHANGE AS WE ADAPT TO A WORLD
INCREASINGLY SHAPED BY THE CONSEQUENCES OF CLIMATE CHANGE, AND AS WE
MOVE TO A LOW-CARBON (AND EVENTUALLY, POST-CARBON) FOOTING. IN 2009,
PARTNERS INCLUDING WIRED, THE CENTER FOR INVESTIGATIVE REPORTING,
SLATE, AND GRIST.ORG, KICKED OFF ASSIGNMENT 2020 WITH THREE EFFORTS: A
SPECIAL COLLABORATIVE ISSUE ON CLIMATE CHANGE; JOINT COVERAGE OF THE
COPENHAGEN CLIMATE CHANGE TALKS; AND A FIRST-EVER PLANNING MEETING FOR
A MORE DURABLE COLLABORATIVE REPORTING PROJECT.

ASSIGNMENT 2020 CAUSED QUITE A BUZZ IN THE MEDIA BUSINESS, BEST
REPRESENTED BY SIMON DUMENICO'S SOMEWHAT BREATHELESS OBSERVATION THAT
MOTHER JONES WAS "SPEARHEADING A POTENTIALLY REVOLUTIONARY COOPERATIVE
REPORTING VENTURE." IN ADDITION TO THE SPECIAL ISSUE AND COMPANION
PIECES ONLINE OUR LIVE COVERAGE OF THE COPENHAGEN SUMMIT ATTRACTED MUCH
ATTENTION IN MEDIA AND ENVIRONMENTAL CIRCLES AND WAS PARTICULARLY

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

FOUNDATION FOR NATIONAL PROGRESS

Employer identification number
94-2282759

VISIBLE ON TWITTER, THE NEW HOME FOR JOURNALISTS AND LIKE-MINDED
PEOPLE. DAVE ROBERTS FROM GRIST, THE STAFF FROM THE UPTAKE, AND OUR OWN
DAVID CORN AND KATE SHEPPARD BECAME GO-TO "TWEETERS" FOR PEOPLE WANTING
THE INSIDE STORY ON COPENHAGEN- BOTH INSIDE THE CONFERENCE HALLS AND
OUT ON THE STREET.

*FOOTNOTE: IN APRIL 2010, ASSIGNMENT 2020 LAUNCHED PHASE 2 OF THE
PROJECT AND WAS REBRANDED, THE CLIMATE DESK.

EXPENSES \$ 189809. INCLUDING GRANTS OF \$ 0. REVENUE \$ 37809.

THE ANITA FUND:

ANITA RODDICK- COFOUNDER OF THE BODY SHOP, MOTHER JONES BOARD MEMBER,
AND HUMAN RIGHTS ACTIVIST- BELIEVED THAT BRAVE JOURNALISM HAS A HUGE
IMPORTANT ROLE TO PLAY IN HELPING THE REST OF US UNDERSTAND AND STAND
WITH PEOPLE WHO ARE DEPRIVED OF THEIR BASIC HUMAN RIGHTS. AFTER HER
UNTIMELY DEATH TWO YEARS AGO, THE STAFF AND BOARD OF MOTHER JONES FELT
THE NEED TO DO SOMETHING REALLY SPECIAL TO HONOR HER MEMORY. THANKS TO
GENEROUS GRANT BY HER HUSBAND, GORDON, AND TWO DAUGHTERS, WE PROUDLY
LAUNCHED THE ANITA FUND: A GLOBAL JUSTICE JOURNALISM PROJECT IN LATE
2009.

COMBINING TWO OF ANITA'S GREAT PASSIONS- THE STRUGGLE FOR GLOBAL
JUSTICE AND HUMAN RIGHTS WITH THE KIND OF INVESTIGATIVE JOURNALISM THAT
CAN HELP MOVE A CAUSE- THE ON-GOING PROJECT AIMS TO EXPOSE THE PROBLEMS
AND TO COLLABORATE WITH THOSE WORKING ON SOLUTIONS. THE PROJECT
COMBINES THE USE OF BOTH TRADITIONAL AND NEW MEDIA TO ENHANCE THE STORY

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

FOUNDATION FOR NATIONAL PROGRESS

Employer identification number

94-2282759

TELLING AND AUGMENT THE REACH AND IMPACT. FURTHERMORE THE USE OF NEW
TECHNOLOGIES, SOCIAL MEDIA & NETWORKING ARE A PROMINENT PART OF THE
PROJECT.

IN 2009, WE NAMED MAC MCCLELLAND- A YOUNG, SMART, FUNNY, AND PASSIONATE
JOURNALIST WHOSE BOOK ON BURMESE HUMAN RIGHTS VIOLATIONS WAS RELEASED
IN MARCH 2010- AS OUR FULL-TIME HUMAN RIGHTS STAFF REPORTER COVERING
STORIES AROUND THE WORLD AND HERE IN THE UNITED STATES.

EXPENSES \$ 967. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER PROGRAM SERVICE ACCOMPLISHMENTS

EXPENSES \$ 353730. INCLUDING GRANTS OF \$ 0. REVENUE \$ 910406.

FORM 990, PART VI, SECTION A, LINE 1: AS PER THE FOUNDATION FOR NATIONAL
PROGRESS' DBA MOTHER JONES MAGAZINE'S BYLAWS, THIS CORPORATION SHALL HAVE
NO VOTING MEMBERS, BUT THE BOARD OF DIRECTORS MAY, BY RESOLUTION, ESTABLISH
ONE OR MORE CLASSES OF NONVOTING MEMBERS AND PROVIDE FOR ELIGIBILITY
REQUIREMENTS FOR MEMBERSHIP AND RIGHTS AND DUTIES OF MEMBERS, INCLUDING THE
OBLIGATION TO PAY DUES. NO PERSON SHALL BE DEEMED A VOTING MEMBER OF THIS
CORPORATION BY VIRTUE OF ANY RIGHTS SUCH PERSON MAY HAVE TO PARTICIPATE IN
THE DESIGNATION OF A DIRECTOR OR DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 2: PHIL STRAUSS, CO-CHAIR, AND JANE
BUTCHER, DIRECTOR, ARE COUSINS.

FORM 990, PART VI, SECTION A, LINE 6: AS PER THE FOUNDATION FOR NATIONAL

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

FOUNDATION FOR NATIONAL PROGRESS

Employer identification number
94-2282759

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

FORM 990, PART VI, SECTION A, LINE 7A: AS PER THE FOUNDATION FOR NATIONAL PROGRESS' DBA MOTHER JONES MAGAZINE'S BYLAWS, THE NUMBER OF DIRECTORS SHALL NOT BE LESS THAN TEN (10) NOR MORE THAN THIRTY (30), WITH THE EXACT NUMBER OF AUTHORIZED DIRECTORS TO BE FIXED FROM TIME TO TIME BY RESOLUTION AND THE BOARD OF DIRECTORS.

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

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

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

SELECTION AND TERM OF OFFICE OF DIRECTORS:

THE DIRECTORS OF THIS CORPORATION SHALL BE SELECTED AND SET FORTH BELOW.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

FOUNDATION FOR NATIONAL PROGRESS

Employer identification number
94-2282759

EACH DIRECTOR, HOWEVER SELECTED, SHALL HOLD OFFICE UNTIL A SUCCESSOR HAS BEEN SELECTED. DIRECTORS MAY BE SELECTED TO SERVE ANY NUMBER OF CONSECUTIVE TERMS.

FOUR (4) OR FIVE (5) OF THE DIRECTORS SHALL BE DESIGNATED AS FOLLOWS: THOSE INDIVIDUALS EMPLOYED BY THIS CORPORATION AS PUBLISHER AND EDITOR(S)-IN-CHIEF ARE DESIGNATED TO SERVE AS DIRECTORS DURING THE RESPECTIVE TERMS OF THEIR EMPLOYMENT. TWO (2) DIRECTORS SHALL BE DESIGNATED BY A MAJORITY VOTE OF THOSE EMPLOYEES OF THIS CORPORATION, EXCLUDING THE PUBLISHER AND EDITOR(S)-IN-CHIEF WHO HAVE RECEIVED SALARIES FOR AT LEAST FOUR-FIFTHS (4/5) TIME FOR AT LEAST THIRTY (30) DAYS PRIOR TO THE DATE OF DESIGNATION. EACH EMPLOYEE-DESIGNATED DIRECTOR SHALL BE DESIGNATED FOR A TERM OF ONE (1) YEAR.

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

VACANCIES:

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009
Open to Public
Inspection

Name of the organization

FOUNDATION FOR NATIONAL PROGRESS

Employer identification number
94-2282759

RESIGNATION AND REMOVAL:

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

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIRECTORS OF THE
FOUNDATION FOR NATIONAL PROGRESS, DBA MOTHER JONES MAGAZINE APPROVED THE
FORMATION OF A FINANCIAL AUDIT COMMITTEE AND A FINANCE COMMITTEE IN KEEPING
WITH THE CORPORATION'S BYLAWS THAT STATE: THE BOARD OF DIRECTORS MAY, BY
RESOLUTION ADOPTED BY A MAJORITY OF THE DIRECTORS THEN IN OFFICE, CREATE
ANY NUMBER OF BOARD COMMITTEES, EACH CONSISTING OF TWO OR MORE DIRECTORS,
TO SERVE AT THE PLEASURE OF THE BOARD. APPOINTMENTS TO ANY BOARD COMMITTEE
SHALL BE MADE BY ANY METHOD DETERMINED BY A MAJORITY VOTE OF THE DIRECTORS
THEN IN OFFICE. BOARD COMMITTEES MAY BE GIVEN ALL THE AUTHORITY OF THE
BOARD, EXCEPT FOR THE POWER TO: (A)SET THE NUMBER OF DIRECTORS WITHIN A
RANGE SPECIFIED IN THESE BYLAWS; (B)FILL VACANCIES ON THE BOARD OF
DIRECTORS OR ON ANY BOARD COMMITTEE; (C)ELECT DIRECTORS OR REMOVE ANY
DIRECTOR WITHOUT CAUSE; (D)FIX COMPENSATION OF DIRECTORS FOR SERVING ON THE
BOARD OR ANY BOARD COMMITTEE; (E)AMEND OR REPEAL THESE BYLAWS OR ADOPT NEW
BYLAWS; (F)ADOPT AMENDMENTS TO THE ARTICLES OF INCORPORATION OF THIS
CORPORATION; (G)AMEND OR REPEAL ANY RESOLUTION OF THE BOARD OF DIRECTORS
WHICH BY ITS EXPRESS TERMS IS NOT SO AMENABLE OR REPEALABLE; (H)CREATE ANY

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

FOUNDATION FOR NATIONAL PROGRESS

Employer identification number

94-2282759

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, BEFORE FORM 990 IS FILED, AND AFTER REVIEW AND APPROVAL BY THE
PRESIDENT & CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, CONTROLLER,
DIRECTOR OF FINANCE AND DIRECTOR OF HUMAN RESOURCES, A COPY OF THE
COMPLETED FORM IS THEN DISTRIBUTED TO ALL MEMBERS OF THE AUDIT AND FINANCE
COMMITTEE FOR FINAL REVIEW AND APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C: AS PER THE CORPORATION'S CONFLICT
OF INTEREST POLICY, AND TO ENSURE 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 REVIEWS SHALL BE CONDUCTED BY THE DEPARTMENT
SUPERVISOR (RELEVANT TO THE TRANSACTION OR ARRANGEMENT), PUBLISHER,
COO/CFO, AND BOARD 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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009
Open to Public
Inspection

Name of the organization

FOUNDATION FOR NATIONAL PROGRESS

Employer identification number
94-2282759

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 CHIEF FINANCIAL OFFICER,
PRESIDENT & PUBLISHER, AND EDITORS-IN-CHIEF ANNUAL COMPENSATION IS APPROVED
BY THE BOARD OF DIRECTOR'S COMPENSATION COMMITTEE.

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

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 NON-PROFIT 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. ADDITIONALLY, THE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

FOUNDATION FOR NATIONAL PROGRESS

Employer identification number

94-2282759

FOUNDATION PROVIDES A COPY OF THE ANNUAL AUDIT UPON REQUEST.

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

WITH PAID MAGAZINE CIRCULATION OF MORE THAN 205,000 (THE LARGEST
PROGRESSIVE, INDEPENDENT MAGAZINE IN THE UNITED STATES) AND WEB TRAFFIC
THAT AVERAGED MORE THAN 700,000 UNIQUE VISITORS A MONTH, MOTHER JONES
ENGAGES A DIVERSE AUDIENCE IN SOLVING SOME OF THE MOST PRESSING AND
URGENT PROBLEMS OF OUR TIME. TYPICALLY PUBLISHED SIX TIMES A YEAR, IN
2009 MOTHER JONES MAGAZINE WAS A FINALIST FOR THE PRESTIGIOUS AMERICAN
SOCIETY OF MAGAZINE EDITORS (ASME'S) NATIONAL MAGAZINE AWARD FOR
GENERAL EXCELLENCE FOR ITS COLLECTIVE WORK PUBLISHED IN 2008, A
FINALIST FOR THE BEST PUBLIC INTEREST PACKAGE FOR ITS MARCH/APRIL 2008
ARTICLE TITLED "TORTURE HITS HOME", A FINALIST FOR GENERAL EXCELLENCE
ONLINE FOR THE COLLECTIVE WORK PUBLISHED ON OUR WEB SITE MOTHERJONES.
COM, A FINALIST FOR THE WESTERN PUBLICATION ASSOCIATION'S MAGGIE AWARD
FOR BEST POLITICAL & SOCIAL ISSUE IN THE CONSUMER MAGAZINE CATEGORY AND
WON A MAGGIE FOR BEST FEATURE ARTICLE FOR A CONSUMER PUBLICATION FOR
"THE LAST EMPIRE" PUBLISHED IN OUR JANUARY/FEBRUARY 2009 ISSUE. SINCE
1980, THE FOUNDATION HAS PROVIDED EDITORIAL INTERNSHIPS TO ASPIRING
JOURNALISTS UNDER THE MOTHER JONES INTERNSHIP PROGRAM. SINCE THE
PROGRAM'S INCEPTION, THE FOUNDATION HAS GIVEN OVER 700 STUDENTS AND
GRADUATES INTENSIVE REAL-WORLD EXPERIENCE IN THE ESSENTIALS OF
INVESTIGATIVE JOURNALISM. OVER THE LAST SEVERAL YEARS, THE
FOUNDATION'S INTERNSHIP PROGRAMS HAS EXPANDED TO INCLUDE NON-PROFIT AND
GENERAL BUSINESS INTERNSHIPS AS WELL. IN 2009, UNDER ITS PROGRAM, THE
FOUNDATION PROVIDED INTERNSHIPS TO 21 INDIVIDUALS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2009
Open to Public
Inspection

Name of the organization

FOUNDATION FOR NATIONAL PROGRESS

Employer identification number
94-2282759

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: ADAM HOCHSCHILD

(A) PURPOSE OF LOAN:

LOAN WAS MADE TO ORGANIZATION TO HELP WITH CASH FLOW THAT CONTINUE TO HAVE

(B) LOAN TO OR FROM ORGANIZATION? = TO

(C) ORIGINAL PRINCIPAL AMOUNT \$ 12000. (D) BALANCE DUE \$ 8070.

(E) LOAN IN DEFAULT? = NO

(F) APPROVED BY BOARD OR COMMITTEE? = YES

(G) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: ERIK HANISCH

(A) PURPOSE OF LOAN:

LOAN WAS MADE TO ORGANIZATION TO HELP WITH CASH FLOW THAT CONTINUE TO HAVE

(B) LOAN TO OR FROM ORGANIZATION? = TO

(C) ORIGINAL PRINCIPAL AMOUNT \$ 20000. (D) BALANCE DUE \$ 13385.

(E) LOAN IN DEFAULT? = NO

(F) APPROVED BY BOARD OR COMMITTEE? = YES

(G) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: HARRIET BARLOW

(A) PURPOSE OF LOAN:

LOAN WAS MADE TO ORGANIZATION TO HELP WITH CASH FLOW THAT CONTINUE TO HAVE

(B) LOAN TO OR FROM ORGANIZATION? = TO

(C) ORIGINAL PRINCIPAL AMOUNT \$ 5000. (D) BALANCE DUE \$ 2958.

(E) LOAN IN DEFAULT? = NO

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

FOUNDATION FOR NATIONAL PROGRESS

Employer identification number

94-2282759

(F) APPROVED BY BOARD OR COMMITTEE? = YES

(G) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: JON PAGELER

(A) PURPOSE OF LOAN:

LOAN WAS MADE TO ORGANIZATION TO HELP WITH CASH FLOW THAT CONTINUE TO HAVE

(B) LOAN TO OR FROM ORGANIZATION? = TO

(C) ORIGINAL PRINCIPAL AMOUNT \$ 10000. (D) BALANCE DUE \$ 0.

(E) LOAN IN DEFAULT? = NO

(F) APPROVED BY BOARD OR COMMITTEE? = YES

(G) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: MARK NORTH

(A) PURPOSE OF LOAN:

LOAN WAS MADE TO ORGANIZATION TO HELP WITH CASH FLOW THAT CONTINUE TO HAVE

(B) LOAN TO OR FROM ORGANIZATION? = TO

(C) ORIGINAL PRINCIPAL AMOUNT \$ 10000. (D) BALANCE DUE \$ 6570.

(E) LOAN IN DEFAULT? = NO

(F) APPROVED BY BOARD OR COMMITTEE? = YES

(G) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: MEREDITH SPEAR

(A) PURPOSE OF LOAN:

LOAN WAS MADE TO ORGANIZATION TO HELP WITH CASH FLOW THAT CONTINUE TO HAVE

(B) LOAN TO OR FROM ORGANIZATION? = TO

(C) ORIGINAL PRINCIPAL AMOUNT \$ 5000. (D) BALANCE DUE \$ 0.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

FOUNDATION FOR NATIONAL PROGRESS

Employer identification number
94-2282759

(E) LOAN IN DEFAULT? = NO

(F) APPROVED BY BOARD OR COMMITTEE? = YES

(G) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: PHIL STRAUS

(A) PURPOSE OF LOAN:

LOAN WAS MADE TO ORGANIZATION TO HELP WITH CASH FLOW THAT CONTINUE TO HAVE

(B) LOAN TO OR FROM ORGANIZATION? = TO

(C) ORIGINAL PRINCIPAL AMOUNT \$ 100000. (D) BALANCE DUE \$ 67247.

(E) LOAN IN DEFAULT? = NO

(F) APPROVED BY BOARD OR COMMITTEE? = YES

(G) WRITTEN AGREEMENT? = YES

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

(A) NAME OF PERSON: ADAM HOCHSCHILD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 8070.

(D) DESCRIPTION OF TRANSACTION: LOAN WAS MADE TO ORGANIZATION TO HELP
WITH CASH FLOW THAT CONTINUE TO HAVE A PAYABLE BALANCE AS OF 12/31/09.

TERM OF THE LOAN IS 5 YEARS AND 4% INTEREST.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ERIK HANISCH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

FOUNDATION FOR NATIONAL PROGRESS

Employer identification number
94-2282759

(C) AMOUNT OF TRANSACTION \$ 13385.

(D) DESCRIPTION OF TRANSACTION: LOAN WAS MADE TO ORGANIZATION TO HELP
WITH CASH FLOW THAT CONTINUE TO HAVE A PAYABLE BALANCE AS OF 12/31/09.
TERM OF THE LOAN IS 5 YEARS AND 4% INTEREST.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: HARRIET BARLOW

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 2958.

(D) DESCRIPTION OF TRANSACTION: LOAN WAS MADE TO ORGANIZATION TO HELP
WITH CASH FLOW THAT CONTINUE TO HAVE A PAYABLE BALANCE AS OF 12/31/09.
TERM OF THE LOAN IS 5 YEARS AND 4% INTEREST.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JON PAGELER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 0.

(D) DESCRIPTION OF TRANSACTION: LOAN WAS MADE TO ORGANIZATION TO HELP
WITH CASH FLOW THAT CONTINUE TO HAVE A PAYABLE BALANCE AS OF 12/31/09.
TERM OF THE LOAN IS 5 YEARS AND 4% INTEREST.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: MARK NORTH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

FOUNDATION FOR NATIONAL PROGRESS

Employer identification number

94-2282759

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 6570.

(D) DESCRIPTION OF TRANSACTION: LOAN WAS MADE TO ORGANIZATION TO HELP
WITH CASH FLOW THAT CONTINUE TO HAVE A PAYABLE BALANCE AS OF 12/31/09.
TERM OF THE LOAN IS 5 YEARS AND 4% INTEREST.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: MEREDITH SPEAR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 0.

(D) DESCRIPTION OF TRANSACTION: LOAN WAS MADE TO ORGANIZATION TO HELP
WITH CASH FLOW THAT CONTINUE TO HAVE A PAYABLE BALANCE AS OF 12/31/09.
TERM OF THE LOAN IS 5 YEARS AND 4% INTEREST.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: PHIL STRAUS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CO-CHAIR

(C) AMOUNT OF TRANSACTION \$ 67247.

(D) DESCRIPTION OF TRANSACTION: LOAN WAS MADE TO ORGANIZATION TO HELP
WITH CASH FLOW THAT CONTINUE TO HAVE A PAYABLE BALANCE AS OF 12/31/09.
TERM OF THE LOAN IS 5 YEARS AND 4% INTEREST.

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

2009

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

Department of the Treasury
Internal Revenue Service (77)

For calendar year 2009 or other tax year beginning _____, and ending _____

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions for Block D on page 9.)

B Exempt under section
 501(c)(3) 408(e) 220(e)
 408A 530(a)
 529(a)

Print or Type

FOUNDATION FOR NATIONAL PROGRESS
Number, street, and room or suite no. If a P.O. box, see page 8 of instructions.
222 SUTTER STREET, NO. 600
City or town, state, and ZIP code
SAN FRANCISCO, CA 94108

94-2282759
E Unrelated business activity codes (See instructions for Block E on page 9.)
541800 541900

C Book value of all assets at end of year
937,042.

F Group exemption number (See instructions for Block F.) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust 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** 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)		11 870,292.	641,601.	228,691.
12 Other income (See instructions; attach schedule.)		12		
13 Total. Combine lines 3 through 12		13 870,292.	641,601.	228,691.

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	
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	
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	228,691.
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	228,691.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	0.
33 Specific deduction (Generally \$1,000, but see 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	0.

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Rows include Organizations Taxable as Corporations, Trusts Taxable at Trust Rates, Proxy tax, Alternative minimum tax, and Total.

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Rows include Foreign tax credit, Other credits, Total credits, Other taxes, Total tax, Payments, Total payments, Estimated tax penalty, Tax due, Overpayment, and Refunded amount.

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 17)

Table with 3 columns: Question, Yes, No. Questions regarding foreign financial accounts, foreign distributions, and tax-exempt interest.

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

N/A

Table with 3 columns: Description, Line Number, Amount. Rows include Inventory at beginning/end of year, Purchases, Cost of labor, Additional section 263A costs, and Total.

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: [Handwritten Signature] Date: 5/14/10 Title: PRESIDENT AND CEO

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

Table with 3 columns: Description, Value, Value. Rows include Preparer's signature, Firm's name (ARMANINO MCKENNA LLP), EIN (94-6214841), and Phone no. ((925) 790-2600).

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instr. on pg 18)

1. Description of property

(1)			
(2)			
(3)			
(4)			
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)	
(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)		
(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 on page 19)

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)		%		
			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals			0.	0.
Total dividends-received deductions included in column 8			0.	

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 20)

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 on page 20)

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 on page 21)

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 on page 21)

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.

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	870,292.	641,601.	228,691.	3398340.	6696413.	228,691.
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	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)	870,292.	641,601.				228,691.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 21)

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