# **PUBLIC DISCLOSURE COPY**

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## **ARMANINO** LLP

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|--------|------------|------|---|-------|--------------|-----|----------|--|
|        |            |      |   |       |              |     |          |  |

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

Form **990** 

Department of the Treasury Internal Revenue Service OMB No. 1545-0047

|  | or the 20   | 021 calendar year, or tax year beginning JUL 1, 2021 and ending   | JUN 30, 2022                         |   |
|--|---|---|--------------------------------------|---|
| B Ch<br>app  | ock if<br>plicable;   | C Name of organization  | D Employer identi                    | fication number   |
| _  | Address<br>change   | FOUNDATION FOR NATIONAL PROGRESS  |                                      |   |
| -  | Name<br>change  | Doing business as MOTHER JONES MAGAZINE   | 94-228275                            | 9   |
| H  | Initial<br>return<br>Final<br>return/   | Number and street (or P.O. box if mail is not delivered to street address) Room/s<br>222 SUTTER STREET 600                            | uite E Telephone numb<br>415-321-170 |   |
|  | termin-<br>ated   | City or town, state or province, country, and ZIP or foreign postal code  | G Gross receipts \$                  | 25,557,087.   |
|  | Amended   | SAN FRANCISCO, CA 94108-4457  | H(a) Is this a group                 | the second se |
|  | Applica-<br>tion  | F Name and address of principal officer: MONIKA BAUERLEIN   | for subordinate                      |   |
| 901.000  | pending   | SAME AS C ABOVE   | H(b) Are all subordinated            |   |
| I Ta   | ix-exem   | ot status: 🗴 501(c)(3) 🚺 501(c) ( ) ◀ (insert no.) 🚺 4947(a)(1) or 🚺  |                                      | a list. See instructions  |
| and in case of the local division of the loc | the second se | WWW.MOTHERJONES.COM   | H(c) Group exempt                    | ion number 🕨  |
| K Fo   | rm of org   | anization: X Corporation Trust Association Other L  | Year of formation: 1975              | M State of legal domicile; CA   |
| Par  | tl S  | ummary  |                                      |   |
|  | 1 Bri   | efly describe the organization's mission or most significant activities: A NEWS ORGAN   | NIZATION THAT                        |   |
| Governance   | SP  | ECIALIZES IN INVESTIGATIVE, POLITICAL & SOCIAL JUSTICE REPORTING  | G.                                   |   |
| SL18   | 2 Ch  | eck this box 🕨 🛄 if the organization discontinued its operations or disposed of n   | nore than 25% of its net a           | ssets.  |
| 0<br>N   |   | mber of voting members of the governing body (Part VI, line 1a)   |                                      | 24  |
| 20   | 4 Nu  | mber of independent voting members of the governing body (Part VI, line 1b)   |                                      | 20  |
| es   |   | al number of individuals employed in calendar year 2021 (Part V, line 2a)   |                                      | 133   |
| E.   | 6 To!   | al number of volunteers (estimate if necessary)   |                                      | 21  |
| Activities   | 7 a Tot   | al unrelated business revenue from Part VIII, column (C), line 12   |                                      | a 1,449,307.  |
| _  | b Ne  | t unrelated business taxable income from Form 990-T, Part I, line 11  |                                      | b 0.  |
| - 1  |   |   | Prior Year                           | Current Year  |
| e  |   | ntributions and grants (Part VIII, line 1h)   | 12,249,583                           |   |
| ent  |   | gram service revenue (Part VIII, line 2g)   | 3,999,833                            | The second se |
| · · · ·  | 10 Inv  | estment income (Part VIII, column (A), lines 3, 4, and 7d)  | 167,907                              |   |
|  |   | ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 386,237                              |   |
| -  |   | tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 16,803,560                           |   |
|  |   | ants and similar amounts paid (Part IX, column (A), lines 1-3)  | 0                                    |   |
|  | 14 Be   | nefits paid to or for members (Part IX, column (A), line 4)   | 0                                    |   |
| ses  |   | laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 10,649,416                           |   |
| ü  | 16a Pro   | ofessional fundraising fees (Part IX, column (A), line 11e)   | 6,197                                | . 104,052.  |
| Expenses   | 17 0  | tal fundraising expenses (Part IX, column (D), line 25)  2,144,033.   | 6,401,346                            | 6 969 609   |
|  | 17 Ou   | ner expenses (Part IX, column (A), lines 11a-11d, 11f-24e)<br>tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 17,056,959                           | the second se |
|  |   | venue less expenses. Subtract line 18 from line 12  | -253,399                             |   |
|  | 13 NC   | venue less expenses, oubtract line 16 ironn line 12   | Beginning of Current Year            |   |
| sets or<br>lances  | 20 Tot  | tal assets (Part X, line 16)  | 5,042,317                            |   |
| 02.03  |   |   | 5,291,345                            |   |
| 1 C 1 C 1  |   | t assets or fund balances. Subtract line 21 from line 20  | -249,028                             |   |
|  |   | Signature Block   |                                      |   |

May the IRS discuss this return with the preparer shown above? See instructions
132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

|  |   | 34-221   | 2759 Page   |
|--|---|--|---|
|  |   |  | x   |
|  |   |  |   |
| SEE SCHEDULE O                                   |   |  |   |
|  |   |  |   |
| Did the exercise tion undertake any sig          | ificant means and ince during the   | high ware and listed on the  |   |
|  |   |  | Yes X No  |
|  | n Schedule O.   |  |   |
| Did the organization cease conducting            | or make significant changes in how it con   | ducts, any program services?   | Yes X No  |
|  |   | e largest program services, as measured b  | y expenses.   |
| Section 501(c)(3) and 501(c)(4) organization     | ations are required to report the amount of   | grants and allocations to others, the total  | expenses, and   |
|  |   |  |   |
|  |   | 103,800. ) (Revenue \$   | 2,471,732.  |
| SEE SCHEDULE O                                   |   |  |   |
|  |   |  |   |
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|  |   | ) (Rovense \$  | 3   |
|  |   |  |   |
| SEE SCHEDULE O                                   |   |  |   |
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|  |   |  |   |
|  |   |  |   |
| -  |   |  |   |
|  |   |  |   |
| (Code: ) (Expenses \$                            | including grants of \$  | ) (Revenue \$  |   |
| M  |   |  |   |
|  |   |  |   |
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|  |   |  |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |
| Other program services (Describe on S            |   | 1.6  | 1   |
| (Expenses \$                                     | including grants of \$  |  |   |
| (Expenses \$<br>Total program service expenses ► | including grants of \$ 13,872,692.  | ) (Revenue S   |   |
|  | Statement of Program Secondary Statement of Program Secondary Sec | till       Statement of Program Service Accomplishments         Check if Schedule O contains a response or note to any line in this Part III         Briefly describe the organization's mission:         SEE SCHEDULE O         Did the organization undertake any significant program services during the year w<br>prior Form 990 or 990-E2?         If 'Yes,' describe these new services on Schedule O.         Did the organization case conducting, or make significant changes in how it condit 'Yes,' describe these changes on Schedule O.         Describe the organization's program service accomplishments for each of its three Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of revenue, if any, for each program service reported.         (Code: | Statement of Program Service Accomplishments         Check if Schedule O contains a response or note to any line in this Part III         SEE SCHEDULE 0         SEE SCHEDULE 0         Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?         If "Yes," describe these new services on Schedule O.         Did the organization cease conducting, or make significant changes in how it conducts, any program services?         If "Yes," describe these changes on Schedule O.         Describe the organization's program service accomplishments for each of its three largest program services, as measured to section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total revenue, if any, for each program service reported.         (Code: |

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| Form 990 ( |           |    | FOUNDA'  |     |     |    |
|------------|-----------|----|----------|-----|-----|----|
| Part IV    | Checklist | of | Required | Sch | edu | es |

|              | To the supervise days of the second   | _              | Yes    | No        |
|--------------|--|----------------|--------|-----------|
| 1            | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |                |        |           |
| •            | If "Yes," complete Schedule A  | 1              | X      |           |
| 2            | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions  | 2              | x      |           |
| 3            | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If the activities of the second se | 100            |        | v         |
| 4            | public office? If "Yes," complete Schedule C, Part I   | 3              | -      | x         |
| 1            | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   | 2              |        |           |
| 5            | during the tax year? // "Yes," complete Schedule C, Part II  | 4              |        | X         |
| 0            | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   | 1              |        |           |
| 6            | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  | 5              | 3 - 3  | X         |
| 0            | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  | 1000           |        |           |
| 7            | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I<br>Did the organization receive or hold a conservation easement, including easements to preserve open space,  | 6              | 4      | X         |
| 1            | the environment bidevis land every a bidevis at unitaria at a bidevision of the environment bidevision of the envision of the  |                |        |           |
| 8            | the environment, historic land areas, or historic structures? // "Yes," complete Schedule D, Part II   | 7              |        | X         |
| 0            | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   |                |        |           |
| 9            | Schedule D, Part III   | 8              | _      | x         |
| 9            | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for  |                |        |           |
|              | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  |                |        |           |
| 40           | If "Yes," complete Schedule D, Part IV   | 9              |        | x         |
| 10           | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments   |                |        |           |
|              | or in quasi endowments? // "Yes," complete Schedule D, Part V  | 10             | X      | 352792    |
| 11           | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,   |                |        |           |
|              | as applicable.   | 112253         | 126224 | A PERCENT |
| а            | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |                | 122    |           |
|              | Part VI  | 11a            | x      |           |
| D            | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total   |                |        | 1927      |
| 85           | assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part VII  | 11b            |        | X         |
| C            | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total  | 20038          |        | 11210     |
| 1            | assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII/   | 11c            |        | x         |
| a            | 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  | 100000         |        | 142.83    |
| 222          | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d            |        | X         |
|              | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e            | х      |           |
| f            | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  | and the second | -      |           |
| 40-          | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f            | x      |           |
| 12a          | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  | Sugar.         |        |           |
|              | Schedule D, Parts XI and XII   | 12a            | х      | -         |
| D            | Was the organization included in consolidated, independent audited financial statements for the tax year?  |                |        |           |
| 12           | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b            | _      | X         |
| 13           | Is the organization a school described in section 170(b)(1)(A)(ii)? // "Yes," complete Schedule E  | 13             | -      | X         |
|              | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a            |        | X         |
| <sup>D</sup> | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  |                |        |           |
|              | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   |                |        |           |
| 15           | or more? If "Yes," complete Schedule F, Parts I and IV<br>Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any  | 14b            | x      |           |
| 10           |  |                |        |           |
| 16           | foreign organization? If "Yes," complete Schedule F, Parts II and IV<br>Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to   | 15             | х      | -         |
| 10           |  |                |        | v         |
| 17           | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV<br>Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,   | 16             |        | X         |
| ***          | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions   |                | x      |           |
| 18           | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   | 17             | ~      |           |
| 10           | 1c and 8a? If "Yes," complete Schedule G, Part II  |                |        | x         |
| 19           | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes."   | 18             |        | ~         |
|              |  | 10             |        | x         |
| 20a          | complete Schedule G, Part III<br>Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 19             |        | x         |
|              | H Wash to fine one wild the second state of th | 20a            |        | ~         |
| 21           | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  | 20b            | -      | (         |
|              | domestic government on Part IX, column (A), line 1? // "Yes," complete Schedule I, Parts I and II  | 21             |        | х         |
| 12200        | 1 12-08-21   |                | 000    | 2021)     |

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|-----|---|---|
|-----|---|---|

| orm | 990 (2021) FOUNDATION FOR NATIONAL PROGRESS 94-2282  | 759                                   | P     | age 4 |
|-----|--|---------------------------------------|-------|-------|
| Par | t IV Checklist of Required Schedules (continued)   |                                       |       |       |
|     |  | _                                     | Yes   | No    |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |                                       |       |       |
|     | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22                                    |       | х     |
| 3   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current                              |                                       |       |       |
|     | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   | 1                                     |       |       |
|     | Schedule J   | 23                                    | х     | _     |
| 4a  | 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? If "Yes," answer lines 24b through 24d and complete                                       |                                       |       |       |
|     | Schedule K. If "No," go to line 25a  | 24a                                   |       | X     |
|     | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b                                   |       |       |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease                                     |                                       |       |       |
|     | any tax-exempt bonds?  | 24c                                   |       | _     |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d                                   |       |       |
| 5a  | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |                                       |       |       |
|     | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a                                   |       | 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? If "Yes," complete                                    |                                       |       |       |
|     | Schedule L, Part I   | 25b                                   |       | X     |
| 6   | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  |                                       | 1     |       |
|     | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  |                                       |       |       |
|     | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 26                                    |       | х     |
| 7   | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,                              |                                       |       |       |
|     | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled                              |                                       |       |       |
|     | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III                                 | 27                                    |       | х     |
| 8   | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,                                   | 191254                                |       |       |
|     | instructions for applicable filing thresholds, conditions, and exceptions):  | - 음태                                  | 6.023 |       |
| а   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? //   |                                       |       |       |
|     | "Yes," complete Schedule L, Part IV  | 28a                                   | 1.00  | x     |
| b   | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  |                                       | х     |       |
|     | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If   |                                       |       |       |
|     | "Yes," complete Schedule L, Part IV  | 28c                                   |       | x     |
| 9   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   |                                       | х     | -     |
|     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation                              |                                       |       |       |
|     | contributions? If "Yes," complete Schedule M   | 30                                    |       | x     |
| 1   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes, * complete Schedule N, Part I                                      | 31                                    |       | x     |
| 2   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |                                       |       |       |
|     | Schedule N, Part II  | 32                                    |       | x     |
| 3   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |                                       |       |       |
|     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33                                    |       | x     |
| 4   | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and                                | 100                                   |       |       |
|     | Part V, line 1   | 34                                    |       | x     |
| 5a  | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  |                                       |       | x     |
|     | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity                                | 000                                   | -     |       |
|     | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b                                   |       |       |
| 6   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?                               | 350                                   |       | -     |
|     | If "Yes," complete Schedule R, Part V, line 2  | 36                                    |       | x     |
| 7   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   | - 30                                  |       |       |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 07                                    |       | x     |
| 8   | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?   | 37                                    |       |       |
| 0   |  | 38                                    | x     |       |
| ar  | Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance                              | 30                                    | -     | -     |
|     | Check if Schedule O contains a response or note to any line in this Part V   |                                       |       | -     |
| -   |  |                                       | Yes   | N     |
| 12  | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   | 1                                     | res   | N     |
|     |  | 0                                     |       | 18    |
|     |  | · · · · · · · · · · · · · · · · · · · | 12225 | 1223  |
| b   |  | - 6.83                                |       | 1.00  |
| b   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c                                    | x     | 35    |

|    | t V Statements Regarding Other IRS Filings and Tax Compliance (continued)   |                              |        | Yes     | N   |
|----|---|------------------------------|--------|---------|-----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |                              |        | 100     |     |
|    | filed for the calendar year ending with or within the year covered by this return   | 2a 133                       | 10.27  | 100203  | 202 |
| b  | If at least one is reported on line 2a, did the organization file all required federal employment tax return  |                              | 2b     | х       |     |
|    | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions  | 5                            |        |         |     |
|    | Did the organization have unrelated business gross income of \$1,000 or more during the year?   |                              | 3a     | х       |     |
| b  | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule   | 0                            | 3b     | x       |     |
|    | At any time during the calendar year, did the organization have an interest in, or a signature or other a   | uthority over, a             |        |         |     |
|    | financial account in a foreign country (such as a bank account, securities account, or other financial a  | ccount)?                     | 4a     |         | Х   |
| b  | If "Yes," enter the name of the foreign country   |                              | 1.11   |         |     |
|    | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac   |                              | in the |         |     |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   |                              | 5a     |         | X   |
| b  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact  | tion?                        | 5b     |         | х   |
| С  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   |                              | 5c     |         |     |
|    | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the  | e organization solicit       |        |         |     |
|    | any contributions that were not tax deductible as charitable contributions?   |                              | 6a     |         | х   |
| b  | If "Yes," did the organization include with every solicitation an express statement that such contribution  |                              | 25224  |         |     |
|    | were not tax deductible?  |                              | 6b     |         |     |
| 7  | Organizations that may receive deductible contributions under section 170(c).   |                              |        | 銀線      | 28  |
| а  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service as a contribution as a contribution and partly for goods and service as a contribution as a contribution and partly for goods and service as a contribution as a contribu | vices provided to the payor? | 7a     |         | x   |
| b  | If "Yes," did the organization notify the donor of the value of the goods or services provided?   |                              | 7b     |         |     |
| с  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa   |                              |        | 1       |     |
|    | to file Form 8282?  |                              | 7c     |         | x   |
| d  | If "Yes," indicate the number of Forms 8282 filed during the year   | 7d                           |        |         | 133 |
| е  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co  | ontract?                     | 7e     |         | x   |
| f  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra   |                              | 7f     | 3       | x   |
| g  | If the organization received a contribution of qualified intellectual property, did the organization file For   |                              | 7g     | . 1     |     |
| h  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization  | tion file a Form 1098-C?     | 7h     |         |     |
| 8  | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained   | by the                       |        | 協調      | 성문  |
|    | sponsoring organization have excess business holdings at any time during the year?  |                              | 8      | 0.000   |     |
| 9  | Sponsoring organizations maintaining donor advised funds.   |                              |        |         | 39  |
| а  | Did the sponsoring organization make any taxable distributions under section 4966?  |                              | 9a     |         |     |
| b  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   |                              | 9b     |         |     |
| 0  | Section 501(c)(7) organizations. Enter:   |                              |        |         |     |
| а  | 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                          |        | 1 Stern |     |
| 1  | Section 501(c)(12) organizations. Enter:  | 10 SY                        |        | 334     |     |
| а  | Gross income from members or shareholders   | 11a                          | 1993   |         |     |
| b  | Gross income from other sources. (Do not net amounts due or paid to other sources against   |                              |        |         |     |
|    | amounts due or received from them.)   | 11b                          | 150    |         |     |
|    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form  |                              | 12a    |         |     |
| b  | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | 12b                          | 調整     |         |     |
| 3  | Section 501(c)(29) qualified nonprofit health insurance issuers.  |                              | 1993   | 引起的     |     |
| а  | Is the organization licensed to issue qualified health plans in more than one state?  |                              | 13a    |         |     |
|    | Note: See the instructions for additional information the organization must report on Schedule O.   |                              | 경험     |         |     |
| b  | Enter the amount of reserves the organization is required to maintain by the states in which the  |                              | 加油     |         | 100 |
|    | organization is licensed to issue qualified health plans  | 13b                          | 現價     |         |     |
| С  | Enter the amount of reserves on hand  | 13c                          | 122003 | 見結      |     |
|    | Did the complete location of the second se   |                              | 14a    |         | X   |
| b  | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul  | e O                          | 14b    | 3       |     |
| 5  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner   | ation or                     |        |         |     |
|    | excess parachute payment(s) during the year?  |                              | 15     |         | x   |
|    | If "Yes," see the instructions and file Form 4720, Schedule N.  |                              | 振動     |         | 161 |
| 6  | Is the organization an educational institution subject to the section 4968 excise tax on net investment   | income?                      | 16     |         | x   |
|    | If "Yes," complete Form 4720, Schedule O.   |                              | 1033   | 10/102  | M   |
| 7  | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a  |                              |        |         |     |
|    | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?   |                              | 17     | and the | -   |
|    |   |                              |        |         |     |

| Form | 990 | (2021) |
|------|-----|--------|
|      |     |        |

94-2282759

Page 6

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 on Schedule O. See instructions. X

| -       | Check if Schedule O contains a response or note to any line in this Part VI  |             |  |                      |            |         | X        |
|---------|--|-------------|--|----------------------|------------|---------|----------|
| Sec     | tion A. Governing Body and Management  |             |  |                      |            |         |          |
| 1-12113 |  | 1           |  |                      | Carrie     | Yes     | No       |
| 1a      | Enter the number of voting members of the governing body at the end of the tax year  | 1a          |  | 24                   |            |         | 16.2     |
|         | If there are material differences in voting rights among members of the governing body, or if the governing  |             |  |                      |            |         |          |
|         | body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.  | 1           |  |                      |            |         | 88       |
|         | Enter the number of voting members included on line 1a, above, who are independent   |             | 1997 D 4200 P 10   | 20                   |            |         |          |
| 2       | Did any officer, director, trustee, or key employee have a family relationship or a business relationshi   | ip with a   | ny other   |                      | 19363      | 1993    | 理論       |
|         | officer, director, trustee, or key employee?   |             |  |                      | 2          |         | X        |
| 3       | Did the organization delegate control over management duties customarily performed by or under the   | ne direct   | supervision  |                      |            |         | L        |
|         |  |             |  |                      | 3          | -       | X        |
| 4       | Did the organization make any significant changes to its governing documents since the prior Form  | 990 was     | filed?   |                      | 4          |         | X        |
| 5       | Did the organization become aware during the year of a significant diversion of the organization's as  | sets?       |  |                      | 5          |         | X        |
| 6       | Did the organization have members or stockholders?   |             |  |                      | 6          |         | X        |
| 7a      | Did the organization have members, stockholders, or other persons who had the power to elect or a  |             |  |                      |            |         |          |
|         | more members of the governing body?  |             |  |                      | 7a         |         | X        |
| b       | Are any governance decisions of the organization reserved to (or subject to approval by) members, s  | stockhold   | ders, or   |                      |            |         |          |
|         | persons other than the governing body?   |             |  |                      | 7b         |         | x        |
| 8       | Did the organization contemporaneously document the meetings held or written actions undertaken during the ye  | ar by the   | following:   |                      |            | 17.5%   | 말랐       |
| а       | The governing body?  |             | ····   |                      | 8a         | X       |          |
| b       | Each committee with authority to act on behalf of the governing body?  |             |  |                      | 8b         | х       |          |
| 9       | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea  |             |  | 000                  | 2          | 1       |          |
|         | organization's mailing address? If "Yes." provide the names and addresses on Schedule O  |             |  |                      | 9          |         | x        |
| Sec     | tion B. Policies (This Section B requests information about policies not required by the Internal Re   | evenue (    | Code.)   |                      |            |         | Se       |
|         |  |             |  |                      |            | Yes     | No       |
| 10a     | Did the organization have local chapters, branches, or affiliates?   |             |  |                      | 10a        |         | X        |
| b       | If "Yes," did the organization have written policies and procedures governing the activities of such cl  | hapters,    | affiliates,  |                      |            |         |          |
|         | and heapphone is any with in a southing one south to deal with the south of the terms of ter |             |  |                      | 10b        |         |          |
| 11a     | Has the organization provided a complete copy of this Form 990 to all members of its governing boo   |             |  |                      | 11a        |         | X        |
|         | Describe on Schedule O the process, if any, used by the organization to review this Form 990.  |             |  | · ·                  | 19.64      | 200     | HES      |
|         | Did the organization have a written conflict of interest policy? If "No," go to line 13  |             |  |                      | 12a        | x       | 100+20   |
| b       | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris   | e to confli | icts?  |                      | 12b        | x       | <u> </u> |
|         | Did the organization regularly and consistently monitor and enforce compliance with the policy? If   |             |  |                      | 120        |         |          |
|         | on Schedule O how this was done  |             |  |                      | 12c        | x       |          |
| 13      | Did the organization have a written whistleblower policy?  |             |  |                      | 13         | x       | -        |
| 14      | Did the organization have a written document retention and destruction policy?   |             |  |                      | 14         | x       | -        |
| 15      | Did the process for determining compensation of the following persons include a review and approv.   |             |  |                      | (2032)     | 191013  | 19910    |
|         | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |             | opendent   |                      |            | TAKE    |          |
| а       | The organization's CEO, Executive Director, or top management official   |             |  |                      | 15a        | x       | 10065    |
|         | Other officers or key employees of the organization  |             |  | 1000                 | 15b        |         | -        |
|         | If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.   |             |  | 200                  | 100        | 1022119 | 0100     |
| 16a     | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange   | mont wit    | h  |                      |            | 1240    |          |
| Tou     | 지방 문제에서 이상에 가장하게 가지 않는 것이 같은 것이 없다. 가지 않는 것이 있다. 이상에 가지 않는 것이 없다. 이상에 있는 것이 없다. 이상에 가지 않는 것이 없다. 이상에 있는 것이 없   |             |  |                      | 40-        | A18202  | x        |
| h       | taxable entity during the year?<br>If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate  | to ito na   | ticipation   | 22                   | <u>16a</u> | 193218  | 20343    |
|         | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga   |             |  |                      |            |         | Dest     |
|         | exempt status with respect to such arrangements?   |             | 5  |                      | 4.01       | STG948  | 12113    |
| Sec     | tion C. Disclosure   |             |  |                      | 16b        |         | <u> </u> |
| 17      | List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, HI,   | TT. KG 1    |  | r                    |            |         |          |
| 18      | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a   |             | the second s | COLUMN STREET, SALES |            |         |          |
| 10      | for public inspection. Indicate how you made these available. Check all that apply.  | 110 990-1   | I (section 501   | (0)(3)5              | ority)     | avana   | Die      |
|         |  | 8 - 12 M    | 1212 25  |                      |            |         |          |
| 10      |  | n on Sch    | iedulė O)  |                      | fire       |         |          |
| 19      | Describe on Schedule O whether (and if so, how) the organization made its governing documents, contactements available to the public during the tex verses   | onnict of   | interest polic   | y, and               | finan      | cial    |          |
|         | statements available to the public during the tax year.  | 11000000    |  |                      |            |         |          |
| 00      |  |             | records  |                      | _          |         |          |
| 20      | State the name, address, and telephone number of the person who possesses the organization's bo<br>MADELETINE BUCKTINGHAM CEO - 415-321-1200   | ioks and    |  |                      |            |         |          |
| 20      | MADELEINE BUCKINGHAM, CFO - 415-321-1700<br>222 SUTTER STREET, SUITE 600, SAN FRANCISCO, CA 94108  | ioks and    |  |                      |            |         |          |

2021.05010 FOUNDATION FOR NATIONAL P 100490.1

| Form 990 ( | 2021) FOUNDATION FOR NATIONAL PROGRESS  | 94-2282759  | Page 7 |  |  |  |  |
|------------|---|-------------|--------|--|--|--|--|
|            | Compensation of Officers, Directors, Trustees, Key Employees, Highest<br>Employees, and Independent Contractors   | Compensated | , ugo  |  |  |  |  |
|            | Check if Schedule O contains a response or note to any line in this Part VII  |             |        |  |  |  |  |
| Section A. | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees   |             |        |  |  |  |  |
|            | te this table for all persons required to be listed. Report compensation for the calendar year end<br>Il of the organization's current officers, directors, trustees (whether individuals or organizations) |             |        |  |  |  |  |

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the 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 report-able compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                          | (B)<br>Average<br>hours per<br>week                                  | box                            | not o<br>, unle       | Pos<br>heck<br>as per | more<br>rson i | 1<br>than-<br>is both           | h an   | (D)<br>Reportable<br>compensation<br>from           | (E)<br>Reportable<br>compensation<br>from related | (F)<br>Estimated<br>amount of<br>other                                   |
|--|--|--------------------------------|-----------------------|-----------------------|----------------|---------------------------------|--------|---|---|--|
|  | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer               | Key employee   | Highest compensated<br>employee | Former | the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | W-2/1099-MISC/<br>1099-NEC                        | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) MONIKA BAUERLEIN                           | 37.50  |                                |                       |                       |                |                                 |        |   | 120   |  |
| PRESIDENT                                      |  | x                              | 1.3                   | x                     | <u> </u>       |                                 | 1 3    | 205,513.  | ٥.  | 45,220.  |
| (2) CLARA JEFFERY                              | 37.50  |                                |                       |                       |                |                                 |        | 2 2200000   | 192/1   | en prista de   |
| VICE PRESIDENT/EDITOR-IN-CHIEF (3) STEVEN KATZ |  | x                              | 1                     | x                     | -              |                                 |        | 207,444.  | ٥.  | 16,918.  |
| VICE PRESIDENT/PUBLISHER (LEFT 04/22           | 37.50  |                                |                       |                       |                |                                 |        | 100 000   |   |  |
| (4) KHARY BROWN                                | 37.50  | x                              | -                     | x                     | -              | -                               |        | 186,666.  | 0.  | 33,968.  |
| VP MEDIA SALES                                 | 37.50  | 1                              |                       |                       |                | x                               |        | 101 007   | 0.  | 26 002   |
| (5) JAHNA BERRY                                | 37,50  | -                              | -                     | -                     | -              | A                               | -      | 191,987.  | 0.  | 26,903.  |
| GUEST OF BOARD - COO                           | 57.50  |                                |                       | x                     |                |                                 |        | 170,072.  | 0.  | 21 427   |
| (6) DAVID CORN                                 | 37.50  | -                              | -                     | -                     | -              | +                               | -      | 210,012.  | v.  | 21,477.  |
| BUREAU CHIEF                                   |  | 1                              |                       |                       |                | x                               |        | 177,650.  | 0.  | 8,400.   |
| (7) TERRI CARHART                              | 37,50  | $\vdash$                       |                       |                       |                | -                               | -      |   |   | 0,100.   |
| LEADERSHIP GIFTS DIRECTOR                      |  | 1                              |                       |                       |                | x                               |        | 134,314.  | 0.  | 37,933.  |
| (8) BRENDEN O HANLON                           | 37.50  |                                |                       |                       |                |                                 |        |   |   |  |
| NATIONAL ACCTS MANAGER                         |  | 1                              |                       |                       |                | x                               |        | 142,757.  | 0.  | 20,862.  |
| (9) BETH EISENSTAEDT                           | 37.50  |                                |                       |                       |                |                                 |        |   |   |  |
| ASSOCIATE DIRECTOR OF DEV                      |  | 1                              |                       |                       |                | x                               |        | 133,246.  | ٥.  | 9,070.   |
| (10) MADELEINE BUCKINGHAM<br>CFO               | 37.50  |                                |                       |                       |                |                                 |        |   | 121   |  |
| (11) MITCHELL GRUMMON                          | 37,50  | -                              |                       | X                     | -              |                                 |        | 111,704.  | 0.  | 21,144.  |
| FORMER OFFICER                                 | 37.50  | 1                              |                       |                       |                |                                 | x      | 122,619.  | 0.  | C 055  |
| (12) AMANDA SILVERMAN                          | 37.50  | -                              | 2.0                   | -                     | -              | +                               | ^      | 122,019.  | ν.  | 6,955.   |
| BOARD MEMBER - STAFF REP (START 09/2           |  | x                              |                       |                       |                |                                 |        | 107,488.  | ٥.  | 14,493.  |
| (13) BRIDGET BOTELHO                           | 37.50  | -                              |                       | -                     | -              |                                 | 5 8    | 207,400.  | v.  |  |
| BOARD MEMBER - STAFF REP (LEFT 10/21           | -  | x                              |                       |                       |                |                                 |        | 109,845.  | 0.  | 9,592.   |
| (14) NATHALIE BAPTISTE                         | 37,50  |                                |                       |                       |                |                                 |        |   |   | 5,554.   |
| BOARD MEMBER - STAFF REP (LEFT 12/21           |  | x                              |                       |                       |                |                                 |        | 68,172.   | ٥.  | 8,549.   |
| (15) JACKIE MORGENSEN                          | 37,50  |                                |                       |                       |                |                                 |        |   |   |  |
| BOARD MEMBER - STAFF REP (START 09/2           |  | x                              |                       |                       |                | 1                               |        | 59,180.   | ٥.  | 6,165.   |
| (16) JUDY WISE                                 | 5.00   |                                |                       |                       |                |                                 |        |   |   |  |
| BOARD CHAIR                                    |  | x                              |                       | х                     |                |                                 |        | ٥.  | 0.  | 0.   |
| (17) RICHARD MELCHER                           | 5.00   |                                |                       |                       |                |                                 |        |   |   |  |
| BOARD MEMBER - VICE CHAIR                      |  | X                              |                       | х                     |                |                                 |        | ٥.  | 0.  | 0.   |

8 2021.05010 FOUNDATION FOR NATIONAL P 100490.1

Form 990 (2021)

| 87.070.00-55.070.000-55.070.000   | (B)  | T  |   |   | C)   |  | T   | mpensated Employee<br>(D)  | (E)   |             | (F)  |  |
|---|--|--|---|---|--|--|---|--|---|-------------|--|--|
| Name and title  | Average  |  | not o                                   |   | more   | than o                                       |   | Reportable   | Reportable  | 1 332       | stimate  |  |
|   | hours per<br>week  |  |   |   |  | s both<br>r/trust                            |   | compensation<br>from   | compensation<br>from related  | a           | mount<br>other   | of   |
|   | (list any  | 10   |   |   |  |  |   | the  | organizations   | cor         | npensa   | tion   |
|   | hours for  | direc  |   |   |  | 72   |   | organization   | (W-2/1099-MISC/   |             | from th  |  |
|   | related  | tes or   | ustee                                   |   |  | 8  |   | (W-2/1099-MISC/  | 1099-NEC)   | or          | ganizat  | ion  |
|   | organizations  | Ipus   | nal tr                                  |   | layes  | due a  |   | 1099-NEC)  |   | ar          | nd relat   | ed   |
|   | line)  | Individual brustee or director                   | Institutional trustee                   | Officer   | Key employee   | Highest compensated<br>employee              | Former  |  |   | org         | anizati  | ons  |
| (18) STEVE HENDRICKSON  | 5,00   | 브  | Ē                                       | 8   | Ker  | 분등   | 2   |  |   | -           |  | -  |
| TREASURER   | 5.00   | x  |   | x   |  |  |   | 0.   | 0.  |             |  | 0.   |
| (19) SARA FRANKEL   | 5.00   | -  |   |   |  |  |   |  |   |             |  |  |
| SECRETARY   |  | x  |   | x   |  |  |   | 0.   | 0.  |             |  | 0.   |
| (20) PHIL STRAUS  | 5.00   |  |   |   |  |  |   |  |   |             |  |  |
| BOARD MEMBER  |  | x  |   |   |  |  |   | 0.   | 0.  |             |  | 0.   |
| (21) HARRIET BARLOW   | 5.00   |  |   |   |  |  |   |  |   |             |  |  |
| SOARD MEMBER  |  | x  |   |   |  |  |   | 0.   | 0.  |             |  | 0,   |
| (22) JANE BUTCHER   | 5.00   |  |   |   |  |  |   | 2  |   |             |  |  |
| BOARD MEMBER  |  | х  |   |   |  |  |   | 0.   | 0.  |             |  | 0.   |
| (23) KEN PELLETIER  | 5,00   |  |   | 1.1   |  |  |   | 10725  |   |             |  |  |
| BOARD MEMBER  |  | x  |   |   |  | $\square$                                    | _   | 0.   | 0.  | _           |  | 0.   |
| (24) ANDRE CAROTHERS<br>BOARD MEMBER  | 5.00   |  |   |   |  |  |   | 100  |   |             |  | 13   |
| (25) DIANE FILIPPI  | 5,00   | x  | -                                       | -   |  |  | -   | 0.   | 0.  |             |  | 0,   |
| BOARD MEMBER  | 5.00   | x  |   |   |  |  |   | 0.   | 0.  |             |  | 0.   |
| (26) ADAM HOCHSCHILD  | 5.00   | -  | -                                       | -   | -  |  | -   |  |   | -           |  | v.   |
| BOARD MEMBER  |  | x  |   |   |  |  |   | 0.   | 0.  |             |  | 0.   |
| 1b Subtotal   |  |  |   |   |  | -  |   | 2,128,657.   | 0.  |             | 287  |  |
| c Total from continuation sheets to P   | art VII. Section A   |  |   |   |  |  |   | 0.   | 0.  |             |  | 0.   |
|   |  |  |   |   |  |  |   | v •  |   |             |  |  |
|   |  |  |   |   |  |  |   | 2,128,657.   | 0.  |             | 287,   | 649.   |
| d Total (add lines 1b and 1c)           2 Total number of individuals (including  |  |  |   |   |  |  |   | 2,128,657.   | 0.  |             | 287,   | 649.   |
| d Total (add lines 1b and 1c)   | ) but not limited to th  |  |   |   |  |  |   | 2,128,657.   | 0.  |             |  | 29   |
| d Total (add lines 1b and 1c)     Total number of individuals (including compensation from the organization   | but not limited to th  | iose   | liste                                   | d ab  | ove  | ) who  | > rec   | 2 , 128 , 657 .<br>ceived more than \$100,   | 0,<br>000 of reportable   |             | 287,<br>Yes  |  |
| d Total (add lines 1b and 1c)         2 Total number of individuals (including compensation from the organization         3 Did the organization list any former of the organization list and former organ | but not limited to th  | iose<br>ee, l                                    | liste<br>key e                          | d ab  | ove  | ) who  | ▶ o red   | 2,128,657.<br>ceived more than \$100,<br>nest compensated empl   | 0,<br>000 of reportable<br>loyee on   |             | Yes  | 29   |
| <ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including compensation from the organization</li> <li>3 Did the organization list any former of line 1a? <i>If</i> "Yes," complete Schedule</li> </ul>   | officer, director, trust   | iose<br>ee, I                                    | liste<br>key e                          | d ab  | ove  | ) who  | b rec   | 2,128,657.<br>ceived more than \$100,<br>nest compensated empl   | 0,<br>000 of reportable<br>loyee on   | 3           |  | 29<br>No                                       |
| <ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including compensation from the organization</li> <li>3 Did the organization list any former of line 1a? <i>If</i> "Yes," <i>complete Schedule</i></li> <li>4 For any individual listed on line 1a, is</li> </ul>  | officer, director, trust<br>officer, director, trust<br>of or such individual<br>the sum of reportable   | ee, I  | liste<br>key e                          | d ab<br>empl  | ove  | ) who<br>e, or<br>and                        | high  | 2 , 128 , 657 .<br>ceived more than \$100,<br>mest compensated empl<br>er compensation from th   | 0,<br>000 of reportable<br>loyee on<br>ne organization  | 3           | Yes  | 29<br>No                                       |
| <ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including compensation from the organization</li> <li>3 Did the organization list any former of line 1a? <i>If "Yes," complete Schedule</i></li> <li>4 For any individual listed on line 1a, is and related organizations greater that</li> </ul>  | officer, director, trust<br>officer, director, trust<br><i>J for such individual</i><br>the sum of reportable<br>n \$150,000? <i>If "Yes</i> ,   | ee, l<br>le co                                   | liste<br>key e<br>mpe                   | d ab<br>empl<br>ensa                                | ove<br>ove<br>tion                                     | ) who<br>e, or<br>and                        | high  | 2,128,657.<br>ceived more than \$100,<br>nest compensated empl<br>er compensation from th<br>or such individual  | 0,<br>000 of reportable<br>loyee on<br>ne organization  | 1.1.1.1     | Yes  | 29<br>No                                       |
| <ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including compensation from the organization</li> <li>3 Did the organization list any former of line 1a? <i>If</i> "Yes," <i>complete Schedule</i></li> <li>4 For any individual listed on line 1a, is and related organizations greater that</li> <li>5 Did any person listed on line 1a receivant</li> </ul>   | officer, director, trust<br>officer, director, trust<br><i>J for such individual</i><br>the sum of reportable<br>n \$150,000? <i>If "Yes</i> ,<br>ve or accrue comper-   | ee, l<br>le co<br>* co<br>nsati                  | liste<br>key e<br>mpe<br>on fr          | d ab<br>empl<br>ensa<br>ete S                       | ove<br>ove<br>tion<br>Sche<br>any                      | ) who<br>e, or<br>and<br>and<br>unre         | high<br>othe  | 2,128,657,<br>ceived more than \$100,<br>nest compensated empl<br>er compensation from th<br>or such individual  | 0,<br>000 of reportable<br>loyee on<br>ne organization  | 3<br>4      | Yes  | 29<br>No                                       |
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| <ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including compensation from the organization</li> <li>3 Did the organization list any former of line 1a? <i>If</i> "Yes," <i>complete Schedule</i></li> <li>4 For any individual listed on line 1a, is and related organizations greater that</li> <li>5 Did any person listed on line 1a receir rendered to the organization? <i>If</i> "Yes"</li> </ul>  | but not limited to th<br>pflicer, director, trust<br><i>J for such individual</i><br>the sum of reportable<br>n \$150,000? <i>If "Yes,</i><br>ve or accrue comper-<br><i>complete Scheduk</i>  | ee, I<br>le co<br>' co<br>nsati<br>e J f         | key e<br>mpe<br>on fr                   | d ab<br>empl<br>ensa<br>ete S<br>om<br><u>uch (</u> | ove<br>ove<br>tion<br>Sche<br>any<br>oers              | ) who<br>) and<br>and<br>unre<br>on          | high<br>othe  | 2,128,657.<br>ceived more than \$100,<br>nest compensated empl<br>er compensation from th<br>or such individual<br>d organization or individ   | 0,<br>000 of reportable<br>loyee on<br>ne organization<br>fual for services   | 3<br>4<br>5 | Yes<br>X<br>X  | 29<br>No                                       |
| <ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including compensation from the organization</li> <li>3 Did the organization list any former of line 1a? <i>If</i> "Yes," <i>complete Schedule</i>.</li> <li>4 For any individual listed on line 1a, is and related organizations greater that</li> <li>5 Did any person listed on line 1a receir rendered to the organization? <i>If</i> "Yes</li> <li>Section B. Independent Contractors</li> </ul>  | but not limited to the<br>officer, director, trust<br><i>J for such individual</i><br>the sum of reportable<br>n \$150,000? <i>If "Yes,</i><br>we or accrue comper-<br><i>" complete Schedul</i><br>est compensated inco-  | ee, I<br>le co<br>sati<br>e J f                  | key e<br>mpe<br>on fr<br>or su          | d ab<br>empl<br>ensa<br>ete S<br>om<br><u>ich (</u> | oyee<br>oyee<br>tion<br>Sche<br>any                    | e, or<br>and<br>and<br>unre<br>on            | high<br>othe<br>J fo<br>lated   | 2,128,657.<br>ceived more than \$100,0<br>nest compensated empl<br>er compensation from th<br>or such individual<br>d organization or individ<br>at received more than \$  | 0,<br>000 of reportable<br>loyee on<br>ne organization<br>fual for services<br>100,000 of compensa                                | 3<br>4<br>5 | Yes<br>X<br>X  | 29<br>No                                       |
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| <ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including compensation from the organization</li> <li>3 Did the organization list any former of line 1a? <i>If</i> "Yes," <i>complete Schedule</i></li> <li>4 For any individual listed on line 1a, is and related organizations greater that</li> <li>5 Did any person listed on line 1a receir rendered to the organization? <i>If</i> "Yes</li> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five high the organization. Report compensation (not served)</li> </ul>  | but not limited to the<br>officer, director, trust<br><i>J for such individual</i><br>the sum of reportable<br>in \$150,000? <i>If "Yes,</i><br>we or accrue comper<br><u>complete Schedul</u><br>est compensated inco<br>on for the calendar yes<br>A)<br>siness address  | ee, I<br>le co<br>sati<br>e J f                  | key e<br>mpe<br>on fr<br>or su          | d ab<br>empl<br>ensa<br>ete S<br>om<br><u>ich (</u> | oyee<br>oyee<br>tion<br>Sche<br>any                    | e, or<br>and<br>and<br>unre<br>on            | high<br>othe<br>J fo<br>lated   | 2,128,657.<br>ceived more than \$100,<br>mest compensated empl<br>er compensation from th<br>or such individual<br>d organization or individ<br>at received more than \$<br>the organization's tax y<br>(B)<br>Description of s  | 0,000 of reportable<br>loyee on<br>tual for services<br>100,000 of compensa<br>ear.   | 3<br>4<br>5 | Yes<br>x<br>x  | 25<br>No                                       |
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| <ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including compensation from the organization</li> <li>3 Did the organization list any former of line 1a? <i>If</i> "Yes," <i>complete Schedule</i>.</li> <li>4 For any individual listed on line 1a, is and related organizations greater that</li> <li>5 Did any person listed on line 1a receir rendered to the organization? <i>If</i> "Yes</li> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five high the organization. Report compensation (in Name and bus MAL WARWICK &amp; ASSOCIATES, INC. – NINTH STREET, SUITE 103, BERKELE</li> </ul>   | but not limited to the<br>officer, director, trust<br><i>J for such individual</i><br>the sum of reportable<br>in \$150,000? <i>If "Yes,</i><br>we or accrue comper-<br><u>complete Scheduk</u><br>est compensated inco-<br>on for the calendar yea<br>A)<br>siness address<br>ACH, 2550   | ee, I<br>le co<br>sati<br>e J f                  | key e<br>mpe<br>on fr<br>or su          | d ab<br>empl<br>ensa<br>ete S<br>om<br><u>ich (</u> | oyee<br>oyee<br>tion<br>Sche<br>any                    | e, or<br>and<br>and<br>unre<br>on            | high<br>o red<br>b | 2,128,657.<br>ceived more than \$100,<br>mest compensated empl<br>er compensation from th<br>or such individual<br>d organization or individ<br>at received more than \$<br>the organization's tax y<br>(B)<br>Description of s  | 0,000 of reportable<br>loyee on<br>tual for services<br>100,000 of compensa<br>ear.   | 3<br>4<br>5 | Yes<br>x<br>x<br>rom                                       | 25<br>No<br>X                                  |
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| <ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including compensation from the organization</li> <li>3 Did the organization list any former of line 1a? <i>If</i> 'Yes,' <i>complete Schedule</i>.</li> <li>4 For any individual listed on line 1a, is and related organizations greater that</li> <li>5 Did any person listed on line 1a receir rendered to the organization? <i>If</i> 'Yes</li> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five high the organization. Report compensation (Name and bus MAL WARWICK &amp; ASSOCIATES, INC NINTH STREET, SUITE 103, BERKELE</li> <li>BALLANTINE CORPORATION</li> <li>1700 ROUTE 23 NORTH, WAYNE, NJ 0</li> </ul>   | but not limited to the<br>officer, director, trust<br><i>J for such individual</i><br>the sum of reportable<br>in \$150,000? <i>If "Yes,</i><br>we or accrue comper-<br><u>" complete Scheduk</u><br>est compensated inco-<br>on for the calendar year<br>A)<br>siness address<br>ACH, 2550<br>SY, CA  | ee, I<br>le co<br>sati<br>e J f                  | key e<br>mpe<br>on fr<br>or su          | d ab<br>empl<br>ensa<br>ete S<br>om<br><u>ich (</u> | oyee<br>oyee<br>tion<br>Sche<br>any                    | e, or<br>and<br>and<br>unre<br>on            | high<br>othe<br>J fo<br>lated   | 2,128,657.<br>ceived more than \$100,<br>mest compensated empl<br>er compensation from th<br>or such individual<br>d organization or individ<br>at received more than \$<br>the organization's tax you<br>(B)<br>Description of s<br>IRECT MAIL FUNDRA   | 0,000 of reportable<br>loyee on<br>tual for services<br>100,000 of compensa<br>ear.   | 3<br>4<br>5 | Yes<br>x<br>x<br>rom<br>C)<br>ensatio                      | 25<br>No<br>X                                  |
| <ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including compensation from the organization</li> <li>3 Did the organization list any former of line 1a? <i>If</i> "Yes," <i>complete Schedule</i></li> <li>4 For any individual listed on line 1a, is and related organizations greater that</li> <li>5 Did any person listed on line 1a receir rendered to the organization? <i>If</i> "Yes," Section B. Independent Contractors</li> <li>1 Complete this table for your five high the organization. Report compensation (Name and bus MAL WARWICK &amp; ASSOCIATES, INC NINTH STREET, SUITE 103, BERKELE</li> <li>BALLANTINE CORPORATION</li> <li>1700 ROUTE 23 NORTH, WAYNE, NJ OKINETIX TECHNOLOGY SERVICES, INC.</li> </ul>  | but not limited to the<br>officer, director, trust<br><i>J for such individual</i><br>the sum of reportable<br>in \$150,000? <i>If "Yes,</i><br>we or accrue comper-<br><i>complete Schedul</i><br>est compensated inco-<br>on for the calendar yes<br>and for the calen | ee, I<br>le co<br>sati<br>e J f                  | key e<br>mpe<br>on fr<br>or su          | d ab<br>empl<br>ensa<br>ete S<br>om<br><u>ich (</u> | oyee<br>oyee<br>tion<br>Sche<br>any                    | e, or<br>and<br>and<br>unre<br>on            | high<br>othe<br>J fo<br>lated   | 2,128,657.<br>ceived more than \$100,0<br>nest compensated empl<br>er compensation from th<br>or such individual<br>d organization or individ<br>at received more than \$<br>the organization or individ<br>at received more than \$<br>(B)<br>Description of s<br>IRECT MAIL FUNDRA<br>ONSULTANT<br>IRECT MAIL  | 0,000 of reportable<br>loyee on<br>tual for services<br>100,000 of compensa<br>ear.   | 3<br>4<br>5 | Yes<br>x<br>x<br>rom<br>C)<br>ensatio<br>581,<br>391,      | 25<br>No<br>X<br>527.                          |
| <ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including compensation from the organization</li> <li>3 Did the organization list any former of line 1a? <i>If</i> "Yes," <i>complete Schedule</i></li> <li>4 For any individual listed on line 1a, is and related organizations greater that</li> <li>5 Did any person listed on line 1a receir rendered to the organization? <i>If</i> "Yes," Section B. Independent Contractors</li> <li>1 Complete this table for your five high the organization. Report compensation ((Name and bus MAL WARWICK &amp; ASSOCIATES, INC NINTH STREET, SUITE 103, BERKELE BALLANTINE CORPORATION</li> <li>1700 ROUTE 23 NORTH, WAYNE, NJ 0</li> <li>KINETIX TECHNOLOGY SERVICES, INC. SOUTH GRANT STREET #850, SAN MAT</li> </ul>   | but not limited to the<br>officer, director, trust<br><i>J for such individual</i><br>the sum of reportable<br>in \$150,000? <i>If "Yes,</i><br>we or accrue comper-<br><i>complete Schedul</i><br>est compensated inco-<br>on for the calendar yes<br>and for the calen | ee, I<br>le co<br>sati<br>e J f                  | key e<br>mpe<br>on fr<br>or su          | d ab<br>empl<br>ensa<br>ete S<br>om<br><u>ich (</u> | oyee<br>oyee<br>tion<br>Sche<br>any                    | e, or<br>and<br>and<br>unre<br>on            | high<br>othe<br>J fo<br>lated   | 2,128,657.<br>ceived more than \$100,0<br>nest compensated empl<br>er compensation from th<br>or such individual<br>d organization or individ<br>at received more than \$<br>the organization or individ<br>B<br>Description of s<br>IRECT MAIL FUNDRA<br>ONSULTANT  | 0,000 of reportable<br>loyee on<br>tual for services<br>100,000 of compensa<br>ear.   | 3<br>4<br>5 | Yes<br>x<br>x<br>rom<br>C)<br>ensatio                      | 25<br>No<br>X<br>527.                          |
| <ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including compensation from the organization</li> <li>3 Did the organization list any former of line 1a? <i>If</i> 'Yes," <i>complete Schedule</i></li> <li>4 For any individual listed on line 1a, is and related organizations greater that</li> <li>5 Did any person listed on line 1a receir rendered to the organization? <i>If</i> 'Yes</li> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five high the organization. Report compensation ((Name and bus MAL WARWICK &amp; ASSOCIATES, INC NINTH STREET, SUITE 103, BERKELE BALLANTINE CORPORATION</li> <li>1700 ROUTE 23 NORTH, WAYNE, NJ 0</li> <li>KINETIX TECHNOLOGY SERVICES, INC. SOUTH GRANT STREET #850, SAN MAT (DAD GRAPHICS, INC.)</li> </ul>   | but not limited to the<br>officer, director, trust<br><i>J for such individual</i><br>the sum of reportable<br>in \$150,000? <i>If "Yes</i> ,<br>ve or accrue comper-<br><i>." complete Schedul</i><br>est compensated inco-<br>on for the calendar yes<br>ACH, 2550<br>EY, CA-<br>17470<br>2., 1825<br>EO, CA-  | ee, I<br>le co<br>sati<br>e J f                  | key e<br>mpe<br>on fr<br>or su          | d ab<br>empl<br>ensa<br>ete S<br>om<br><u>ich (</u> | oyee<br>oyee<br>tion<br>Sche<br>any                    | e, or<br>and<br>and<br>unre<br>on            | high<br>othe<br>J fo<br>lated<br>bin<br>t   | 2,128,657.<br>ceived more than \$100,0<br>nest compensated empl<br>er compensation from th<br>or such individual<br>d organization or individ<br>at received more than \$<br>the organization or individ<br>at received more than \$<br>the organization of stax yr<br>(B)<br>Description of s<br>IRECT MAIL FUNDRA<br>ONSULTANT<br>IRECT MAIL                               | 0,000 of reportable<br>loyee on<br>tual for services<br>100,000 of compensa<br>ear.   | 3<br>4<br>5 | Yes<br>x<br>x<br>rom<br>C)<br>581,<br>391,<br>325,         | 299<br>No<br>X<br>X<br>527.<br>786.            |
| <ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including compensation from the organization</li> <li>3 Did the organization list any former of line 1a? <i>If</i> "Yes," <i>complete Schedule</i></li> <li>4 For any individual listed on line 1a, is and related organizations greater that</li> <li>5 Did any person listed on line 1a receir rendered to the organization? <i>If</i> "Yes," Section B. Independent Contractors</li> <li>1 Complete this table for your five high the organization. Report compensation (Name and bus MAL WARWICK &amp; ASSOCIATES, INC NINTH STREET, SUITE 103, BERKELE</li> <li>BALLANTINE CORPORATION</li> <li>1700 ROUTE 23 NORTH, WAYNE, NJ OKINETIX TECHNOLOGY SERVICES, INC.</li> </ul>  | but not limited to the<br>officer, director, trust<br><i>J for such individual</i><br>the sum of reportable<br>in \$150,000? <i>If "Yes,</i><br>ve or accrue comper<br><u>" complete Scheduk</u><br>est compensated inco<br>on for the calendar yes<br>A)<br>siness address<br>ACH, 2550<br>EY, CA<br>7470<br>C, 1825<br>EO, CA  | ee, I<br>le co<br>sati<br>e J f                  | key e<br>mpe<br>on fr<br>or su          | d ab<br>empl<br>ensa<br>ete S<br>om<br><u>ich (</u> | oyee<br>oyee<br>tion<br>Sche<br>any                    | e, or<br>and<br>and<br>unre<br>on            | high<br>othe<br>J fo<br>lated<br>bin<br>t   | 2,128,657.<br>ceived more than \$100,0<br>mest compensated emplor<br>er compensation from the<br>er compensation from the<br>er compensation or individual<br>at received more than \$<br>the organization or individual<br>at received more than \$<br>the organization's tax yn<br>(B)<br>Description of s<br>IRECT MAIL FUNDRA<br>ONSULTANT<br>IRECT MAIL<br>T CONTRACTOR | 0,000 of reportable<br>loyee on<br>tual for services<br>100,000 of compensa<br>ear.   | 3<br>4<br>5 | Yes<br>x<br>x<br>rom<br>C)<br>ensatio<br>581,<br>391,      | 255<br>No<br>X<br>X<br>527.<br>786.<br>260.    |
| <ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including compensation from the organization</li> <li>3 Did the organization list any former of line 1a? <i>If</i> "Yes," <i>complete Schedule</i></li> <li>4 For any individual listed on line 1a, is and related organizations greater that</li> <li>5 Did any person listed on line 1a receir rendered to the organization? <i>If</i> "Yes</li> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five high the organization. Report compensation (in Name and bus MAL WARWICK &amp; ASSOCIATES, INC NINTH STREET, SUITE 103, BERKELE BALLANTINE CORPORATION</li> <li>1700 ROUTE 23 NORTH, WAYNE, NJ 0 KINETIX TECHNOLOGY SERVICES, INC. SOUTH GRANT STREET #850, SAN MAT DUAD GRAPHICS, INC.</li> <li>PO BOX 644840, PITTSBURGH, PA 15</li> </ul>   | but not limited to the<br>officer, director, trust<br><i>J for such individual</i><br>the sum of reportable<br>in \$150,000? <i>If "Yes,</i><br>we or accrue comper<br><u>" complete Scheduk</u><br>est compensated inco<br>on for the calendar yes<br>A)<br>siness address<br>ACH, 2550<br>EY, CA<br>7470<br>2., 1825<br>EO, CA   | ee, I<br>le co<br>sati<br>e J f                  | key e<br>mpe<br>on fr<br>or su          | d ab<br>empl<br>ensa<br>ete S<br>om<br><u>ich (</u> | oyee<br>oyee<br>tion<br>Sche<br>any                    | e, or<br>and<br>and<br>unre<br>on            | high<br>othe<br>J fo<br>lated<br>bin 1  | 2,128,657.<br>ceived more than \$100,0<br>mest compensated emplor<br>er compensation from the<br>er compensation from the<br>er compensation or individual<br>at received more than \$<br>the organization or individual<br>at received more than \$<br>the organization's tax yn<br>(B)<br>Description of s<br>IRECT MAIL FUNDRA<br>ONSULTANT<br>IRECT MAIL<br>T CONTRACTOR | 0,<br>000 of reportable<br>loyee on<br>ne organization<br>fual for services<br>100,000 of compensa<br>ear.<br>ervices ()          | 3<br>4<br>5 | Yes<br>x<br>x<br>rom<br>C)<br>581,<br>391,<br>325,         | 255<br>No<br>X<br>X<br>786.<br>260.            |
| <ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including compensation from the organization</li> <li>3 Did the organization list any former of line 1a? <i>If</i> 'Yes," <i>complete Schedule</i></li> <li>4 For any individual listed on line 1a, is and related organizations greater that</li> <li>5 Did any person listed on line 1a receir rendered to the organization? <i>If</i> 'Yes</li> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five high the organization. Report compensation (in Name and bus the organization. Report compensation (in Name and bus the organization. Report compensation)</li> <li>AL WARWICK &amp; ASSOCIATES, INC NINTH STREET, SUITE 103, BERKELE</li> <li>BALLANTINE CORPORATION</li> <li>1700 ROUTE 23 NORTH, WAYNE, NJ 0 (INETIX TECHNOLOGY SERVICES, INC. FO BOX 644840, PITTSBURGH, PA 15</li> <li>ROBERT HALF MANAGEMENT RESOURCES</li> </ul>  | but not limited to the<br>officer, director, trust<br><i>J for such individual</i><br>the sum of reportable<br>in \$150,000? <i>If "Yes,</i><br>ve or accrue comper-<br><i>complete Scheduk</i><br>est compensated inco-<br>on for the calendar yest<br>A)<br>siness address<br>ACH, 2550<br>SY, CA<br>17470<br>2., 1825<br>20, CA<br>264<br>30074   | ee, I<br>le co<br>' co<br>isati<br>depe<br>ear e | liste<br>key e<br>mple<br>nder<br>endir | d ab<br>empl<br>ensa<br>ete S<br>om<br><u>ich J</u> | over<br>over<br>tion<br>Sche<br>any<br>pontra<br>ith o | ) who<br>e, or<br>and<br>cdule<br>unre<br>on | high<br>othe<br>J fo<br>lated<br>bin 1  | 2,128,657.<br>ceived more than \$100,0<br>mest compensated emplor<br>er compensation from the<br>or such individual  | 0,<br>000 of reportable<br>loyee on<br>ne organization<br>fual for services<br>100,000 of compensa<br>ear.<br>ervices ()<br>ISING | 3<br>4<br>5 | Yes<br>x<br>x<br>rom<br>C)<br>581,<br>391,<br>325,<br>289, | 2:<br>No<br>X<br>x<br>527<br>786<br>260<br>026 |

132008 12-09-21

| Part VII Section A. Officers, Directors<br>(A) | (B)  |                                |                      | (0      | C)           |                              |        | (D)                                    | (E)  | (F)  |
|--|--|--------------------------------|----------------------|---------|--------------|------------------------------|--------|--|--|--|
| Name and title                                 | Average<br>hours<br>per  | (cl                            |                      | Pos     | ition        | app                          | ily)   | Reportable<br>compensation<br>from     | Reportable<br>compensation<br>from related | Estimated<br>amount of<br>other                                    |
|  | week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional Instee | Officer | Key employee | Highest compensated employee | former | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)           | compensati<br>from the<br>organizatio<br>and relate<br>organizatio |
| (27) CAROLYN MUGAR                             | 5.00   |                                |                      |         |              |                              |        |  |  |  |
| BOARD MEMBER                                   |  | х                              |                      |         | _            |                              |        | 0.                                     | 0.   |  |
| (28) LINDA GRUBER                              | 5.00   |                                |                      |         |              |                              |        |  |  |  |
| BOARD MEMBER                                   |  | х                              |                      |         |              |                              |        | ٥.                                     | 0.   |  |
| (29) BICH NGOC CAO                             | 5.00   |                                |                      |         |              |                              |        |  |  |  |
| BOARD MEMBER                                   |  | х                              |                      |         |              |                              |        | ٥.                                     | 0.   |  |
| (30) RINKU SEN                                 | 5.00   | 1                              |                      |         |              |                              |        |  |  |  |
| BOARD MEMBER                                   |  | х                              |                      |         |              |                              |        | 0.                                     | 0.   |  |
| (31) VINCENT ROBINSON                          | 5.00   |                                | 1.1                  |         |              |                              |        |  |  |  |
| BOARD MEMBER                                   |  | х                              |                      |         |              |                              |        | 0.                                     | 0.   |  |
| (32) EDGAR VILLANUEVA                          | 5.00   | 1                              |                      |         |              |                              |        |  |  |  |
| BOARD MEMBER (LEFT 03/22)                      |  | х                              |                      |         |              |                              |        | Ο.                                     | ο.   |  |
| (33) EKOW YANKAH                               | 5.00   | 1                              |                      |         |              |                              |        |  |  |  |
| BOARD MEMBER                                   |  | х                              |                      | -       |              |                              |        | 0.                                     | 0.   |  |
| (34) LAURA FITZ-PEGADO                         | 5.00   | 1                              |                      |         |              |                              |        |  |  |  |
| BOARD MEMBER (START 06/22)                     |  | х                              |                      |         |              |                              |        | 0.                                     | 0.   |  |
| (35) BILL GEE                                  | 5.00   |                                |                      |         |              |                              |        |  |  |  |
| BOARD MEMBER (START 03/22)                     |  | x                              |                      |         |              |                              |        | 0.                                     | ο.   |  |
| (36) ANGIE JEAN-MARIE                          | 5.00   |                                |                      |         |              |                              |        |  |  |  |
| BOARD MEMBER (START 10/21)                     |  | x                              | _                    |         | -            |                              |        | 0.                                     | 0.   |  |
|  |  |                                |                      |         |              |                              |        |  |  |  |
|  |  |                                |                      |         |              |                              |        |  |  |  |
|  | -  |                                |                      |         |              |                              |        |  |  |  |
|  |  |                                |                      |         |              |                              |        |  |  |  |
|  |  |                                | _                    |         |              |                              |        |  |  |  |
|  |  |                                | _                    |         | -            |                              |        |  |  |  |
|  |  | 8                              | -                    |         |              |                              |        |  |  |  |
|  |  |                                |                      |         |              |                              |        |  |  |  |

|                           |      |  | The state of the second second | the second s | IONAL PROGRESS       |   |  | 94-228275  | 9 Page   |
|---------------------------|------|--|--------------------------------|--|----------------------|---|--|--|--|
| art V                     | /111 |  |                                |  |                      |   |  |  |  |
|                           |      | Check if Schedule O                                      | contain                        | is a response  | or note to any line  | in this Part VIII<br>(A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue   | Revenue exclude  |
| 2 1                       | a    | Federated campaigns                                      |                                | 1a   |                      | NA STATISTICS                             | and the second second                        |  |  |
| and Other Similar Amounts | b    | Membership dues  |                                |  | 4,405,676.           |   |  |  |  |
| Ĩ                         |      | Fundraising events                                       |                                |  |                      |   |  |  | 1.25620.65   |
| E C                       |      | Related organizations                                    |                                |  |                      |   |  |  |  |
| 8                         | е    | Government grants (conti                                 | ribution                       | is) 1e   | 1,957,941.           |   |  |  |  |
| 2                         | f    | All other contributions, gifts,                          | grants,                        | and  | 10 - Contra - Contra |   |  |  |  |
|                           |      | similar amounts not included                             | d above                        |  | 11,396,987.          |   |  |  | AN PLANTIN   |
|                           |      | Noncash contributions included in                        |                                |  | 4,065,570.           |   |  |  |  |
| 8                         | h    | Total, Add lines 1a-11                                   |                                |  |                      | 17,760,604.                               |  | fillen han her   | Section (Maxie   |
|                           |      | 2220222440222224022                                      |                                |  | Business Code        |   | HURBARS STATE                                | 相關的結構的目的。  | 20102332000  |
| 2                         | a    | PROGRAM REVENUE  |                                |  | 511120               | 2,462,857.                                | 2,462,857.                                   |  |  |
| 2<br>Devenue              | b    | ADVERTISING  |                                |  | 541800               | 1,413,207.                                |  | 1,413,207.   |  |
|                           | C    |  |                                |  |                      |   |  |  |  |
| lev                       | d    |  |                                |  |                      |   |  |  |  |
| 7                         | e    |  |                                |  |                      |   |  |  |  |
|                           |      | All other program service                                |                                |  |                      |   | Internet States and a story                  |  |  |
| -                         |      | Total. Add lines 2a-2f                                   | Contraction and the second     |  |                      | 3,876,064.                                |  |  | 4月21日1月1日日日日日  |
| 3                         |      | Investment income (inclu                                 |                                |  |                      | 21 402                                    |  |  | 22.40  |
| 1.2                       |      | other similar amounts)                                   |                                |  |                      | 31,483.                                   |  |  | 31,48  |
| 4                         |      | Income from investment of                                |                                |  |                      | 256,161.                                  |  |  | 256.16   |
| 5                         |      | Royalties  | T                              | (i) Real   | (ii) Personal        | 230,101.                                  | 101010202020202020202000000000               | 0.04042017402407442  | 256,16   |
|                           | 12   | 0t-  |                                |  |                      |   | ALC: NO DECEMBER OF                          |  |  |
| 6                         |      |  |                                | 27,077<br>29,769   |                      |   |  |  |  |
|                           |      | Less: rental expenses                                    |                                | -2,692   |                      |   |  |  |  |
|                           |      | Rental income or (loss)                                  | 6c                             | -2,072   |                      | -2,692.                                   | · [2] [2] [2] [2] [2] [2] [2] [2] [2] [2]    |  | -2,693   |
| -                         |      | Net rental income or (loss<br>Gross amount from sales of | ·                              | (i) Securities   | (ii) Other           | -2,032.                                   | 111100000000000000000000000000000000000      | 100000000000000000000000000000000000000  | -4,09.   |
| 1                         | a    | assets other than inventory                              |                                | 3,560,723  |                      |   |  |  |  |
|                           | b    | Less: cost or other basis                                | /a                             | 5,500,725  |                      |   |  |  |  |
|                           |      |  | 7b                             | 4,065,570  |                      |   |  |  | 1.   |
|                           | ~    | and sales expenses<br>Gain or (loss)                     | 1.00                           | -504,847   |                      |   |  |  |  |
|                           |      | Net gain or (loss)                                       |                                |  |                      | -504,847.                                 |  | NAMES OF A DESCRIPTION OF | -504,84  |
| 8                         |      | Gross income from fundraisi                              |                                |  |                      | Called and Statute and St                 | and the second second                        |  | and the second s |
| ľ                         | a    | including \$   |                                |  |                      |   |  |  |  |
|                           |      | contributions reported on                                |                                |  | 1 1                  |   |  |  | All and a second   |
|                           |      | Part IV, line 18   |                                |  | a                    |   | and the second second                        |  | 2011年1日日   |
|                           | b    | Less: direct expenses                                    |                                | 8  |                      |   | and the second second                        |  |  |
|                           |      | Net income or (loss) from                                |                                |  |                      |   | and the second second                        |  |  |
| 9                         |      | Gross income from gamir                                  |                                |  |                      |   | and the second                               | arely a least the  |  |
|                           |      | Part IV, line 19   |                                |  | a                    |   |  |  |  |
|                           | b    | Less: direct expenses                                    |                                |  |                      |   |  |  | 11.14-14.16.1  |
|                           |      | Net income or (loss) from                                |                                |  | ►                    |   |  |  |  |
| 10                        |      | Gross sales of inventory,                                |                                |  |                      |   |  | 14993年4月1日日  |  |
|                           |      | and allowances   |                                |  | )a                   |   |  |  | States in the  |
|                           | b    | Less: cost of goods sold                                 |                                |  | b                    |   |  | REPART C   |  |
|                           | c    | Net income or (loss) from                                | sales o                        | of inventory   | •                    |   |  | harris and a   |  |
|                           |      |  |                                |  | Business Code        |   | <b>Designed and solution</b>                 | 和控制的使用性  | 的目的目的问题  |
| 11                        |      | ACME   |                                |  | 900099               | 36,100.                                   |  | 36,100.  |  |
| -                         | b    | EVENT REVENUE  |                                |  | 900099               | 8,875.                                    | 8,875.                                       | L  |  |
| 믑                         | с    |  |                                |  |                      |   |  |  |  |
| reven                     |      | All other revenue  |                                |  |                      |   |  | 2  |  |
| начеп                     | d    |  |                                |  |                      |   |  |  |  |
| anuaxa91                  |      | Total. Add lines 11a-11d<br>Total revenue. See instructi |                                |  | ▶                    | 44,975.<br>21,461,748.                    |  | 1,449,307.   | -219,89  |

Page 10

Form 990 (2021) FOUNDATION FOR NATIONAL PROGRESS Part IX Statement of Functional Expenses 94-2282759 Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, (A) Total expenses 7b, 8b, 9b, and 10b of Part VIII. (B) Program service expenses (C) (D) Fundraising Management and Grants and other assistance to domestic organizations 1 general expenses and domestic governments. See Part IV, line 21 expenses Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 103,800 4 103,800, Compensation of current officers, directors, 5 trustees, and key employees 1,339,972. Compensation not included above to disqualified 6 853,362. 208,121. 278,489. persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 7,283,464. Pension plan accruals and contributions (include 5,907,758 8 618,928, 756,778. section 401(k) and 403(b) employer contributions) Other employee benefits 32,985 9 26,754. 2,717. 3,514. 1,115,430. Payroll taxes 10 912,176. 92,139 111,115. 630,623. 11 Fees for services (nonemployees): 496,367. 59,741. a Management 74,515. b Legal 337,020. c Accounting 317,653. 13,062. 42,400. 6,305. d Lobbying 42,400. Professional fundraising services. See Part IV, line 17 Investment management fees 104,052. f 104,052. g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 881,873. Advertising and promotion 12 775,103 78,715. 28,055. 213,929. Office expenses 13 115,790. 2,010,516. 98,139. Information technology 14 1,386,572. 88,175. 535,769. 157,352. Royalties 15 124,160. 17,379. 15,813. Occupancy 16 1,241,747. Travel 17 1,112,082. 48,170. 96,548 81,495. Payments of travel or entertainment expenses 63,284. 18 23,033, 10,231. for any federal, state, or local public officials Conferences, conventions, and meetings 19 6,480. 20 3,146. Interest ...... 3,334. 6,101. Payments to affiliates 21 6,101. Depreciation, depletion, and amortization 22 90,302. 23 68,968. Insurance 14,419. 124,861. 6,915. Other expenses. Itemize expenses not covered 103,824. 24 21,037 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a PRINT MAGAZINE 620,083. FULFILLMENT b 619,366. 717. 372,843. MANUSCRIPTS & ARTWORK C 346,072. 328,975. 26,771. OTHER 328,975. d 261,705. e All other expenses 131,607. 124,021, 75,873. 6,077. Total functional expenses. Add lines 1 through 24e 75,873. 17,478,934. Joint costs. Complete this line only if the organization 13,872,692. 1,462,209. 2,144,033. reported in column (B) joint costs from a combined educational campaign and fundraising solicitation,

Check here I if following SOP 98-2 (ASC 958-720) 132010 12-09-21

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13561222 701245 100490.2

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Form 990 (2021)

FOUNDATION FOR NATIONAL PROGRESS

Form 990 (2021)
Part X Balance Sheet

|        |  |                   |   | (A)<br>Beginning of year  |           | (B)<br>End of year  |
|--------|--|-------------------|---|---|-----------|---|
| 1      | Cash - non-interest-bearing                        |                   |   | 3,088,327.  | 1         | 3,414,398.  |
| 2      | Savings and temporary cash investments             |                   |   | 803,520.  | 2         | 3,189,687.  |
| 3      | Pledges and grants receivable, net                 |                   |   | 236,000.  | 3         | 361,000   |
| 4      | Accounts receivable, net                           |                   |   | 311,903.  | 4         | 169,143   |
| 5      | Loans and other receivables from any current       |                   |   | N. INCLUSING STREET, ST | 110161    | SHELL ARE CONTAINED   |
| 107    | trustee, key employee, creator or founder, sul     |                   |   |   |           |   |
|        | controlled entity or family member of any of th    |                   |   | (0.977) is a subserver subserver as a subserver as  | 5         | ELITER CONTRACTORS (CONTRACTORS)                              |
| 6      | Loans and other receivables from other disgu       |                   |   | A NAME OF COMPANY OF COMPANY  | 983.83 M  |   |
| - 32   | under section 4958(f)(1)), and persons describ     |                   |   |   | 6         | Contractive and second and and and                            |
| 7      | Notes and loans receivable, net                    |                   |   |   | 7         |   |
| 8      | Inventories for sale or use                        |                   |   |   | 8         |   |
| 9      | Description and and defensed the server            |                   |   | 267,953.  | 9         | 302,083   |
| 10a    | Land, buildings, and equipment: cost or other      |                   |   |   | 199649 15 | Contract Contractor   |
|        | basis. Complete Part VI of Schedule D              |                   | 1,983,883.  |   |           |   |
| b      | Less: accumulated depreciation                     |                   | 1,789,639.  | 220,524.  | 10c       | 194,244.  |
| 11     | Investments - publicly traded securities           |                   |   | 760.  | 11        |   |
| 12     | Investments - other securities. See Part IV, lin   | e 11              |   |   | 12        |   |
| 13     | Investments - program-related. See Part IV, lir    |                   |   |   | 13        |   |
| 14     | Intangible assets                                  |                   |   | 14  |           |   |
| 15     | Other assets. See Part IV, line 11                 | 113,330.          | 15  | 113,330   |           |   |
| 16     | Total assets. Add lines 1 through 15 (must e       |                   | 5,042,317.  | 16  | 7,743,885 |   |
| 17     | Accounts payable and accrued expenses              | 1,910,285.        | 17  | 1,518,176   |           |   |
| 18     | Grants payable                                     |                   | 18  |   |           |   |
| 19     | Deferred revenue                                   |                   |   | 1,225,848.  | 19        | 1,708,798   |
| 20     | Tax-exempt bond liabilities                        |                   |   |   | 20        |   |
| 21     | Escrow or custodial account liability. Comple      |                   |   |   | 21        |   |
| 22     | Loans and other payables to any current or fo      |                   | Control of the second |   | 1999      |   |
| 10.000 | trustee, key employee, creator or founder, sul     | ostantial contril | outor, or 35%   |   | 1         |   |
|        | controlled entity or family member of any of th    | nese persons      |   |   | 22        | enteración de la sector de la construction de la sector de la |
| 23     | Secured mortgages and notes payable to unr         | elated third par  |   |   | 23        |   |
| 24     | Unsecured notes and loans payable to unrela        | ted third partie  | s   | 1,947,941.  | 24        | 500,000   |
| 25     | Other liabilities (including federal income tax,   |                   |   |   |           |   |
| 10000  | parties, and other liabilities not included on lir | ies 17-24). Con   | nplete Part X   |   |           |   |
|        | of Schedule D                                      |                   |   | 207,271.  | 25        | 283,125   |
| 26     | Total liabilities. Add lines 17 through 25         |                   |   | 5,291,345.  | 26        | 4,010,099   |
|        | Organizations that follow FASB ASC 958, c          | heck here 🕨       | X   |   |           |   |
|        | and complete lines 27, 28, 32, and 33.             |                   |   |   | 1997      |   |
| 27     |  |                   |   | -1,743,471.   | 27        | -1,995,087  |
| 28     | Net assets with donor restrictions                 | 1,494,443.        | 28  | 5,728,873   |           |   |
|        | Organizations that do not follow FASB ASC          | 958, check h      | ere 🕨 🗌 🔰   |   |           |   |
|        | and complete lines 29 through 33.                  |                   |   |   |           |   |
| 29     | Capital stock or trust principal, or current fun   | ds                |   |   | 29        |   |
| 30     | Paid-in or capital surplus, or land, building, or  |                   |   |   | 30        |   |
| 31     | Retained earnings, endowment, accumulated          |                   |   |   | 31        |   |
| 32     | Total net assets or fund balances                  |                   |   | -249,028.   | 32        | 3,733,786   |
| 33     | Total liabilities and net assets/fund balances     |                   |   | 5,042,317.  | 33        | 7,743,885   |

Form 990 (2021)

132011 12-09-21

|   | art XI Reconciliation of Net Assets   | 94-7   | 2282759     |       | Page    |
|---|---|--|-------------|-------|---------|
|   | Check if Schedule O contains a response or note to any line in this Part XI   |  |             |       |         |
| 1   | rotal revenue (must equal Daet tau  |  |             |       | . [     |
| 2   | Total expenses (must equal Part IX, column (A), line 12)  |  |             |       |         |
| 3   | Total expenses (must equal Part VIII, column (A), line 12)<br>Revenue less expenses. Subtract line 2 from line 1  | 1  |             | 21,46 |         |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))<br>Net unrealized gains (losses) on investments   |  |             | 17,47 | 8,93    |
| 5   | includifealized dame damesters i  | 3  |             | 3,98  |         |
| 6   | Donated services and use of facilities  | 4  |             | -24   | 9,02    |
| 7   | Investment expenses   | 5  |             |       | _       |
| 8   | Investment expenses<br>Prior period adjustments<br>Other changes in net assets or fund balances (explain on Schedule O)<br>Net assets or fund balances  | 6  |             |       |         |
| 9   | Other changes in net assets or fund but   | 7  |             |       |         |
| 0   | Other changes in net assets or fund balances (explain on Schedule O)<br>Net assets or fund balances at end of year. Combine lines 3 through 9 (much   | 8  |             |       |         |
|   | Net assets or fund balances (explain on Schedule O)<br><u>column (B)</u><br><u>column (B)</u>   | 9  |             |       | 0       |
| Par   | column (B))<br>t XII Financial Statements and Reporting   |  |             |       |         |
|   | Check if Schedule O contained   | 10   |             | 3,733 | ,786    |
|   | solution of contains a response or note to any line in this Part XII  |  |             |       |         |
| 8   | Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its and               |  | ********    |       | X       |
|   | s show doed to prepare the Form 990.  |  |             |       |         |
|   |   |  | _           | Yes   | No      |
|   |   |  |             | Yes   | No      |
| а   | Were the organization's financial attach  | 0.   | -           | Yes   | No      |
| а   | Were the organization's financial attach  | 0.   | -<br>2a     | Yes   | No<br>X |
| а   | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed by<br>separate basis, consolidated basis, or both:   | O.<br>on a                                   | - <u>2a</u> | Yes   |         |
| a   | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of<br>separate basis, consolidated basis, or both:   | O.<br>on a                                   | - <u>2a</u> | Yes   |         |
| a<br>;  | Were the organization's financial statements compiled or reviewed by an independent accountant?  Were the organization's financial statements compiled or reviewed by an independent accountant?  Separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  | on a   | - <u>2a</u> | Yes   |         |
| a<br>,  | Were the organization's financial statements compiled or reviewed by an independent accountant?  Were the organization's financial statements compiled or reviewed by an independent accountant?  Separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  | on a   | - <u>2a</u> | Yes   |         |
| ίa<br>ι<br>ι<br>ι<br>ι                            | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>Were the organization's financial statements compiled or reviewed by an independent accountant?<br>separate basis, consolidated basis, or both:<br>Separate basis Consolidated basis Both consolidated and separate basis<br>Were the organization's financial statements audited by an independent accountant?<br>f 'Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of<br>the organization's financial statements audited by an independent accountant?<br>f 'Yes," check a box below to indicate whether the financial statements for the year were audited on a separate the organization of the text of text of the text of tex | on a   |             |       |         |
| ia<br>b \<br>l<br>c                               | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of<br>separate basis, consolidated basis, or both:<br>Separate basis Consolidated basis Both consolidated and separate basis<br>Were the organization's financial statements audited by an independent accountant?<br>Were the organization's financial statements audited by an independent accountant?<br>Were the organization's financial statements audited by an independent accountant?<br>f "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate to<br>consolidated basis, or both:<br>X Separate basis   | on a<br>Dasis,                               |             |       |         |
| a<br> <br> <br> <br> <br>                         | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of<br>separate basis, consolidated basis, or both:<br>Separate basis Consolidated basis Both consolidated and separate basis<br>Were the organization's financial statements audited by an independent accountant?<br>Were the organization's financial statements audited by an independent accountant?<br>F'Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis<br>Separate basis, or both:<br>Separate basis Consolidated basis Both consolidated and separate basis<br>F'Yes" to line 2a or 2b does the   | on a<br>Nasis,                               | 2b          |       |         |
| a<br>I<br>C<br>If                                 | Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis  Consolidated basis For the organization's financial statements audited by an independent accountant? Consolidated basis For the organization's financial statements audited by an independent accountant? Consolidated basis For Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of For Yes," check a box below to indicate whether the financial statements audited by an independent accountant?  Consolidated basis, or both:  Separate basis Separa              | on a<br>Dasis,                               | 2b          |       |         |
| a<br>I<br>C<br>If<br>If                           | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>separate basis, consolidated basis, or both:<br>Separate basis Consolidated basis Both consolidated and separate basis<br>f "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of<br>Separate basis Consolidated basis Both consolidated and separate basis<br>f "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of<br>separate basis Consolidated basis Both consolidated and separate basis<br>f "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate to<br>consolidated basis, or both:<br>Separate basis Consolidated basis Both consolidated and separate basis<br>f "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a<br>the organization of its financial statements and selection of an independent accountant?   | on a<br>Dasis,<br>udit,                      | 2b          |       |         |
| a<br>i<br>i<br>i<br>i<br>f<br>f<br>As             | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>separate basis, consolidated basis, or both:<br>Separate basis Consolidated basis Both consolidated and separate basis<br>Were the organization's financial statements audited by an independent accountant?<br>Were the organization's financial statements audited by an independent accountant?<br>Were the organization's financial statements audited by an independent accountant?<br>Were the organization's financial statements audited by an independent accountant?<br>f 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis<br>f 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate to<br>consolidated basis, or both:<br>Separate basis Consolidated basis Both consolidated and separate basis<br>f 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a<br>the organization changed either its oversight process or selection of an independent accountant?<br>s a result of a federal award, was the   | on a<br>Dasis,<br>udit,                      | 2b          | x     |         |
| a<br>I<br>C<br>If<br>If<br>As                     | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of<br>separate basis, consolidated basis, or both:<br>Separate basis Consolidated basis, or both:<br>Consolidated basis Both consolidated and separate basis<br>f "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of<br>the organization's financial statements audited by an independent accountant?<br>Separate basis, or both:<br>Separate basis Consolidated basis Both consolidated and separate basis<br>f "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a<br>seview, or compilation of its financial statements and selection of an independent accountant?<br>s a result of a federal award, was the organization required to undergo an audit or audits as cet forth in set.   | on a<br>Dasis,<br>udit,<br>ule O.            | 2b          | x     |         |
| ta<br>b \<br>li<br>cc<br>li<br>f<br>f<br>Ac<br>lf | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>separate basis, consolidated basis, or both:<br>Separate basis Consolidated basis Both consolidated and separate basis<br>Were the organization's financial statements audited by an independent accountant?<br>Separate basis Consolidated basis Both consolidated and separate basis<br>f 'Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of<br>Separate basis Consolidated basis Both consolidated and separate basis<br>f 'Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis<br>f 'Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis<br>f 'Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis<br>f 'Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis<br>f 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a<br>the organization changed either its oversight process or selection process during the tax year, explain on Sched<br>ct and OMB Circular A-133?<br>"Yes," did the organization undered the  | on a<br>basis,<br>udit,<br>ule O.<br>e Audit | 2b          | x     |         |
| ta<br>b \<br>li<br>cc<br>li<br>f<br>f<br>Ac<br>lf | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>separate basis, consolidated basis, or both:<br>Separate basis Consolidated basis Both consolidated and separate basis<br>Were the organization's financial statements audited by an independent accountant?<br>Were the organization's financial statements audited by an independent accountant?<br>Were the organization's financial statements audited by an independent accountant?<br>Were the organization's financial statements audited by an independent accountant?<br>f 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis<br>f 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate to<br>consolidated basis, or both:<br>Separate basis Consolidated basis Both consolidated and separate basis<br>f 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a<br>the organization changed either its oversight process or selection of an independent accountant?<br>s a result of a federal award, was the   | on a<br>basis,<br>udit,<br>ule O.<br>e Audit | <u>2b</u>   | x     | x       |

Form 990 (2021)

132012 12-09-21

| (Form 990)<br>Repartment of the Treasury<br>Iternal Revenue Service   | Complete if the org   | arity Status an<br>anization is a section 50<br>947(a)(1) nonexempt cha<br>Attach to Form 990 or F<br>ov/Form990 for instruction   | l(c)(3) orga<br>ritable tru<br>form 990-   | anization<br>Ist.<br>EZ.   | or a section   | 2021<br>Open to Public<br>Inspection  |
|---|---|--|--|--|--|---|
| lame of the organization  |   |  |  |  | Employe  | er identification numbe   |
| Part I Reason for   | FOUNDATION FOR NATIO  |  | omplete ti   | le nort \ C  | See Instructions   | 94-2282759  |
|   | rivate foundation because it is:  |  |  |  |  |   |
| 1       A church, converte         2       A school descril         3       A hospital or a converte  | ention of churches, or associat<br>bed in section 170(b)(1)(A)(ii),<br>cooperative hospital service or<br>urch organization operated in c   | tion of churches described<br>. (Attach Schedule E (Form<br>ganization described in se   | l in section<br>1990).)<br>ection 170  | n 170(b)(<br>)(b)(1)(A)(i  | 1)(A)(i).<br>iii).   | r the hospital's name,  |
| 5 An organization   | operated for the benefit of a c<br>(1)(A)(iv). (Complete Part II.)  | college or university owned  | l or operat  | ed by a g  | overnmental unit descril   | oed in  |
| 6 A federal, state,   | or local government or govern   | mental unit described in   | section 17   | 70(b)(1)(A   | )(v).  |   |
| section 170(b)(   | that normally receives a subst<br>1)(A)(vi). (Complete Part II.)  |  |  | emmental   | unit or from the genera  | public described in   |
|   | ust described in section 170(   |  |  |  |  |   |
|   | esearch organization describe<br>a non-land-grant college of agr  |  |  |  |  |   |
| activities related<br>income and unr<br>See section 50<br>An organization<br>a An organization<br>more publicly su<br>lines 12a throug<br>a Type I. A supp<br>the supported<br>organization.<br>b Type II. A sup<br>control or mar<br>organization(s<br>c Type III funct<br>its supported<br>d Type III non-1<br>that is not fun<br>requirement (s<br>e Check this bo | that normally receives (1) mor<br>to its exempt functions, subje-<br>elated business taxable incom<br>9(a)(2). (Complete Part III.)<br>organized and operated exclu-<br>organized and operated exclu-<br>upported organizations descrite<br>the 12d that describes the type<br>porting organization operated,<br>d organization(s) the power to re<br>You must complete Part IV, 3<br>poporting organization supervise<br>nagement of the supporting or<br>angenter of the support<br>organization(s) (see instruction<br>functionally integrated. A support<br>functionally integrated. A support<br>see instructions). You must can<br>be instructions. You must can<br>be instructions in the organization received a<br>tegrated, or Type III non-funct | act to certain exceptions; a<br>e (less section 511 tax) for<br>asively to test for public sa-<br>usively for the benefit of, to<br>bed in section 509(a)(1) of<br>of supporting organization<br>supervised, or controlled<br>regularly appoint or elect a<br>Sections A and B.<br>ed or controlled in connect<br>ganization vested in the si<br>A, Sections A and C.<br>ing organization operated<br>ins). You must complete I<br>oporting organization oper-<br>nization generally must sat<br>complete Part IV, Sections<br>a written determination fro | and (2) no<br>m busines<br>fety. See<br>perform t<br>r section<br>and com<br>by its supp<br>majority o<br>tion with it<br>ame perso<br>in connect<br>Part IV, Se<br>ated in col<br>isfy a distr<br>s A and D,<br>m the IRS | more than<br>section 5<br>he functio<br>509(a)(2).<br>plete lines<br>borted org<br>of the direct<br>s support<br>ns that co<br>tion with,<br>ections A,<br>ibution re-<br>and Part<br>that it is a | a 33 1/3% of its support<br>ired by the organization<br><b>09(a)(4).</b><br>See section 509(a)(3).<br>The section 509(a)(3). | from gross investment<br>after June 30, 1975.<br>e purposes of one or<br>Check the box on<br>r giving<br>supporting<br>aving<br>poprted<br>ted with,<br>ization(s)<br>iveness |
|   | and the second se   |  | 87. S.   |  |  |   |
|   | information about the suppor  | ted organization(s).   |  |  |  |   |
| (i) Name of support<br>organization   |   | (iii) Type of organization<br>(described on lines 1-10<br>above (see instructions))  | (v) is the org<br>in your govern<br>Yes  | nization listed<br>ng document?<br>No  | (v) Amount of monetary<br>support (see instructions)   | (vi) Amount of other<br>support (see instructions   |
|   |   |  |  |  |  |   |
|   |   |  | -  |  |  |   |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132021 01-04-22

Schedule A (Form 990) 2021

Page 2

| fails to qualify under the tests<br>Section A. Public Support   | listed below, plea           | ac complete rait   | <i>j</i>              |                      |                     |           |
|---|------------------------------|--|-----------------------|----------------------|---------------------|-----------|
|   | 4.3.0017                     |  |                       |                      |                     |           |
| Calendar year (or fiscal year beginning in)<br>1 Gifts, grants, contributions, and<br>membership fees received. (Do not<br>include any "unusual grants.")   | (a) 2017                     | (b) 2018   | (c) 2019              | (d) 2020             | (e) 2021            | (f) Total |
| 2 Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf   |                              |  |                       |                      |                     |           |
| 3 The value of services or facilities<br>furnished by a governmental unit to<br>the organization without charge   |                              |  |                       |                      |                     |           |
| 4 Total. Add lines 1 through 3  |                              |  |                       |                      |                     |           |
| 5 The portion of total contributions<br>by each person (other than a<br>governmental unit or publicly<br>supported organization) included<br>on line 1 that exceeds 2% of the<br>amount shown on line 11, |                              |  |                       |                      |                     |           |
| column (f)  |                              |  |                       |                      |                     |           |
| 6 Public support. Subtract line 5 from line 4.<br>Section B. Total Support  |                              |  |                       |                      |                     |           |
| Calendar year (or fiscal year beginning in)   | (a) 2017                     | (6) 2019   | (=) 2010              | (-1) 2000            | (-) 0001            | (0 T-4-1  |
| 7 Amounts from line 4   | (a) 2017                     | (b) 2018   | (c) 2019              | (d) 2020             | (e) 2021            | (f) Total |
| 8 Gross income from interest.   |                              |  |                       |                      |                     |           |
|   |                              |  |                       |                      | 1 1                 |           |
| dividends, payments received on   |                              |  |                       |                      |                     |           |
| securities loans, rents, royalties,   |                              |  |                       |                      |                     |           |
| and income from similar sources   |                              |  |                       |                      |                     |           |
| 9 Net income from unrelated business<br>activities, whether or not the  |                              |  |                       |                      |                     |           |
| business is regularly carried on  |                              |  |                       |                      |                     |           |
| 10 Other income. Do not include gain  |                              |  |                       |                      |                     |           |
| or loss from the sale of capital  |                              |  | 61                    |                      | 1 1                 |           |
| assets (Explain in Part VI.)  | and the second second second | Colors Contered Colors   | 168/108043100.001.00  | 1002000014300344502  | S STATUTOR ANALYSIS |           |
| 11 Total support. Add lines 7 through 10 [  | 179 PARTER PROFILE           | Manage Engrandering  |                       |                      |                     |           |
| 12 Gross receipts from related activities,  |                              | in the second se |                       |                      | 12                  |           |
| 13 First 5 years. If the Form 990 is for the  |                              |  |                       |                      |                     |           |
| organization, check this box and stop<br>Section C. Computation of Public   | Support Per                  | centade  |                       |                      |                     | ····· ►   |
| 14 Public support percentage for 2021 (li   |                              |  | column (0)            |                      | 14                  |           |
| 15 Public support percentage for 2020   | Schedule A. Part             | Il line 14   | column (ij)           |                      | 15                  |           |
| 16a 33 1/3% support test - 2021. If the o   |                              |  |                       |                      |                     |           |
| stop here. The organization qualifies a   |                              |  |                       |                      |                     |           |
| b 33 1/3% support test - 2020. If the o   | rganization did n            | ot check a box on  | line 13 or 16a, and   | l line 15 is 33 1/3% |                     | box       |
| and stop here. The organization quali   |                              |  |                       |                      |                     |           |
| 17a 10% -facts-and-circumstances test   |                              |  |                       |                      |                     |           |
| and if the organization meets the facts   |                              |  |                       |                      |                     |           |
| meets the facts-and-circumstances tes   |                              |  |                       |                      |                     |           |
| b 10% -facts-and-circumstances test   |                              |  |                       |                      |                     | 0% or     |
| more, and if the organization meets th<br>organization meets the facts-and-circu  | mstances test. Ti            | ne organization qu   | alifies as a publicly | / supported organi   | zation              | ►         |
| 18 Private foundation. If the organization  |                              |  |                       |                      |                     |           |

Schedule A (Form 990) 2021

FOUNDATION FOR NATIONAL PROGRESS

# Schedule A (Form 990) 2021 FOUNDATION FOR NATIONAL PROGRESS Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Calendar year (or fiscal year beginning in) 🕨   | (a) 2017  | (b) 2018   | (c) 2019                | (d) 2020   | (a) 2021                                    | (f) Total                |
|---|---|--|-------------------------|--|---|--------------------------|
| 1 Gifts, grants, contributions, and   | [a] 2017  | (0) 2010   | 10/2019                 | (a) 2020   | (e) 2021                                    | (f) Total                |
| membership fees received. (Do not   |   |  |                         |  |   |                          |
| include any "unusual grants.")  | 11,542,974.   | 12 510 222   | 12,299,817.             | 12,249,583.  | 17 760 604                                  | 66 262 245               |
|   | 11,542,574.   | 12,510,337.  | 12,299,017.             | 12,269,503.  | 17,760,604.                                 | 66,363,315,              |
| 2 Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose        | 2,884,034.  | 2,295,495.   | 2,072,496.              | 2,325,313.   | 2,462,857.                                  | 12,040,195               |
| 3 Gross receipts from activities that<br>are not an unrelated trade or bus-<br>iness under section 513  |   |  |                         |  |   |                          |
| 4 Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf   |   |  |                         |  |   |                          |
| 5 The value of services or facilities<br>furnished by a governmental unit to<br>the organization without charge   |   |  |                         |  |   |                          |
| 6 Total. Add lines 1 through 5  | 14,427,008.   | 14,805,832.  | 14,372,313.             | 14,574,896.  | 20,223,461.                                 | 78,403,510.              |
| 7a Amounts included on lines 1, 2, and<br>3 received from disgualified persons  | 1,676,473.  | 1,350,582.   | 1,918,052.              | 1,483,018.   | 4,182,605.                                  | 10,610,730.              |
| b Amounts included on lines 2 and 3 raceived<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                       |   |  |                         |  |   |                          |
| c Add lines 7a and 7b   | 1,676,473.  | 1,350,582.   | 1,918,052.              | 1,483,018.   | 4,182,605.                                  | 10,610,730.              |
| 8 Public support. (Subtract line 7; from line 6.)   | SURAL COMPLEXION  | ALL COMPANY AND A SUPERIOR   | STATISTICS STATIST      | SALMAR BER GREETENSAL  | THURSDAR STORES                             | 67,792,780.              |
| Section B. Total Support  | 1977652542546507159845  | STREET CONTRACTOR  | Sector Contractory Cont | Constant of the state of the st | ALW/98/00/1705/25/299                       | 07,752,700,              |
| Calendar year (or fiscal year beginning in)   | (a) 2017  | (b) 2018   | (-) 2010                | (-0.2020   | (-) 0001                                    | 10 T-1-1                 |
| 9 Amounts from line 6   | 14,427,008.   | 14,805,832.  | (c) 2019<br>14,372,313. | (d) 2020<br>14,574,896.  | (e) 2021<br>20,223,461.                     | (f) Total<br>78,403,510, |
| 10a Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources  | 272,009.  | 289,117.   | 299,361.                | 334,523.   | 314,721.                                    | 1,509,731.               |
| b Unrelated business taxable income   |   |  | ,                       |  |   | 1,505,751,               |
| (less section 511 taxes) from businesses  |   |  |                         |  |   |                          |
| acquired after June 30, 1975  |   | 1 2  |                         |  |   |                          |
|   | 070 000   | 000 117  | 000.004                 | 224 522  |   |                          |
| <ul> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business<br/>activities not included on line 10b,<br/>whether or not the business is<br/>regularly carried on</li> </ul> | 272,009.  | 289,117.   | 299,361.                | 334,523.   | 314,721.                                    | 1,509,731.               |
| 12 Other income. Do not include gain<br>or loss from the sale of capital  | 61,748.   | 23,590.  | 11,223.                 | 74,122.  | 8,875.                                      | 179,558,                 |
| assets (Explain in Part VI.)<br>13 Total support, (Add lines 9, 10c, 11, and 12.)   | 14,760,765.   | 15,118,539.  | 14,682,897.             | 14,983,541.  | 20,547,057.                                 | 80,092,799.              |
|   | and the second se |  |                         |  |   |                          |
| 14 First 5 years. If the Form 990 is for th<br>check this box and stop here   |   |  |                         |  |   |                          |
| Section C. Computation of Publi   | c Support Per   | centage  |                         |  |   |                          |
|   | Contract of the local data and the  | And the local design of th | aluman (P)              |  | 45  | 84,64 9                  |
|   |   |  | olumn (t))              |  | 15  |                          |
| 16 Public support percentage from 2020<br>Section D. Computation of Invest  |   |  |                         |  | 16  | 86,25 9                  |
|   | the second s  | the second s   | - 101                   |  |   | 1 00 -                   |
| 17 Investment income percentage for 20  |   |  |                         |  | 17  | 1.88 9                   |
| 18 Investment income percentage from .  |   |  |                         |  | 18  | 1.95 9                   |
| 19a 33 1/3% support tests - 2021. If the<br>more than 33 1/3%, check this box ar  | nd stop here. The   | organization qualif  | ies as a publicly su    | pported organiza   | tion  | ► X                      |
| b 33 1/3% support tests - 2020. If the  |   |  |                         |  |   | nd 📃                     |
| line 18 is not more than 33 1/3%, che   |   |  |                         |  | 그 신영 영국 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 | ····· ►                  |
| 20 Private foundation. If the organization  | n did not check a b   | box on line 14, 19a  | , or 19b, check thi     | s box and see ins  | tructions                                   |                          |
| 132023 01-04-22   |   | 17   |                         |  | Schedule A                                  | (Form 990) 20            |

Yes No

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

18



| Part IV       Supporting Organizations (continued)         11       Has the organization accepted a gift or contribution from any of the following persons?         a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11b below) of a supported organization?       11a         b A family member of a person described on line 11a above?       c A 39% controlled entity of a person described on line 11a above?       11a         c A 39% controlled entity of a person described on line 11a above?       if Yes* to line 11a, 11b, or 11c, provide detail in Part VI.       11e         Section B. Type I Supporting Organizations       11e       11e       11e       11e         2       Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organization and inter organization advices, directors, or trustees at all times during the tay sea? If Yes, 'togen advices and more than one supported organization advice controlle of the organization advice controlle of the supporting organization? If Yes, 'explain in Part VI how the supported organization of the advice controlle of the supported organization (for the acy sequence).       1         2       Did the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the supporting Organization? If Yes, 'explain in Part VI how control or management of the supporting organization advice during the part of a particulation is supported organization. If Yes 'explain in Part VI how control or management of the supporting organization advice during the part VI.   | Pa       | age §       |
|--|----------|-------------|
| <ul> <li>a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?</li> <li>b A family member of a person described on line 11a abve?</li> <li>c A 39% controlled entity of a person described on line 11a or 11b above? (If "Yes" to line 11a, 11b, or 11c, provide defail (I p Part N).</li> <li>Section B. Type I Supporting Organizations</li> <li>1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly apoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? (I "An," discribe in Part VI how the supported organization and or more supported organization and or more allows differs, directors, or trustees at all meson and the tax year? (I "An," discribe in Part VI how the supported organization and any support of organization's (I trustees at all the persons differs, directors, or trustees at all the persons differs, directors are trustees at all the supporting organization? (I "Yes," explain in Part VI how providing such benefic carried out the purposes of the supported organization's (I trustees at all the supporting organization's (I trustees at all the support of the comparison's supported organization's (I trustees at the support of the comparison's trustees at the support of the comparison's supported organization's (I trustees at the support of the comparison's (I trustees at the support of the C Trustees at the support of the comparison's supported organization's (I trustees at the support of the comparison's (I trustees at the support of the comparison's (I trustees at the adve of the test on the support of the corgan</li></ul>      |          |             |
| <ul> <li>a A preson who directly on indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?</li> <li>b A family member of a person described on line 11a above?</li> <li>c A 35% controlled entity of a person described on line 11a above?</li> <li>a SaySk controlled entity of a person described on line 11a or 11b above? // "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</li> <li>cettion B. Type I Supporting Organizations</li> <li>Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a manying of the organization state of the opwars to agoin and/or ranove diffees, directors, or trustees wat line supported organization, and what conditions or restrictions, if any, applied to such powers dialcated parameter and a supported organization and what controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization (b) that operated, supervised, or controlled the supporting organization? If 'No,' describe in Part VI how control or runsagement of the supporting organization (b) that operated, supervised, or controlled the supporting organization? If 'No,' describe in Part VI how control or management of the supporting organization (b) 'I' No,' describe in Part VI how control or management of the supporting organization (b) 'I' No,' describe or the dist of the dist controlled the supported organization? If 'No,' describe in Part VI how options tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a written notice describing the type and amount of support provided to runs apped organization? If 'No,' describe in Part VI how describes of the organization supported organization is tax year? (i) exployed organization</li></ul>                             | Yes      | No          |
| 11c below, the governing body of a supported organization?       11a         0 A family member of a person described on line 11a above?       11a         0 A 35% controlled entity of a person described on line 11a bove?       11a         0 A 35% controlled entity of a person described on line 11a bove?       11e         ection B. Type I Supporting Organizations       11e         1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization for the supported organization of officers, directors, or trustees at all times during the tax year? If Yuo,* describe in Part VI how the supported organization of officers, directors, or trustees at all times during the tax year? Ji Yuo,* describe in Part VI how the supported organization of the organization officers, directors, or trustees during the tax year.       1         2 Did the organization operate for the benefit of any supported organization? If Yeo,* describe in Part VI how control or management of the supporting organizations.       2         2 Did the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the supporting organizations.       2         4 Were a majority of the organization's supported organization(s)? If 'No,* describe in Part VI how control or management of the supporting organization was vested in the same passons that controlled or managed (fr. describes of the organization's directors, or trustees at all times during the piror tax year, (i) a withen notice describing the type and amount of support provided   |          | 一般          |
| b A family member of a person described on line 11a above? c A 35% controlled entity of a person described on line 11a bave? c A 35% controlled entity of a person described on line 11a bave? if "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. if cection B. Type I Supporting Organizations if the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's effective, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization is partial how providing such here for the benefit of any supported organization? If "Yes," explain in Part VI how providing such herefit camid ou the purposes of the supported organization (s) that operated, supported organization operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such herefit camid ou the purposes of the supported organization (s) that operated, supporting Organizations ection C. Type II Supporting Organizations  1 Were a majority of the organization's supported organization(s)? If "No," describe in Part VI how control or trustees of each of the organization was vested in the same persons that controlled or managed the supporting organizations  1 Did the organization provide to each of its supported organization(s)? If "No," describe in Part VI how control or management of the supporting Organizations  1 Did the organization provide to each of the supported organization(s)? If "No," describe in Part VI how control or management of the supporting Organizations  1 Did the organization is supported organizations, by the last day of the fifth month of the organization's tax year, (i) a cotey of the form 300 that was most recently filed as of the date of notification, and (ii) copies of the organization's day our (ii) documents in effect on the date of notification, and extern ton the adse of notifi                |          | 1103        |
| c A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes'' to line 11a, 11b, or 11c, provide detail in Part V. 11e ection B. Type I Supporting Organizations 11e 11   |          | _           |
| detail in Part VI.       11c         election B. Type I Supporting Organizations       11c         1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's difference, directors, or trustees at all times during the tax year? <i>I'</i> 'No,' describe in Part VI how the supported organization set whet conditions or restrictions, if any, applied to such powers during the tax year?       1         2 Did the organization operate for the benefit of any supported organization and what conditions or restrictions, if any, applied to such powers during the tax year?       2         2 Did the organization submerst on the purposes of the supported organization state supported organization state of the supporting organization state of the supporting organization state of the supporting organization state of the support of the organization state of the supporting organizations is supported organization state of the support of the organization state of the supporting organization state of the support of the organization state state and majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the organization state of the supporting organizations is supported organizations and the conditions of the event of the support of the organization state of the support of the organization state of the support of the organization is a support of the organization is support of the as and the date of notificator, on the event of previously provided?       1         1 Were a majority of the Form 900 that was most recently filed as of the date of notificator, on the evisuport prev  |          | _           |
| eection B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? "Now the supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees at any appoint of the supported organization and met tax year? "Now, "explain in Part VI how providing such benefit carried out the purposes of the supported organization (s) that operated, supervised, or controlled the supported organization (s) that operated, supervised, or controlled the supported organization (s) that operated, supervised, or controlled the supported organization (s) that operated, supervised, or controlled the supported organization (s) that operated, supervised organization's supported organization(s) that operated, supervised, or controlled the supporting Organization (s)? If 'No, ' describe in Part VI how control or management of the supporting Organizations. 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of its supported organizations, by the last day of the fifth month of the organization's tax year, (0) a written that notice describing the type as of the directory or the form 90 that vas and reservice the apported organization's tax year. 2 Were any of the organization's infectors, or trustees atter (0) appointed or relactably the prior tax organization's directors, or trustees at the directors, or trustees at the supported organization's apported organizatio  |          | 1335        |
| <ul> <li>1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax yea? <i>I'</i> 'No,' describe in Part VI how the supported organization solutions. If the organization had more than one supported organizations and what conditions or restrictions, if any, applied the organization had more than one supported organization aperated, supervised, or controlled the supported organization and what conditions or restrictions, if any, applied to such powers outling the tax year?</li> <li>2 Did the organization aperated for the benefit of any supported organization after year.</li> <li>2 Did the organization such benefit caried out the purposes of the supported organization (b) that operated, supervised, or controlled the supported organization (b) that operated, supervised, or controlled the supported organization (b) that operated, supervised organizations is supported organizations.</li> <li>2 election C. Type II Supporting Organizations</li> <li>1 Were a majority of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting Organizations.</li> <li>1 Did the organization's operative, supported organizations, by the last day of the fifth month of the organization's dowed organization's dowed?</li> <li>2 Were any of the organization's dowed to on that day of notification, and (iii) copies of the organization's dowed organization's (f) apported organization's (f) apported organization's appreted organization's apported organization's (f) apported organization's (f) apported organization's (g) or (i) serving on the governing body of a supported organization's and (iii) copies of the organization's dowed or the organization's dowed organization's income or assets at all times during the tax yea? (f' Yes, ' describe in Part VI h</li></ul> |          |             |
| more supported organizations have the power to regularly appoint or elect at least a majority of the erganization's officers, directors, or trustees at limes during the tax year? If No, 'describe in Part VI how the supported organization (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization describe how the powers to appoint and/or remove officers, directors, or trustees at easilocated among the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year? If Yes, 'describe in Part VI how supported organization operate for the benefit carried out the purposes of the supported organization (s) that operated, supervised, or controlled the supporting organization (the supporting organization).       1         2 Did the organization operate for the benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization (s) that operated, supervised, or controlled the supporting organization (s) that operated, supervised, or controlled the supporting organization (s) the operation.       2         2 Did the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization is supported organization(s)? If 'No, ' describe in Part VI how control or management of the supporting organizations.       1         2 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's upported organization (s) provided during the prior tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (ii) copies of the organization's directors, or trustees ether (i) appointed organization's lave athe organization's supported organization? I   | Yes      | No          |
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| <ol> <li>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization is tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (ii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?         <ol> <li>Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>if "No," explain in Part VI how</i> the organization maintained a close and continuous working relationship with the supported organization(s).</li> <li>By reason of the relationship described on line 2, above, did the organization's supported organization's sinceme or assets at all times during the tax year? <i>if "Yes," describe in Part VI the role the organization's supported organization splayed in this regard.</i></li> </ol> </li> <li>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).         <ol> <li>The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i></li> <li>The organization's activities during the tax year directly further the exempt purposes of the supported organization's activities during the tax year directly further the ersempt purposes of the supported organization was responsive? <i>It "Yes," then in Part VI identify</i> those supported organization and explain how these activities directly furthered their exampt purposes, how the organization substantially all of its activities.</li> <li>Did the activities described on line 2, above, constitute activities during the is activities in order their exampt purposes, how the organization's use</li></ol></li></ol>  | 761 H    | 1233        |
| <ul> <li>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (ii) copies of the organization's governing documents in effect on the date of notification, not previously provided?</li> <li>Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</li> <li>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</li> <li>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</li> <li>The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction?</li> <li>Activities Test. Answer lines 2 and 2b below.</li> <li>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations; to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities denether for a divertifies constituted substantially all of its activities.</li> <li>b Did the activities constituted substantially all of its activities.</li> </ul>   |          |             |
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| <ul> <li>organization's governing documents in effect on the date of notification, to the extent not previously provided?</li> <li>Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's organization's organization's organization maintained a close and continuous working relationship with the supported organizations.</li> <li>By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</li> <li>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</li> <li>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</li> <li>The organization satisfied the Activities Test. Complete line 2 below.</li> <li>The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction?</li> <li>Activities Test. Answer lines 2a and 2b below.</li> <li>Did substantially all of the organization's activities during the tax year directly further the exempt purposes, how the organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organization determined that these activities described on line 2a, above, constitute activities that, but for the organization's involvement.</li> </ul>  |          | 194         |
| <ul> <li>2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in</i> Part VI <i>how the organization maintained a close and continuous working relationship with the supported organization(s).</i></li> <li>3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in</i> Part VI <i>the role the organization's</i> supported organizations played in this regard.</li> <li>3 supported organizations played in this regard.</li> <li>3 ection E. Type III Functionally Integrated Supporting Organizations</li> <li>1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</li> <li>a The organization supported organization supported organizations. <i>Complete</i> line 3 <i>below.</i></li> <li>c The organization supported a governmental entity. <i>Describe in</i> Part VI how you supported a governmental entity (see instruction? Activities Test. Answer lines 2a and 2b below.</li> <li>a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organization determined that these activities described on line 2a, above, constitute activities that, but for the organization's involvement,</li> </ul>   | 》語       | 四點          |
| <ul> <li>organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</li> <li>By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's have a significant voice in the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</li> <li>Supported organizations played in this regard.</li> <li>Section E. Type III Functionally Integrated Supporting Organizations</li> <li>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</li> <li>a The organization satisfied the Activities Test. Complete line 2 below.</li> <li>b The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction?</li> <li>2 Activities Test. Answer lines 2a and 2b below.</li> <li>a Did substantially all of the organization's activities during the tax year directly further the exempt purposes, how the organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities described on line 2, above, constitute activities that, but for the organization's involvement,</li> </ul>   |          |             |
| the organization maintained a close and continuous working relationship with the supported organization(s).       2         3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.       3         supported organizations played in this regard.       3         ection E. Type III Functionally Integrated Supporting Organizations       3         income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.       3         income Complexitions played in this regard.       3         ection E. Type III Functionally Integrated Supporting Organizations       3         income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organization's supported organizations       3         iection E. Type III Functionally Integrated Supporting Organizations       3         a The organization satisfied the Activities Test. Complete line 2 below.       5         b The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction?       3         a Did substantially all of the organization's activities during the tax year directly further the exempt purposes, how the organization was responsive to th   |          | 1980        |
| <ul> <li>3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</li> <li>3 a cection E. Type III Functionally Integrated Supporting Organizations <ul> <li>a The organization satisfied the Activities Test. Complete line 2 below.</li> <li>b The organization satisfied the Activities Test. Complete line 2 below.</li> <li>c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction?</li> </ul> </li> <li>2 Activities Test. Answer lines 2a and 2b below.</li> <li>a Did substantially all of the organization 's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</li> <li>b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,</li> </ul>  | 2 A A    | 113         |
| <ul> <li>significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax yea? // "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</li> <li>Supported organizations played in this regard.</li> <li>Section E. Type III Functionally Integrated Supporting Organizations</li> <li>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</li> <li>a The organization satisfied the Activities Test. Complete line 2 below.</li> <li>b The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction?</li> <li>2 Activities Test. Answer lines 2a and 2b below.</li> <li>a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organizations and explain how these activities.</li> <li>b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement.</li> </ul>  |          |             |
| income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's       3         supported organizations played in this regard.       3         Section E. Type III Functionally Integrated Supporting Organizations       3         1       Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).       a         a       The organization satisfied the Activities Test. Complete line 2 below.       b         b       The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction?         2       Activities Test. Answer lines 2a and 2b below.         a       Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive? If "Yes," then in Part VI identify         those supported organization was responsive to those supported organizations, and how the organization determined that these activities described on line 2a, above, constitute activities that, but for the organization's involvement,  |          | 144         |
| supported organizations played in this regard.       3         Section E. Type III Functionally Integrated Supporting Organizations       1         1       Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).         a       The organization satisfied the Activities Test. Complete line 2 below.         b       The organization is the parent of each of its supported organizations. Complete line 3 below.         c       The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction         2       Activities Test. Answer lines 2a and 2b below.         a       Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.         b       Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,  |          |             |
| supported organizations played in this regard.       3         Section E. Type III Functionally Integrated Supporting Organizations       1         1       Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).         a       The organization satisfied the Activities Test. Complete line 2 below.         b       The organization is the parent of each of its supported organizations. Complete line 3 below.         c       The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction         2       Activities Test. Answer lines 2a and 2b below.         a       Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.         b       Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,  |          | 100         |
| <ul> <li>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</li> <li>a The organization satisfied the Activities Test. Complete line 2 below.</li> <li>b The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction 2 Activities Test. Answer lines 2a and 2b below.</li> <li>a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</li> <li>b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,</li> </ul>   |          |             |
| <ul> <li>a The organization satisfied the Activities Test. Complete line 2 below.</li> <li>b The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction</li> <li>2 Activities Test. Answer lines 2a and 2b below.</li> <li>a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</li> <li>b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,</li> </ul>   |          | 515.        |
| <ul> <li>2 Activities Test. Answer lines 2a and 2b below.</li> <li>a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</li> <li>b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,</li> </ul>   | sl       |             |
| <ul> <li>a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</li> <li>b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,</li> </ul>   | Yes      | No          |
| the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify         those supported organizations and explain how these activities directly furthered their exempt purposes,         how the organization was responsive to those supported organizations, and how the organization determined         that these activities constituted substantially all of its activities.         b       Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,   |          | 1238        |
| those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.       2a         b       Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,       2a  |          | 183         |
| how the organization was responsive to those supported organizations, and how the organization determined       2a         that these activities constituted substantially all of its activities.       2a         b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,       2a  |          | 103         |
| that these activities constituted substantially all of its activities.         2a           b         Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,         2a   | 13.22    | 1929        |
| b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,  | A SHOULD | 1.000       |
|  | 1985     | 1111        |
| one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in   |          | 123         |
| Part VI the reasons for the organization's position that its supported organization(s) would have engaged in   |          |             |
| these activities but for the organization's involvement. 2b  |          | L. Contract |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below.   | 1.04     | 181         |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or  |          | 134         |
|  | 100000   | 1227        |
|  | 1385     | 183         |
| of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b   | 27(25)   | 10338       |
| trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in</i> <b>Part VI.</b> 3a Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each   | 1480     |             |

132025 01-04-22

Schedule A (Form 990) 2021

FOUNDATION FOR NATIONAL PROGRESS

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

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

| Sect    | ion A - Adjusted Net Income   |        | (A) Prior Year                                      | (B) Current Year<br>(optional)   |
|---------|---|--------|---|--|
| 1       | Net short-term capital gain   | 1      |   |  |
| 2       | Recoveries of prior-year distributions  | 2      |   |  |
| 3       | Other gross income (see instructions)   | 3      |   |  |
| 4       | Add lines 1 through 3.  | 4      |   |  |
| 5       | Depreciation and depletion  | 5      |   |  |
| 6       | Portion of operating expenses paid or incurred for production or  |        |   |  |
|         | collection of gross income or for management, conservation, or  | 1 1    |   |  |
|         | maintenance of property held for production of income (see instructions)  | 6      |   |  |
| 7       | Other expenses (see instructions)   | 7      |   |  |
| 8       | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  | 8      |   |  |
| Sect    | ion B - Minimum Asset Amount  |        | (A) Prior Year                                      | (B) Current Year<br>(optional)   |
| 1       | Aggregate fair market value of all non-exempt-use assets (see   |        |   |  |
| 122     | instructions for short tax year or assets held for part of year):   | 030585 |   | definition of the second s |
|         | Average monthly value of securities   | 1a     |   |  |
| _       | Average monthly cash balances   | 1b     | 2   |  |
|         | Fair market value of other non-exempt-use assets  | 1c     |   |  |
| - 20.55 | Total (add lines 1a, 1b, and 1c)  | 1d     | No sector - e real e sector à concepte a estimation | Interest water interest sectors and the sector   |
| e       | Discount claimed for blockage or other factors<br>(explain in detail in Part VI):   |        |   |  |
| 2       | Acquisition indebtedness applicable to non-exempt-use assets  | 2      |   |  |
| 3       | Subtract line 2 from line 1d.   | 3      |   |  |
| 4       | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,<br>see instructions).                         | 4      |   |  |
| 5       | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5      |   |  |
| 6       | Multiply line 5 by 0.035.   | 6      |   |  |
| 7       | Recoveries of prior-year distributions  | 7      |   |  |
| 8       | Minimum Asset Amount (add line 7 to line 6)   | 8      |   |  |
| Sect    | ion C - Distributable Amount  |        |   | Current Year   |
| 1       | Adjusted net income for prior year (from Section A, line 8, column A)   | 1      |   |  |
| 2       | Enter 0.85 of line 1.   | 2      | and the second second second                        |  |
| 3       | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3      |   |  |
| 4       | Enter greater of line 2 or line 3.  | 4      |   |  |
| 5       | Income tax imposed in prior year  | 5      |   |  |
| 6       | Distributable Amount. Subtract line 5 from line 4, unless subject to<br>emergency temporary reduction (see instructions). | 6      |   |  |

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

Schedule A (Form 990) 2021

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e Excess from 2021

Schedule A (Form 990) 2021

| 0.2018 | ion D - Distributions   |                               |                                       |               | Current Year                              |
|--------|---|-------------------------------|---------------------------------------|---------------|---|
| 1      | Amounts paid to supported organizations to accomplish exe       |                               |                                       | 1             |   |
| 2      | Amounts paid to perform activity that directly furthers exemp   | t purposes of supported       |                                       |               |   |
|        | organizations, in excess of income from activity                |                               |                                       | 2             |   |
| 3      | Administrative expenses paid to accomplish exempt purpose       | s of supported organizations  | i                                     | 3             |   |
| 4      | Amounts paid to acquire exempt-use assets                       |                               |                                       | 4             |   |
| 5      | Qualified set-aside amounts (prior IRS approval required - pro  | ovide details in Part VI)     |                                       | 5             |   |
| 6      | Other distributions (describe in Part VI). See instructions.    |                               |                                       | 6             |   |
| 7      | Total annual distributions. Add lines 1 through 6.              |                               |                                       | 7             |   |
| 8      | Distributions to attentive supported organizations to which the | e organization is responsive  |                                       | 1.000         |   |
|        | (provide details in Part VI). See instructions.                 |                               |                                       | 8             |   |
| 9      | Distributable amount for 2021 from Section C, line 6            |                               |                                       | 9             |   |
| 10     | Line 8 amount divided by line 9 amount                          |                               |                                       | 10            |   |
| Secti  | ion E - Distribution Allocations (see instructions)             | (i)<br>Excess Distributions   | (ii)<br>Underdistribution<br>Pre-2021 | ns            | (iii)<br>Distributable<br>Amount for 2021 |
| 1      | Distributable amount for 2021 from Section C, line 6            |                               |                                       |               |   |
| 2      | Underdistributions, if any, for years prior to 2021 (reason-    |                               |                                       | A DECEMBER OF | Statistics and the                        |
|        | able cause required - explain in Part VI). See instructions.    |                               |                                       |               |   |
| 3      | Excess distributions carryover, if any, to 2021                 | <b>学校的教育和教育的教育和教育</b>         |                                       | 1.200         |   |
| а      | From 2016   |                               |                                       | No.           |   |
| b      | From 2017   |                               | anus meetidat takt                    | Line St. A    |   |
| с      | From 2018   |                               | 法的理论的问题的问题                            | 如果特点          |   |
| d      | From 2019   |                               |                                       | 法包括多          |   |
| e      | From 2020   |                               |                                       |               | REAL PROPERTY OF                          |
| f      | Total of lines 3a through 3e                                    |                               | 的现在分词是这些问题                            | 122128        |   |
| g      | Applied to underdistributions of prior years                    |                               |                                       | 1021          |   |
| h      | Applied to 2021 distributable amount                            | <i>和新闻的時代的時代的時代的時代</i>        |                                       | 1999          |   |
| i      | Carryover from 2016 not applied (see instructions)              |                               | ····································· |               |   |
| i      | Remainder, Subtract lines 3g, 3h, and 3i from line 3f.          |                               |                                       |               |   |
| 4      | Distributions for 2021 from Section D,                          | Participation of the second   |                                       | 31.5.1        |   |
|        | line 7: \$  |                               | State Shirts Charles                  |               |   |
| a      | Applied to underdistributions of prior years                    | 制度的行任任何有限制度                   |                                       | 1             |   |
| b      | Applied to 2021 distributable amount                            | 建的现在分词称自己的变法                  | A DESCRIPTION OF THE                  | 144.752       |   |
| С      | Remainder. Subtract lines 4a and 4b from line 4.                |                               | Mar Bar Barra                         | 142/01        | 地的目的。这些问题:                                |
| 5      | Remaining underdistributions for years prior to 2021, if        |                               |                                       |               |   |
|        | any. Subtract lines 3g and 4a from line 2. For result greater   |                               |                                       |               |   |
|        | than zero, explain in Part VI. See instructions.                |                               |                                       |               |   |
| 6      | Remaining underdistributions for 2021. Subtract lines 3h        |                               |                                       |               |   |
|        | and 4b from line 1. For result greater than zero, explain in    |                               |                                       |               |   |
|        | Part VI. See instructions.                                      |                               |                                       |               |   |
| 7      | Excess distributions carryover to 2022. Add lines 3j            |                               |                                       |               |   |
| 22     | and 4c.   | CAST 224 CONTRACT CONSYMPLATE |                                       | 202010        |   |
| 8      | Breakdown of line 7:  |                               |                                       |               |   |
|        | Excess from 2017  |                               |                                       |               |   |
|        | Excess from 2018  |                               |                                       |               |   |
|        | Excess from 2019  |                               |                                       | CONTRACTOR OF |   |
| d      | Excess from 2020  |                               |                                       | REPORT OF     |   |

| Schedule A |          | - Wie I          | DATION FOR |             |                          |             |
|------------|----------|------------------|------------|-------------|--------------------------|-------------|
| Part V     | Type III | Non-Functionally | Integrated | d 509(a)(3) | Supporting Organizations | (continued) |

94-2282759

Page 7

| Schedule A (Form 990) 2021         FOUNDATION FOR NATIONAL PROGRESS           Part VI         Supplemental Information.         Provide the explanations required by Part II, line 10; Part II, line 17a or<br>Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1<br>line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V | and 2; Part IV, Sectio<br>Section B. line 1e: P | Page<br>in C,<br>art V, |
|---|---|-------------------------|
| Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition<br>(See instructions.)   | nal information.                                |                         |
| CHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:   |   |                         |
| ISCAL SPONSORSHIP   |   |                         |
| 2017 AMOUNT: \$ 42,876.   |   |                         |
| 2018 AMOUNT: \$ 43.   |   |                         |
| VENT REVENUE  |   |                         |
| 017 AMOUNT: \$ 1,950.   |   |                         |
| 018 AMOUNT: \$ 22,058.  |   |                         |
| 019 AMOUNT: \$ 9,437.   |   |                         |
| 020 AMOUNT: \$ 11,923.  |   |                         |
| 021 AMOUNT: \$ 8,875.   |   |                         |
| THER INCOME   |   |                         |
| 2017 AMOUNT: \$ 16,922.   |   |                         |
| 2018 AMOUNT: \$ 1,489.  |   |                         |
| 2019 AMOUNT: \$ 1,786.  |   |                         |
| 2020 AMOUNT: \$ 62,199.   |   |                         |
|   |   |                         |
|   |   |                         |
|   |   |                         |
|   |   |                         |
|   |   |                         |
|   |   |                         |
| 32028 01-04-22  | Schedule A (Form                                | 990) 20                 |

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## \*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule B

(Form 990)

Department of the Traasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

| Name of the organizati  | n  | LOLI  |
|---|--|---|
|   | POINDATION FOR WEIGHT  | Employer identification number  |
| Organization type (che  | FOUNDATION FOR NATIONAL PROGRESS<br>ck one):   | 94-2282759  |
| Filers of:  | Section:   |   |
| Form 990 or 990-EZ  | X 501(c)( <sup>3</sup> ) (enter number) organization   |   |
|   | 4947(a)(1) nonexempt charitable trust not treated as a private foundation  |   |
|   | 527 political organization   |   |
| orm 990-PF  | 501(c)(3) exempt private foundation  |   |
|   | 4947(a)(1) nonexempt charitable trust treated as a private foundation  |   |
|   | 501(c)(3) taxable private foundation   |   |
|   |  |   |
| property) from an<br>ecial Rules  | on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling<br>y one contributor. Complete Parts I and II. See instructions for determining a contributor's   | \$5,000 or more (in money or<br>total contributions.                                      |
| For an organizations 509(a)(1)  | in described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support te<br>and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and<br>the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the amount on (i) Fo<br>the second se | st of the regulations under<br>that received from any one<br>orm 990, Part VIII, line 1h; |
| For an organizatio<br>contributor, during<br>literary, or education                     | n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an<br>the year, total contributions of more than \$1,000 exclusively for religious, charitable, scier<br>onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entri<br>) instead of the contributor name and address), II, and III.   | V one   |
| For an organization<br>year, contributions<br>is checked, enter h<br>purpose. Don't con | exclusively for religious, charitable, etc., purposes, but no such contributions totaled more<br>exclusively for religious, charitable, etc., purposes, but no such contributions totaled more<br>ere the total contributions that were received during the year for an <i>exclusively</i> religious, charitable any of the parts unless the <b>General Rule</b> applies to this organization because it rec<br>, etc., contributions totaling \$5,000 or more during the year   | than \$1,000. If this box   |
| ion: An organization u  | · · · · · · · · · · · · · · · · · · ·  | ► \$  |

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

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

Schedule B (Form 990) (2021)

|            |   |                                | oyer identification numb  |
|------------|---|--------------------------------|---|
| - Standal  | ON FOR NATIONAL PROGRESS  |                                | 94-2282759  |
| Part I     | Contributors (see instructions). Use duplicate copies of Part I | if additional space is needed. |   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contributio  |
| 1          |   | \$10,000.                      | Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions.       |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contributio  |
| 2          |   | \$5,000.                       | Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions.       |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contributio  |
| 3          |   | \$7,000.                       | Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions)       |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contributio  |
| 4          |   | \$10,000.                      | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions. |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contributio  |
| 5          |   | \$15,000.                      | Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions,       |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contributio  |
| 6          |   | \$45,000.                      | Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions,       |

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Schedule B (Form 990) (2021)

Page 2

| the second s | 3 (Form 990) (2021)<br>rganization                              | Emp                            | Page<br>loyer identification number  |
|--|---|--------------------------------|--|
| OUNDATI  | ON FOR NATIONAL PROGRESS  |                                | 94-2282759   |
| Part I   | Contributors (see instructions). Use duplicate copies of Part I | if additional space is needed. |  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contribution  |
| .7   |   | \$10,000.                      | Person X<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)    |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contribution  |
| 8  |   | \$5,000.                       | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contribution  |
| 9  |   | \$35,000.                      | Person X<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)    |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contribution  |
| 10   |   | \$35,000.                      | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contribution  |
|  |   | \$10,000.                      | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contribution  |
| 12   |   | \$\$                           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

Schedule B (Form 990) (2021)

26 2021.05010 FOUNDATION FOR NATIONAL P 100490.1

13561222 701245 100490.2

| Schedule B | (Form | 990) | (2021) |
|------------|-------|------|--------|
|------------|-------|------|--------|

Name of organization

| Part I                  | Contributors (see instructions). Use duplicate copies of Par |                                    | 94-2282759   |
|-------------------------|--|------------------------------------|--|
| (a)                     |  | t I if additional space is needed. |  |
| No.                     | (b)<br>Name, address, and ZIP + 4                            | (c)<br>Total contributio           | (d)<br>Ons Type of contributio   |
| (a)                     |  | \$60                               | ,624. Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions.  |
| No.                     | (b)<br>Name, address, and ZIP + 4                            | (c)<br>Total contribution          | (d)  |
| 14                      |  |                                    | Type of contribution           Person         X           Payroll         Noncash           (Complete Part II for<br>noncash contributions.) |
| (a)<br>No.              | (b)<br>Name, address, and ZIP + 4                            | (c)<br>Total contribution          | (4)  |
| 15 -<br>-<br>(a)<br>No. | (b)  | \$20,0                             | (Complete Part II for<br>noncash contributions.)   |
| 16 _                    | Name, address, and ZIP + 4                                   | Total contributions                | Person X<br>Payroll  |
| (a)                     | (b)  | \$54,19                            | 22. Noncash (Complete Part II for noncash contributions.)  |
| 17                      | Name, address, and ZIP + 4                                   | (c)<br>Total contributions         | (d)<br>Type of contribution  |
| _                       |  | \$379,00                           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |
| a)<br>o.<br>18          | (b)<br>Name, address, and ZIP + 4                            | (c)<br>Total contributions         | (d)<br>Type of contribution  |
|                         |  | \$\$                               | Person X<br>Payroll<br>Noncash<br>(Complete Part II for  |

13561222 701245 100490.2

2021.05010 FOUNDATION FOR NATIONAL P 100490.1

Page 2

| and the second se | B (Form 990) (2021)<br>rganization                              | Em                         | Page<br>ployer identification number   |
|---|---|----------------------------|--|
|   |   |                            |  |
|   | ON FOR NATIONAL PROGRESS  |                            | 94-2282759   |
| Part I  | Contributors (see instructions). Use duplicate copies of Part I |                            |  |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 19  |   | \$5,000                    | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 20  |   | \$\$                       | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 21  |   | \$15,000                   | Person X<br>Payroll I<br>Noncash (Complete Part II for<br>noncash contributions.)  |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 22  |   | \$B5,000                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 23  |   | \$5,000                    | Person X<br>Payroll I<br>Noncash (Complete Part II for<br>noncash contributions.)  |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 24  |   | \$20,000                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)    |

Schedule B (Form 990) (2021)

13561222 701245 100490.2

123452 11-11-21

| David I    | Contributors  |                                |  |
|------------|---|--------------------------------|--|
| Part I     | Contributors (see instructions). Use duplicate copies of Part I | if additional space is needed. |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contribution  |
| 25         |   | \$10,000.                      | Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions.      |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contributio   |
| 26         |   | \$75,000.                      | Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions.      |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contributio   |
| 27         |   | \$                             | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contributio   |
| 28         |   | \$15,000.                      | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contributio   |
| 29         | ·   | \$24,089.                      | Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions       |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contributio   |
| 30         |   | \$\$                           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for                          |

Schedule B (Form 990) (2021)

29 2021.05010 FOUNDATION FOR NATIONAL P 100490.1

13561222 701245 100490.2

| Page | 2 |
|------|---|
|------|---|

Schedule B (Form 990) (2021)

| Part I     | Contributors (see instructions). Use duplicate copies of Part I | if additional space is needed. |  |
|------------|---|--------------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contribution  |
| 31         |   | \$120,000.                     | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contribution  |
| 32         |   | \$171,691.                     | Person X<br>Payroll X<br>Noncash X<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contribution  |
| 33         |   | \$375,000.                     | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contribution  |
| 34         |   | \$15,000.                      | Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions.)           |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contribution  |
| 35         |   | \$5,000.                       | Person X<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contribution  |
| 36         |   | \$5,000.                       | Person X<br>Payroll Noncash<br>(Complete Part II for<br>noncash contributions.)        |

Page 2

Employer identification number

Schedule B (Form 990) (2021)

Name of organization

|            | rganization   |                                | loyer identification numb   |
|------------|---|--------------------------------|---|
|            | ON FOR NATIONAL PROGRESS  |                                | 94-2282759  |
| Part I     | Contributors (see instructions). Use duplicate copies of Part I | if additional space is needed. | _   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contribution   |
| 37         |   | \$300,000.                     | Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions.       |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contributio  |
| 38         |   | \$5,000.                       | Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions.       |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contribution   |
| 39         |   | \$20,000.                      | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions. |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contributio  |
| 40         |   | \$12,500.                      | Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions)       |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contributio  |
| 41         |   | \$1,600,000.                   | Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions.       |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contributio  |
| 42         |   | \$50,000.                      | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions  |

31 2021.05010 FOUNDATION FOR NATIONAL P 100490.1

13561222 701245 100490.2

Schedule B (Form 990) (2021)

|            | 3 (Form 990) (2021)<br>rganization                              |                                | Page<br>Employer identification number   |
|------------|---|--------------------------------|--|
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| DUNDATI    | ON FOR NATIONAL PROGRESS  |                                | 94-2282759   |
| Part I     | Contributors (see instructions). Use duplicate copies of Part I | if additional space is needed. |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contribution      | (d)<br>s Type of contribution  |
| 43         |   | \$10,0                         | Person X<br>Payroll Dool<br>Noncash (Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contribution:     | (d)<br>s Type of contribution  |
| 44         |   | \$                             | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contribution      | (d)<br>s Type of contribution  |
| 45         | 2   | \$5,(                          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contribution      | (d)<br>s Type of contribution  |
| 46         |   | \$5,0                          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contribution      | (d)<br>s Type of contribution  |
| 47         | 2.<br>2.  | \$13,0                         | Person X<br>Payroll D<br>Noncash (Complete Part II for<br>noncash contributions.)    |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contribution      | (d)<br>s Type of contribution  |
| 48         |   | \$10,                          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |

| ame of or  | ganization  |                                | Pag<br>Employer identification numbe  |
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| Part I     | Contributors (see instructions). Use duplicate copies of Part I | if additional space is needed. |   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>s Type of contribution   |
| 49         |   | \$200,0                        | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)      |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>s Type of contribution   |
| 50         |   | \$65,0                         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)      |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>5 Type of contribution   |
| 51         |   | \$100,0                        | Person X<br>Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>s Type of contribution   |
| 52         |   | \$25,0                         | 000. Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>5 Type of contribution   |
| 53         |   | \$110,0                        | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)      |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>s Type of contribution   |
| 54         |   | \$20,0                         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)      |

Schedule B (Form 990) (2021)  $^{33}$  2021.05010 FOUNDATION FOR NATIONAL P 100490.1

13561222 701245 100490.2

|            |                                   | \$15,000.                  | Person X<br>Payroll I<br>Noncash I<br>(Complete Part II for<br>noncash contributions.) |
|------------|-----------------------------------|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 56         |                                   | \$15,617.                  | Person Payroll Noncash X<br>(Complete Part II for<br>noncash contributions.)           |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |                                   | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |                                   | \$10,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |                                   | \$11,747.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |                                   | \$                         | Person X<br>Payroll Noncash (Complete Part II for                                      |

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(b)

Name, address, and ZIP + 4

Name of organization

Part I

(a)

No.

FOUNDATION FOR NATIONAL PROGRESS

noncash contributions.)

Schedule B (Form 990) (2021)

Page 2 Employer identification number

94-2282759

(d)

Type of contribution

(c)

**Total contributions** 

2021.05010 FOUNDATION FOR NATIONAL P 100490.1

123452 11-11-21

34

13561222 701245 100490.2

| Part I     | Contributors (see instructions). Use duplicate copies of Part I | if additional space is needed. |  |  |
|------------|---|--------------------------------|--|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contribution  |  |
| 61         |   | \$30,000.                      | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contribution  |  |
| 62         |   | \$10,000.                      | Person X<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)    |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contribution  |  |
| 63         |   | \$10,000.                      | Person X<br>Payroll D<br>Noncash (Complete Part II for<br>noncash contributions.)  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contribution  |  |
| 64         |   | \$5,000.                       | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contribution  |  |
| 65         |   | \$5,000.                       | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contribution  |  |
| 66         |   | \$50,000.                      | Person X<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)    |  |

Schedule B (Form 990) (2021)

13561222 701245 100490.2

123452 11-11-21

35 2021.05010 FOUNDATION FOR NATIONAL P 100490.1

Employer identification number

Name of organization

Schedule B (Form 990) (2021)

|            | ON FOR NATIONAL PROGRESS  |                               | 94-2282759   |
|------------|---|-------------------------------|--|
| Part I     | Contributors (see instructions). Use duplicate copies of Part I i | f additional space is needed. |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions    | (d)<br>Type of contribution  |
| 67         |   | \$15,00                       | 00. Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions.)     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions    | (d)<br>Type of contribution  |
| 68         |   | \$20,00                       | 00. Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions.)     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions    | (d)<br>Type of contribution  |
| 69         |   | \$275,00                      | Person X<br>Payroll Do.<br>Noncash (Complete Part II for<br>noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions    | (d)<br>Type of contribution  |
| 70         |   | \$20,00                       | DO. Person X<br>Payroll D. Noncash (Complete Part II for<br>noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions    | (d)<br>Type of contributior  |
| 71         |   | \$25,0                        | D0. Person X<br>Payroll D0. Noncash (Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions    | (d)<br>Type of contribution  |
| 72         |   | \$5,0                         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |

13561222 701245 100490.2

Page 2

Schedule B (Form 990) (2021) Name of organization

| (a)             | (b)                        | (c)                 | (d)  |  |
|-----------------|----------------------------|---------------------|--|--|
| No.             | Name, address, and ZIP + 4 | Total contributions | Type of contribution   |  |
|                 |                            | \$40,000.           | Person X<br>Payroll I<br>Noncash I<br>(Complete Part II for<br>noncash contributions.)                           |  |
| (a)             | (b)                        | (c)                 | (d)  |  |
| No.             | Name, address, and ZIP + 4 | Total contributions | Type of contribution   |  |
|                 |                            | \$                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)                                  |  |
| (a)             | (b)                        | (c)                 | (d)  |  |
| No.             | Name, address, and ZIP + 4 | Total contributions | Type of contribution   |  |
|                 |                            | \$10,000.           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                               |  |
| (a)             | (b)                        | (c)                 | (d)  |  |
| No.             | Name, address, and ZIP + 4 | Total contributions | Type of contribution   |  |
|                 |                            | \$5,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                               |  |
| (a)             | (b)                        | (c)                 | (d)  |  |
| No.             | Name, address, and ZIP + 4 | Total contributions | Type of contribution   |  |
| <u></u>         |                            | \$5,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)                                  |  |
| (a)             | (b)                        | (c)                 | (d)  |  |
| No.             | Name, address, and ZIP + 4 | Total contributions | Type of contribution   |  |
| 123452 11-11-21 |                            | \$5,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)<br>Schedule B (Form 990) (202 |  |

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### Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

FOUNDATION FOR NATIONAL PROGRESS

Name of organization

Part I

94-2282759

Employer identification number

Page 2

|  | _ |  | 2 |
|--|---|--|---|
| Part I     | Contributors (see instructions). Use duplicate copies of Part I | if additional space is needed. |  |
|------------|---|--------------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contribution  |
| 79         |   | \$500,000.                     | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contribution  |
| 80         |   | \$205,000.                     | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contribution  |
| 81         |   | \$196,000.                     | Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions.        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contribution  |
| 82         |   | \$15,000.                      | Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions.)       |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contribution  |
| 83         |   | \$\$                           | Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions.)       |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions     | (d)<br>Type of contributior  |
| 84         |   | \$5,000.                       | Person X<br>Payroll<br>Noncash<br>(Complete Part II for                            |

38 2021.05010 FOUNDATION FOR NATIONAL P 100490.1

13561222 701245 100490.2

123452 11-11-21

Page 2

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

| (a) | (b)                        | (c)                 | (d)  |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution   |
| 85  |                            | \$10,000.           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a) | (b)                        | (c)                 | (d)  |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution   |
| 86  |                            | \$123,710.          | Person Payroll Noncash X<br>(Complete Part II for<br>noncash contributions.)       |
| (a) | (b)                        | (c)                 | (d)  |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution   |
| 87  |                            | \$10,000.           | Person X<br>Payroll I<br>Noncash (Complete Part II for<br>noncash contributions.)  |
| (a) | (b)                        | (c)                 | (d)  |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution   |
| 88  |                            | \$1,868,797.        | Person Payroll Noncash X<br>(Complete Part II for<br>noncash contributions.)       |
| (a) | (b)                        | (c)                 | (d)  |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution   |
|     |                            | \$\$                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a) | (b)                        | (c)                 | (d)  |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution   |
| 90  |                            | \$45,000.           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)    |

123452 11-11-21

13561222 701245 100490.2

39 2021.05010 FOUNDATION FOR NATIONAL P 100490.1

| Schedule B (Form 990) (2021) |  |
|------------------------------|--|
|------------------------------|--|

Name of organization

FOUNDATION FOR NATIONAL PROGRESS

94-2282759

| (a) | (b)                        | (c)                 | (d)  |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution   |
| 91  |                            | \$50,000.           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a) | (b)                        | (c)                 | (d)  |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution   |
| 92  |                            | \$15,000.           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a) | (b)                        | (c)                 | (d)  |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution   |
| 93  |                            | \$5,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a) | (b)                        | (c)                 | (d)  |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution   |
| 94  |                            | \$6,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a) | (b)                        | (c)                 | (d)  |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution   |
| 95  |                            | \$15,000.           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a) | (b)                        | (c)                 | (d)  |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution   |
| 96  |                            | \$9,900.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)    |

40

13561222 701245 100490.2

123452 11-11-21

Schedule B (Form 990) (2021)

FOUNDATION FOR NATIONAL PROGRESS

Name of organization

94-2282759

Page 2 Employer identification number

| diam'r     |  |                               |   |
|------------|--|-------------------------------|---|
| art I      | Contributors (see instructions). Use duplicate copies of Part I in | f additional space is needed. |   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions    | (d)<br>Type of contribution   |
| 97         |  | \$22,500.                     | Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions.)      |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions    | (d)<br>Type of contribution   |
| 98         |  | \$                            | Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions.       |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions    | (d)<br>Type of contribution   |
| 99         |  | \$10,000.                     | Person X<br>Payroll I<br>Noncash (Complete Part II for<br>noncash contributions.  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions    | (d)<br>Type of contribution   |
| 100        |  | \$30,000.                     | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions. |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions    | (d)<br>Type of contribution   |
| 101        |  | \$15,000.                     | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions. |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions    | (d)<br>Type of contribution   |
| 102        |  | \$50,000.                     | Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions,       |

41 2021.05010 FOUNDATION FOR NATIONAL P 100490.1

13561222 701245 100490.2

| Schedule B | B (Form 99 | 90) (2021) |  |
|------------|------------|------------|--|

| lame of o  | rganization  | Er                            | nployer identification numbe   |
|------------|--|-------------------------------|--|
| OUNDATI    | ION FOR NATIONAL PROGRESS  |                               | 94-2282759   |
| Part I     | Contributors (see instructions). Use duplicate copies of Part I in | f additional space is needed. |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions    | (d)<br>Type of contribution  |
| 103        |  | \$5,00                        | Person X<br>Payroll D<br>Noncash (Complete Part II for<br>noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions    | (d)<br>Type of contribution  |
| 104        |  | \$1,957,94                    | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions    | (d)<br>Type of contribution  |
|            |  | \$                            | Person Payroll Noncash (Complete Part II for noncash contributions.)               |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions    | (d)<br>Type of contribution  |
|            | 0  | \$                            | Person Payroll Noncash (Complete Part II for noncash contributions.)               |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions    | (d)<br>Type of contribution  |
|            |  | \$                            | Person Payroll Noncash (Complete Part II for noncash contributions.)               |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions    | (d)<br>Type of contribution  |
|            |  | \$                            | Person Payroll Noncash (Complete Part II for noncash contributions.)               |

13561222 701245 100490.2

123452 11-11-21

Schedule B (Form 990) (2021)

Name of organization

Page 2

| Schedule B (Form 990) (2021)     | Page 3                         |  |
|----------------------------------|--------------------------------|--|
| Name of organization             | Employer identification number |  |
| FOUNDATION FOR NATIONAL PROGRESS | 94-2282759                     |  |

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              | SEE STATEMENT 1                              |   |                      |
| 32                           |  | \$\$  | 06/30/22             |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| 100000                       | 46 SHARES MA @ \$339.51 MASTERCARD           |   |                      |
| 56                           |  | \$15,617.                                       | 06/30/22             |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| 86                           | 720 SHARES PEP 0 \$171.82 PEPSICO INC        |   |                      |
|                              |  | \$\$  | 06/30/22             |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              | SEE STATEMENT 2                              |   |                      |
| 88                           |  | \$1,868,797.                                    | 06/30/22             |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  | s   |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  | \$  |                      |

13561222 701245 100490.2

43 2021.05010 FOUNDATION FOR NATIONAL P 100490.1

Page 4

| Name of or                | rganization   |  | Employer identification number  |  |  |
|---------------------------|---|--|---|--|--|
|                           | ON FOR NATIONAL PROGRESS  |  | 94-2282759  |  |  |
| Part III                  | from any one contributor. Complete columns (a   | ) through (e) and the following line entr<br>charitable, etc., contributions of \$1,000 or h | ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year<br>y. For organizations<br>ess for the year. (Enter this inte, ense.)<br>\$ |  |  |
| (a) No.                   | In the second | 2004004000000000000000000000   | Marcolar Anna an Anal Charles and   |  |  |
| from<br>Part I            | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held   |  |  |
|                           |   |  |   |  |  |
|                           | <u>.</u>  |  |   |  |  |
| ł                         |   | (e) Transfer of gift   |   |  |  |
| -                         | Transferee's name, address, a   | nd ZIP + 4   | Relationship of transferor to transferee  |  |  |
|                           |   |  |   |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held   |  |  |
|                           |   |  |   |  |  |
|                           |   |  |   |  |  |
| ł                         |   | (e) Transfer of gift   |   |  |  |
|                           | Transferee's name, address, a   |  |   |  |  |
| Ì                         |   |  | Relationship of transferor to transferee  |  |  |
|                           |   |  |   |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held   |  |  |
|                           |   |  |   |  |  |
|                           | (e) Transfer of gift  |  |   |  |  |
|                           | Transferee's name, address, a   | nd ZIP + 4   | Relationship of transferor to transferee  |  |  |
|                           |   |  |   |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held   |  |  |
|                           |   |  |   |  |  |
| ł                         |   | (e) Transfer of gift   |   |  |  |
| -                         | Transferee's name, address, a   | nd ZIP + 4   | Relationship of transferor to transferee  |  |  |
|                           |   |  |   |  |  |
|                           |   |  |   |  |  |
| 3454 11-11                | -21   |  | Schedule B (Form 990) (202  |  |  |

SCH B PG 3

STATEMENT 1

125 SHARES NSRGY @ \$124.765 NESTLE, 115 SHARES OF MLM @ \$347.93 MARTIN MARIETTA, 55 SHARES OF MA @ 372.9701 MASTERCARD, 300 SHARES OF CMCSA @ \$57.173, 280 SHARES OF BRKB @ \$276.495 BERSHIRE HATHAWAY SCH B PG 3

STATEMENT 2

6318 SHARES VARIOUS SOLD PRICES OF PGR, 465 ADDITIONAL SHARES OF PGR PROGRESSIVE, 4739 SHARES PGR @ 95.8002 PROGRESSIVE CO, 1350 SHARES ACN @ \$368.45 ACCENTURE PLC, 1486 SHARES MSFT @ \$336.07 MICROSOFT, 692 SHARES MSFT @ 311.518AVG MICROSOFT

| <ul> <li>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?</li> <li>Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.</li> <li>1 Purpose(s) of conservation easements held by the organization (check all that apply).</li> <li>Preservation of land for public use (for example, recreation or education)</li> <li>Preservation of a natural habitat</li> <li>Preservation of open space</li> <li>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.</li> <li>a Total number of conservation easements</li> <li>b Total acreage restricted by conservation easements</li> <li>c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure</li> <li>isted in the National Register</li> <li>3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  </li> <li>4 Number of states where property subject to conservation easement is located  </li> <li>2 Dees the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements tholds?</li> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement service, handling of violations, and enforcing conservation easements during the year  </li> <li>3 Anomot of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  </li> <li>3 Anomot of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  </li> <li>4 Noumber of expense</li></ul>        | SCH<br>(Form | HEDULE D                | Complete if the organ   | Financial Statements<br>ization answered "Yes" on Form 990,                 |                    | OMB N                                 | <u>1545-00</u> | 47   |
|--|--------------|-------------------------|---|---|--------------------|---------------------------------------|----------------|------|
| Name of the organization         Employer identification number           Part I         Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 90, Part IV, line 6.         (a) Donor advised funds         (b) Funds and other accounts           1         Total number at end of year         (a) Donor advised funds         (b) Funds and other accounts           2         Aggregate value of arthibutions to (during year)         (a) Donor advised funds         (b) Funds and other accounts           3         Aggregate value of arthibutions to (during year)         (a) Donor advised funds         (b) Funds and other accounts           4         Aggregate value of arthibutions to (during year)         (c) Funds and other accounts         (c) Presentation inform advisors in writing that the assets held in donor advised funds           are the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit?         Yes         N           Part II         Conservation Casements. Complete if the organization inform advisors in writing that grant funds can be used only for charitable purpose setting the segnization inform advisors in writing that grant funds can be used only for charitable purposes and not for the benefit?         Yes         N           Part II         Conservation assements. Complete if the organization inform advisor in the form of a conservation assement is held by the organization inform advisor is not part (b) with a conserv  |              |                         | ► At  | tach to Form 990.   |                    |                                       |                | lic  |
| POUNDATION FOR NATIONAL PROGRESS 94-2282759 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Aggregate value of contributions to (during year) Aggregate value of organization's property, subject to the organization's exclusive legal control? Ves N Part II Out 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? Ves N Part II Outservation Easements. Complete if the organization's exclusive legal control? Part II Outservation Easements. Complete if the organization's exclusive legal control? Part II Outservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(b) conservation easements held by the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(b) conservation easements held by the organization answered "Yes" on Form 990, Part IV, line 7. Perservation of and for public use (for example, recreation or education) Preservation of a certified bistoric structure Preservation of and the public use (for example, recreation or education) Preservation of a certified bistoric structure Preservation of assements in a certified historic structure included in (a) Complete if the aty year. C Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements C Complete if the aty year. C Complete if the advecation easements in located  C Number of conservation easements in located  C Complete if the aty year. C C Complete if the aty year. C C Complete if the organization held a qualified conservation                   |              |                         |   | for instructions and the latest informatio                                  |                    |                                       |                | nher |
|  |              | er nie er gemiener      | 2111 A statement of the second statement of the sec | ESS   | Line               | · · · · · · · · · · · · · · · · · · · |                | nou  |
|  | Part         | t I Organizat           | ions Maintaining Donor Advised  | Funds or Other Similar Funds or   | Accoun             | ts. Complete                          | e if the       |      |
| <ol> <li>Total number at end of year</li> <li>Aggregate value of contributions to (during year)</li> <li>Aggregate value of contributions to (during year)</li> <li>Aggregate value at end of year</li> <li>Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisor 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?</li> <li>Purpose(g) conservation easements held by the organization (check all that apply).</li> <li>Perservation of land for public use (for example, recreation or education)</li> <li>Preservation of and for public use (for example, recreation or education)</li> <li>Preservation of a attribution by the organization (check all that apply).</li> <li>Preservation of and for public use (for example, recreation or education)</li> <li>Preservation of a certified historic structure</li> <li>Preservation of a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements held at the Ead of the Tax Ye a Total annuber of conservation easements and critic structure included in (a)</li> <li>Rumber of conservation easements modified, transferred, released, extinguished, or terminated by the organization form of the tax year </li> <li>Number of expression conservation easements included in (a) divisions, and enforcing conservation easements during the periodic monthring, inspection, handling of violations, and enforcement of the conservation easements in located &gt;</li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         </li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement</li></ol>  |              |                         |   |   |                    |                                       |                |      |
| 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (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 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 advisor, or for any other purpose conferring impermissible private benefit? Pert II Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply).  Protection of natural habitat Protection of natural habitat Protection of natural habitat Complete lines 2 attrough 2 di f the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2 Complete lines 2 attrough 2 di f the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2 Number of conservation easements 2 Complete lines 2 attrough 2 di f the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year      A Number of states where property subject to conservation easements is located      Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the periodic monitoring, inspection, handling of     violations, and enforcement of the conservation easements in klocks? 3 Number of states where property subject to conservation easements in klocks? 4 Number of states where property subject to conservation easements is located      Staff and volunteer hours devoted to monitoring, inspecting, handling of violati                   |              |                         |   | (a) Donor advised funds   | (b) Fun            | ds and other a                        | ccounts        | -    |
| 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (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 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 advisor, or for any other purpose conferring impermissible private benefit? Pert II Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply).  Protection of natural habitat Protection of natural habitat Protection of natural habitat Complete lines 2 attrough 2 di f the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2 Complete lines 2 attrough 2 di f the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2 Number of conservation easements 2 Complete lines 2 attrough 2 di f the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year      A Number of states where property subject to conservation easements is located      Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the periodic monitoring, inspection, handling of     violations, and enforcement of the conservation easements in klocks? 3 Number of states where property subject to conservation easements in klocks? 4 Number of states where property subject to conservation easements is located      Staff and volunteer hours devoted to monitoring, inspecting, handling of violati                   | 1            | Total number at end     | of vear   |   | - Augentering Con- |                                       |                | _    |
| Aggregate value of grants from (during year)     Aggregate value of grants from (during year)     Aggregate value of grants from (during year)     Did the organization's property, subject to the organization's exclusive legal control?     Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only     for charatable purposes and not for the benefit of the donor of donor advisor, in or donor advisor, or for any other purpose conferring     impermissible private benefit?     Perservation easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.     Purpose(s) of conservation easements held by the organization (check all that apply).     Preservation of land for public use (for example, recreation or education)     Preservation of a certified historic structure     Preservation of a certified historic structure     Preservation of conservation easements     Preservation of a certified historic structure     Preservation of a certified historic structure     Preservation application easements     Zab     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.     Total number of conservation easements     Zab     Complete lines 2a through 2d if due organization fishtoric structure included in (a)     Aumber of conservation easements     Zab     Complete lines 2a through 2d if the organization advisor at 7725/06, and not on a historic structure     Zab     Aumber of conservation easements included in (a) equated after 7725/06, and not on a historic structure     Zab     Aumber of conservation easements included in (a) equated after 7725/06, and not on a historic structure     Zab     Aumber of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax     year      Aumber of states where property subject to conservation easements included in (b)     Suff and vol                       |              |                         |   |   |                    |                                       |                |      |
| <ul> <li>4 Aggregate value at end of year</li> <li>5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advisor funds are 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 of donor advisor, or for any other purpose conferring impermisable private benefit?</li> <li>Part II Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.</li> <li>Purpose(s) of conservation easements held by the organization (check all that apply).</li> <li>Preservation of and for public use (for example, recreation or education)</li> <li>Preservation of a tarual habitat</li> <li>Preservation of a tarual habitat</li> <li>Preservation of a tarual habitat</li> <li>Preservation of accessents held by the organization (check all that apply).</li> <li>I of conservation easements held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.</li> <li>I Aumber of conservation easements</li> <li>I a Total number of conservation easements</li> <li>I a Total anome of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</li> <li>I Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year </li> <li>I anomet of econservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</li> <li>I Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year </li> <li>I conservation easement modified, transferred, released, extinguished, or terminated by the organization during the year </li> <li>I Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during t</li></ul>        |              |                         |   |   |                    |                                       |                |      |
| <ul> <li>5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantese, 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 advisors, or for any other purpose conferring impermissible private benefit?</li> <li>Part II Conservation Easements. Complete if the organization (check all that apply).</li> <li>Preservation of land for public use (for example, recreation or education) imperation of a historically important land area improvements in the dot provide (for example, recreation or education) impreservation of a historically important land area improvements of the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.</li> <li>2 Complete lines 2a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easements included in (a) and or on a historic structure is the day of the tax year.</li> <li>3 Number of conservation easements included in (b) aquired after 7/25/06, and not on a historic structure listed in the National Register and enservation easements included in (c) aquired after 7/25/06, and not on a historic structure listed in the National Register and the conservation easements included in (c) aquired after 7/25/06, and not on a historic structure listed in the National Register and the conservation easements included in (c) aquired after 7/25/06, and not on a historic structure is a difference and the conservation easements in holds?</li> <li>4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year is and enforcement of the conservation easements it holds?</li> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspecting, handling of violations, and enforcing conservation easements are hol</li></ul>        |              |                         |   |   |                    |                                       |                | -    |
| are the organization's property, subject to the organization's exclusive legal control?       Yes         8       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 a donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the organization answered "Yes" on Form 990, Part IV, line 7.         Purpose(s) of conservation easements held by the organization (check all that apply).       Preservation of and for public use (for example, recreation or education)       Preservation of a certified historic structure         Protection of natural habitat       Preservation of gone space       Preservation of gone space         2       Complete lines 2a through 2d if the organization (heck all that apply).       Held at the End of the TaX Ye         a Total number of conservation easements       Preservation of gone space       2a         2       Complete lines 2a through 2d if the organization check gon, and not on a historic structure       2a         a Total number of conservation easements included in (c) acquired atter 7/25/06, and not on a historic structure       2a         3       Number of conservation easements included in (c) acquired atter 7/25/06, and not on a historic structure         2d       Implete the set of the conservation easements in holds?         5       Does the organization have a   |              |                         |   | ting that the assets held in donor advised fi                               | Inds               | 1000                                  |                |      |
| <ul> <li>G 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 a donor advisor, or for any other purpose conferring impermissible private benefit?</li> <li>Part II Conservation Easements. Complete if the organization (check all that apply).</li> <li>Preservation of and for public use (for example, recreation or education)</li> <li>Preservation of and for public use (for example, recreation or education)</li> <li>Preservation of and for public use (for example, recreation or education)</li> <li>Preservation of and for public use (for example, recreation or education)</li> <li>Preservation of and for public use (for example, recreation or education)</li> <li>Preservation of and for public use (for example, recreation contribution in the form of a conservation easement on the last day of the tax year.</li> <li>Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements and the fax Yea</li> <li>Total number of conservation easements included in (a) qualified conservation constructure instead erestricted by conservation easements included in (a) acquired after 7/25/06, and not on a historic structure listed in the National Register</li> <li>Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</li> <li>Number of states where property subject to conservation easement is located &gt;</li> <li>2d staff and volunteer hours devote to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year &gt;</li> <li>\$</li> <li>S 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) and section 170(h)(4)(B)(iii) and section 170(h)(4)(B)(iii) and section 170(h)(4)(B)(iii) and section 170(h)(4)(B)(iii) ?</li> <li>9 In Part XIII, describe how the orga</li></ul> |              |                         |   | 지수님 것이 것 같아요. 것이 같아요. 이는 것이 집에서 집에 걸려져 있는 것이 같아요. 이 것이 많아요. 이 것이 없는 것이 같아요. |                    | Ye                                    | s              | No   |
| for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring   |              |                         |   |   |                    |                                       | 1.0            |      |
| Part II       Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.         1       Purpose(s) of conservation easements held by the organization (check all that apply).         Preservation of land for public use (for example, recreation or education)       Preservation of a historically important land area         Protection of natural habitat       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.         a       Total acreage restricted by conservation easements       2a         b       Total acreage restricted by conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register       2a         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year b         4       Number of states where property subject to conservation easements is holds?       Yes       N         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year         *       *       *       *       *         6       Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements in blods?       N         6   |              |                         |   |   | 100000000          |                                       |                |      |
| Part II       Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.         1       Purpose(s) of conservation easements held by the organization (check all that apply).         Preservation of land for public use (for example, recreation or education)       Preservation of a historically important land area.         Protection of natural habitat       Preservation of a conservation easement on the last         day of the tax year.       It is the conservation easements.         a Total number of conservation easements       It is the End of the Tax Ye         a Total acreage restricted by conservation easements       It is the End of the Tax Ye         a Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register       It is the End of the Tax Ye         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year is is conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed or for conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year is is a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in holds?         4       Number of states where property subject to conservation easement is in blast requirements of section 170(h)(4)(B)(i) and section 100, inspecting, handling of violations, and enforcing conservation easements during the year is down of expenses incurred in m   |              | impermissible privat    | e benefit?  |   | 3566337            | 🗌 Ye                                  | s              | N    |
| 1       Purpose(s) of conservation easements held by the organization (check all that apply).       Preservation of and for public use (for example, recreation or education)       Preservation of a historically important land area         Protection of natural habitat       Preservation of a certified historic structure         Preservation of open space       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.       Za         a       Total number of conservation easements         b       Total acreage restricted by conservation easements         c       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year b         3       Number of states where property subject to conservation easement is located b         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements tholds?         7       Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements with holds?         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)(i) and section 170(h)(4)(B)(i) and section 170(h)(4)(B)(i))?         7       Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements the organization is accou  | Part         | t II Conserva           |   |   |                    |                                       |                |      |
| <ul> <li>Protection of a taural habitat</li> <li>Preservation of open space</li> <li>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.</li> <li>Total arcreage restricted by conservation easements</li> <li>Number of conservation easements on a certified historic structure included in (a)</li> <li>Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</li> <li>Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year b</li> <li>Lobes the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>and section 170(h)(4)(B)(ii)?</li> <li>Yes: N</li> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization asserts.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, ducation, or research in furtherance of public service, provide in Part XIII the exart of the footnote to the state statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the exart of the foot</li></ul>       | 1            |                         |   |   |                    |                                       |                |      |
| □       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.         a Total number of conservation easements       2a         b Total acreage restricted by conservation easements       2b         c Number of conservation easements on a certified historic structure included in (a)       2c         d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       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 enforcing conservation easements during the year ▶         6       Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$         8       Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)         9       In Part XIII, describe how the organization reports conservation easements. <b>Part XIII</b> Organization answered "Yes" on Form 990, Part IV, line 8.         1a       If the organization elected, as permitted under FASE ASC 958, not to eport in its revenue  |              | Preservation of         | of land for public use (for example, recreatio  | n or education) Preservation of a h   | storically         | important land                        | area           |      |
| <ul> <li>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.</li> <li>a Total number of conservation easements</li> <li>b Total acreage restricted by conservation easements</li> <li>c Number of conservation easements on a certified historic structure included in (a)</li> <li>d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</li> <li>3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year </li> <li>4 Number of states where property subject to conservation easement is located </li> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements tholds?</li> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li></ul>   |              | Protection of           | natural habitat   |   |                    |                                       |                |      |
| day of the tax year.       Held at the End of the Tax Ye         a Total number of conservation easements       2a         b Total acreage restricted by conservation easements on a certified historic structure included in (a)       2b         c Number of conservation easements on a certified historic structure included in (a)       2c         d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2d         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   |              | Preservation of         | of open space   | 107   |                    |                                       |                |      |
| day of the tax year.       Held at the End of the Tax Ye         a Total number of conservation easements       2a         b Total acreage restricted by conservation easements on a certified historic structure included in (a)       2b         c Number of conservation easements on a certified historic structure included in (a)       2c         d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2d         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   | 2            | Complete lines 2a ti    | rough 2d if the organization held a qualified   | conservation contribution in the form of a                                  | conservat          | ion easement                          | on the las     | t    |
| b       Total acreage restricted by conservation easements       2b         c       Number of conservation easements on a certified historic structure included in (a)       2c         d       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2d         isted in the National Register       2d       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶   |              |                         |   |   | 125522             |                                       |                |      |
| b       Total acreage restricted by conservation easements       2b         c       Number of conservation easements on a certified historic structure included in (a)       2c         d       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2d         isted in the National Register       2d       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶   | а            | Total number of con     | servation easements   |   | 2a                 |                                       |                |      |
| c       Number of conservation easements on a certified historic structure included in (a)       2c         d       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  |              |                         |   |   |                    |                                       |                | _    |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register       2d         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  | с            | Number of conserva      | tion easements on a certified historic struct   | ture included in (a)  | 2c                 |                                       |                |      |
| listed in the National Register       2d         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶   |              |                         |   |   |                    | 5                                     |                |      |
| <ul> <li>3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶</li></ul>   |              |                         |   |   | 2d                 |                                       |                |      |
| <ul> <li>year ▶</li></ul>  |              |                         |   |   |                    | during the tax                        |                |      |
| <ul> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li></ul>  |              | year 🕨                  |   |   |                    |                                       |                |      |
| <ul> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li></ul>  | 4            | Number of states w      | here property subject to conservation easer   | nent is located 🕨   |                    |                                       |                |      |
| <ul> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>▶</li> <li>^</li> <li>7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>&gt; \$</li> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>and section 170(h)(4)(B)(ii)?</li> <li>Yes</li> <li>N</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of</li> </ul>   | 5            | Does the organization   | on have a written policy regarding the period   | dic monitoring, inspection, handling of                                     |                    |                                       |                |      |
| <ul> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li></ul>  |              | violations, and enfo    | cement of the conservation easements it he  | olds?   |                    | Ye                                    | s              | N    |
| <ul> <li>\$</li></ul>  | 6            | Staff and volunteer     | hours devoted to monitoring, inspecting, ha   |   |                    |                                       | he year        |      |
| <ul> <li>\$</li></ul>  |              |                         |   |   |                    |                                       |                |      |
| <ul> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li></ul>   | 7            | Amount of expense       | s incurred in monitoring, inspecting, handlin   | g of violations, and enforcing conservation                                 | easement           | s during the ye                       | ear            |      |
| <ul> <li>and section 170(h)(4)(B)(ii)?</li> <li>Yes</li> <li>Yes</li> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of</li> </ul>   |              | s                       |   |   |                    |                                       |                |      |
| <ul> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of</li> </ul>  | 8            | Does each conserva      | ation easement reported on line 2(d) above s  | satisfy the requirements of section 170(h)(4)                               | (B)(i)             |                                       |                |      |
| <ul> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of</li> </ul>  |              | and section 170(h)(4    | I)(B)(ii)?  |   |                    | 🗌 Ye                                  | s              | N    |
| organization's accounting for conservation easements.         Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 8.         1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.         b       If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of   | 9            | In Part XIII, describe  | how the organization reports conservation   | easements in its revenue and expense stat                                   | ement and          | d                                     |                |      |
| Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 8.         1a       If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.         b       If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of  |              | balance sheet, and      | include, if applicable, the text of the footnot   | e to the organization's financial statements                                | that desc          | ribes the                             |                |      |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of   |              |                         |   |   |                    |                                       |                |      |
| <ul> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of</li> </ul>  | Par          | t III Organizat         | ions Maintaining Collections of A   | Art, Historical Treasures, or Other   | Similar            | r Assets.                             |                |      |
| of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.<br>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of  |              | 54/195 JPF 195 195 195  |   |   |                    |                                       |                |      |
| service, provide in Part XIII the text of the footnote to its financial statements that describes these items.<br>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of  | 1a           | If the organization e   | lected, as permitted under FASB ASC 958,  | not to report in its revenue statement and t                                | alance sh          | neet works                            |                |      |
| b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of  |              | of art, historical trea | sures, or other similar assets held for public  | exhibition, education, or research in furthe                                | rance of p         | oublic                                |                |      |
|  |              | service, provide in F   | Part XIII the text of the footnote to its financi   | al statements that describes these items.                                   |                    |                                       |                |      |
| art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,  | b            | If the organization e   | lected, as permitted under FASB ASC 958,  | to report in its revenue statement and bala                                 | nce sheet          | works of                              |                |      |
|  |              | art, historical treasu  | res, or other similar assets held for public e  | xhibition, education, or research in furthera                               | nce of put         | olic service,                         |                |      |

|   | provide the following amounts relating to these items:   |
|---|--|
|   | (i) Revenue included on Form 990, Part VIII, line 1  |
|   | (ii) Assets included in Form 990, Part X > \$  |
| 2 | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide |
|   | the following amounts required to be reported under FASB ASC 958 relating to these items:                                    |
| a | Revenue included on Form 990, Part VIII, line 1 > \$   |
|   | Assets included in Form 990, Part X  |

 $\mbox{LHA}\,$  For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2021

132051 10-28-21

|      | Letter ( Sitti Boo) Lot (  | FOR NATIONAL PRO   |  |                          |              |                     | 282759        | P       | age 2   |
|------|--|--|--|--------------------------|--------------|---------------------|---------------|---------|---------|
| Par  | t III Organizations Maintaining C  |  |  |                          |              |                     |               | nued)   | -302    |
| 3    | Using the organization's acquisition, accessic<br>collection items (check all that apply): | on, and other records,   | , check any of the                         | following that           | make signi   | ficant use of it    | S             | -10-    |         |
| а    | Public exhibition  | d  |  | change progra            |              |                     |               |         |         |
| b    | Scholarly research   | e  |  | change progra            |              |                     |               |         |         |
| c    | Preservation for future generations  | G  |  |                          |              |                     |               |         |         |
| 4    | Provide a description of the organization's co   | llections and evolain  | how they further                           | the eveninatio           | n'n avomat   |                     | A VIII        |         |         |
| 5    | During the year, did the organization solicit or   |  |  |                          |              |                     | irt Alli,     |         |         |
| 2    | to be sold to raise funds rather than to be ma   | intellect as part of the   | ant, nistorical trea                       | asures, or othe          | r similar as | sets<br>r           |               |         | ٦       |
| Par  | t IV Escrow and Custodial Arrang<br>reported an amount on Form 990, Par                    | gements. Complet   | e organization's c<br>te if the organizati | on answered "            | Yes" on Fo   | rm 990, Part IV     | /, line 9, or |         | No      |
| 10   | Is the organization an agent, trustee, custodia  |  | un fau annteile die                        |                          |              |                     |               |         |         |
|      | on Form 990, Part X?   |  | -  |                          |              |                     | Yes           |         | No      |
| b    | If "Yes," explain the arrangement in Part XIII a   | and complete the folio   | owing table:                               |                          |              |                     |               |         |         |
|      | Regimping holonge  |  |  |                          |              |                     | Amoun         | t       |         |
| c    | Beginning balance  |  |  |                          |              | 1c                  |               |         |         |
| a    | Additions during the year  |  |  |                          |              | 1d                  |               |         |         |
| e    | Distributions during the year  |  |  |                          |              | 1e                  |               |         |         |
| f    | Ending balance   |  |  |                          |              | 1f                  |               | _       |         |
|      | Did the organization include an amount on Fo   |  |  |                          |              | 'L                  | Yes           |         | No      |
|      | If "Yes," explain the arrangement in Part XIII.  | Check here if the exp  | lanation has beer                          | n provided on F          | Part XIII    |                     |               |         |         |
| Par  | t V Endowment Funds. Complete in   | A STATE AND A STATE AN |  |                          |              |                     |               |         |         |
|      |  | (a) Current year   | (b) Prior year                             | (c) Two year             | s back (d)   | Three years bac     | k (e) Fou     | r years | back    |
|      | Beginning of year balance  | 0.   |  |                          |              |                     |               |         |         |
|      | Contributions  | 2,346,808.   |  |                          |              |                     |               |         |         |
|      | Net investment earnings, gains, and losses   | -424,239.  |  |                          |              |                     | - 6           |         |         |
| d    | Grants or scholarships   | and the second sec |  |                          |              |                     |               |         | 19.57   |
| е    | Other expenditures for facilities<br>and programs  |  |  |                          |              |                     |               |         |         |
| f    | Administrative expenses  | 7,082.   |  |                          |              |                     | -             |         |         |
|      | End of year balance  | 1,915,487.   |  |                          |              |                     | -             |         |         |
| 2    | Provide the estimated percentage of the curre  |  | (line 1a, column (                         | a)) hold as:             |              |                     |               |         |         |
| 1.22 | Board designated or quasi-endowment  | 100  | %  | a)) neiu as.             |              |                     |               |         |         |
|      | Permanent endowment  | %  | -70  |                          |              |                     |               |         |         |
|      |  |  |  |                          |              |                     |               |         |         |
| C    | The percentages on lines 2a, 2b, and 2c should   |  |  |                          |              |                     |               |         |         |
| 2-   |  | Construction of the second   | and the state of the later                 |                          |              |                     |               |         |         |
| Sa   | Are there endowment funds not in the posses  | ssion of the organizati  | ion that are held a                        | and administen           | ed for the o | rganization         | 23            |         |         |
|      | by:  |  |  |                          |              |                     |               | Yes     | No      |
|      | (i) Unrelated organizations  |  |  |                          |              |                     | 3a(i)         |         | x       |
| 83   | (ii) Related organizations   |  |  |                          |              |                     |               |         | X       |
|      | If "Yes" on line 3a(ii), are the related organizat   | ions listed as require   | d on Schedule R?                           | ?                        |              |                     | 3b            |         |         |
| 4    | Describe in Part XIII the intended uses of the   |  | ment funds.                                |                          |              |                     |               |         |         |
| Par  | t VI Land, Buildings, and Equipme  |  |  |                          | 2000         | 22                  |               |         |         |
|      | Complete if the organization answered  |  |  |                          |              |                     |               |         |         |
|      | Description of property  | (a) Cost or oth<br>basis (investme   |  | st or other<br>s (other) |              | umulated<br>ciation | (d) Boo       | k valu  | e       |
| 1a   | Land   |  |  |                          |              |                     |               |         | C C - C |
| b    | Buildings  |  |  |                          |              |                     |               |         |         |
| с    | Leasehold improvements   | 12   |  | 436,373.                 |              | 346,987.            |               | 89.     | 386.    |
|      | Equipment  |  |  | 233,551.                 |              | 219,574.            |               |         | 977.    |
|      | Other  |  |  | 1,313,959.               | 1            | ,223,078.           |               | -       | 881.    |
|      | Add lines 1a through 1e. (Column (d) must ed   | And and a second se   |  |                          |              |                     |               |         | 244.    |
|      |  | power with a gave r all A  | contractor, nate                           | r viz./                  |              | Sohad               | le D (Forn    |         |         |
|      |  |  |  |                          |              | Schedu              | ne D (Forn    | u aan)  | 2021    |

| Schedul | e D | (Form | 990) | 2021 | FOUN |
|---------|-----|-------|------|------|------|
|---------|-----|-------|------|------|------|

NDATION FOR NATIONAL PROGRESS Part VII Investments - Other Securities

|  | (b) Book value                          | (c) Method of valuation: Cost or end-o   | f-year market value        |
|--|---|--|----------------------------|
| (1) Financial derivatives  |   |  |                            |
| (2) Closely held equity interests  |   |  |                            |
| (3) Other  |   |  |                            |
| (A)  |   |  |                            |
| (B)  |   |  |                            |
| (C)  |   |  |                            |
| (D)  |   |  |                            |
| (E)  |   |  |                            |
| (F)  |   |  |                            |
| (G)  |   |  |                            |
| (H)  |   |  |                            |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.  | - Form 000, Dark NJ lin                 |  | anana kabulan              |
| Complete if the organization answered "Yes" o  |   |  |                            |
| (a) Description of investment  | (b) Book value                          | (c) Method of valuation: Cost or end-o   | n-year market value        |
| (1)  |   |  |                            |
| (2)  |   |  |                            |
| (3)  |   |  |                            |
| (4)  |   |  |                            |
| (5)  |   |  |                            |
| (6)  |   |  |                            |
| (7)  |   |  |                            |
| (8)  |   |  |                            |
| (9)<br>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  |   | SINTER AND PRESENTED AND AND ADDRESS OF ADDR | Conference of the second   |
| Part IX Other Assets.<br>Complete if the organization answered "Yes" o<br>(a) D  | n Form 990, Part IV, lin<br>Vescription | e 11d. See Form 990, Part X, line 15.  | (b) Book value             |
| (1)  |   |  |                            |
| (2)  |   |  |                            |
| (3)  |   |  |                            |
|  |   |  |                            |
| (4)  |   |  |                            |
|  |   |  |                            |
| (4)  |   |  |                            |
| (4)<br>(5)   |   |  |                            |
| (4)<br>(5)<br>(6)  |   |  |                            |
| (4)<br>(5)<br>(6)<br>(7)   |   |  |                            |
| (4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.   |   |  |                            |
| (4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes" of the organization of |   |  | #10-1-1                    |
| (4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes" o<br>1. (a) Description of liability   |   |  | (b) Book value             |
| (4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes" o<br>1. (a) Description of liability<br>(1) Federal income taxes   |   |  |                            |
| (4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes" o<br>1. (a) Description of liability<br>(1) Federal income taxes<br>(2) DEFERRED RENT  |   |  |                            |
| (4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes" o<br>1. (a) Description of liability<br>(1) Federal income taxes<br>(2) DEFERRED RENT<br>(3)   |   |  |                            |
| (4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes" o<br>1. (a) Description of liability<br>(1) Federal income taxes<br>(2) DEFERRED RENT<br>(3)<br>(4)  |   |  |                            |
| (4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered 'Yes' o<br>1. (a) Description of liability<br>(1) Federal income taxes<br>(2) DEFERRED RENT<br>(3)<br>(4)<br>(5)   |   |  |                            |
| (4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes" o<br>1. (a) Description of liability<br>(1) Federal income taxes<br>(2) DEFERRED RENT<br>(3)<br>(4)<br>(5)<br>(6)  |   |  |                            |
| (4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes" o<br>1. (a) Description of liability<br>(1) Federal income taxes<br>(2) DEFERRED RENT<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)   |   |  | (b) Book value<br>283,125, |
| (4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes" o<br>1. (a) Description of liability<br>(1) Federal income taxes<br>(2) DEFERRED RENT<br>(3)<br>(4)<br>(5)<br>(6)  |   |  |                            |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2021

132053 10-28-21

|   | edule D (Form 990) 2021 FOUNDATION FOR NATIONAL PROGRESS  |                    | 94-22   | 82759 Page 4   |
|---|---|--------------------|---------|--|
| Pa  | rt XI Reconciliation of Revenue per Audited Financial Statements With<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  | th Revenue per Re  | turn.   |  |
| 1   | Total revenue, gains, and other support per audited financial statements  |                    | 1       | 21,448,662.  |
| 2   | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   |                    | 181226  |  |
| a   | Net unrealized gains (losses) on investments 2a   |                    |         |  |
| b   | Donated services and use of facilities 2b   |                    | Sec.5   |  |
| c   | Recoveries of prior year grants 2c  |                    | 1.5     |  |
| d   |   | 27,174.            | 1220    |  |
| e   |   |                    | 20      | 27,174.  |
| 3   | Subtract line 2e from line 1  |                    | 3       | 21,421,488.  |
| 4   | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  | ~                  | 120.00  |  |
| а   | Investment expenses not included on Form 990, Part VIII, line 7b 4a   | [                  |         |  |
| b   | Other (Describe in Part XIII.) 4b   | 40,260.            |         |  |
| c   | Add lines 4a and 4b   | L                  | 4c      | 40,260.  |
| 5   | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   |                    | 5       | 21,461,748.  |
| Pa  | rt XII Reconciliation of Expenses per Audited Financial Statements W  | ith Expenses per F |         |  |
| Pa<br>1                                   | rt XII Reconciliation of Expenses per Audited Financial Statements W<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.   | ith Expenses per F | leturn. |  |
|   | tr XII Reconciliation of Expenses per Audited Financial Statements W     Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.     Total expenses and losses per audited financial statements   | ith Expenses per F |         |  |
| 1   | tr XII Reconciliation of Expenses per Audited Financial Statements W     Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.     Total expenses and losses per audited financial statements     Amounts included on line 1 but not on Form 990, Part IX, line 25:   | ith Expenses per F | leturn. |  |
| 1<br>2<br>a                               | tr XII Reconciliation of Expenses per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities  | ith Expenses per F | leturn. |  |
| 1   | TXII       Reconciliation of Expenses per Audited Financial Statements W         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments   | ith Expenses per F | leturn. |  |
| 1<br>2<br>a                               | rt XII       Reconciliation of Expenses per Audited Financial Statements W         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses  | ith Expenses per F | leturn. |  |
| 1<br>2<br>a                               | rt XII       Reconciliation of Expenses per Audited Financial Statements W         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)   | 29,769.            | 1       | 17,465,848,  |
| 1<br>2<br>b<br>c<br>d                     | rt XII       Reconciliation of Expenses per Audited Financial Statements W         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d   | 29,769.            | 1<br>2e | 17,465,848.<br>29,769.   |
| 1<br>2<br>b<br>c<br>d<br>e                | rt XII       Reconciliation of Expenses per Audited Financial Statements W         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1  | 29,769.            | 1       | 17,465,848,<br>29,769,   |
| 1<br>2<br>b<br>c<br>d<br>e                | rt XII       Reconciliation of Expenses per Audited Financial Statements W         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:   | 29,769.            | 1<br>2e | 17,465,848,<br>29,769,   |
| 1<br>2<br>b<br>c<br>d<br>e<br>3<br>4      | rt XII       Reconciliation of Expenses per Audited Financial Statements W         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b  | 29,769.            | 1<br>2e | 17,465,848,<br>29,769,   |
| 1<br>2<br>b<br>c<br>d<br>e<br>3<br>4<br>a | rt XII       Reconciliation of Expenses per Audited Financial Statements W         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities       2a         Prior year adjustments       2b         Other losses       2c         Other (Describe in Part XIII.)       2d         Add lines 2a through 2d       Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:       1         Investment expenses not included on Form 990, Part VIII, line 7b       4a         Other (Describe in Part XIII.)       4b | ith Expenses per F | 2e<br>3 | 17,465,848,<br>29,769,<br>17,436,079,                                      |
| 1<br>2<br>b<br>c<br>d<br>e<br>3<br>4<br>a | rt XII       Reconciliation of Expenses per Audited Financial Statements W         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b  | ith Expenses per F | 1<br>2e | 29,769.<br>17,465,848.<br>29,769.<br>17,436,079.<br>42,855.<br>17,478,934. |

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

50

PART V, LINE 4:

THE FOUNDATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT

ASSETS THAT ATTEMPT TO PROVIDE & PREDICTABLE STREAM OF FUNDING BY ITS

ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT

ASSETS.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3)

OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM CALIFORNIA FRANCHISE TAX

UNDER CALIFORNIA REVENUE AND TAXATION CODE 23701(D).

THE FOUNDATION HAS EVALUATED ITS CURRENT TAX POSITIONS AND HAS CONCLUDED

132064 10-28-21

2021.05010 FOUNDATION FOR NATIONAL P 100490.1

Schedule D (Form 990) 2021

| Schedule D (Form 990) 2021 FOUNDATION FOR NATIONAL     | PROGRESS        | 94-2282759       | Page 5    |
|--|-----------------|------------------|-----------|
| Part XIII Supplemental Information (continued)         |                 |                  |           |
| THAT AS OF JUNE 30, 2022 AND 2021, THE FOUNDATION DOE  | S NOT HAVE ANY  |                  |           |
| SIGNIFICANT UNCERTAIN TAX POSITIONS FOR WHICH A RESERV | VE WOULD BE     |                  |           |
| NECESSARY.   |                 |                  |           |
|  |                 |                  |           |
| PART XI, LINE 2D - OTHER ADJUSTMENTS:                  |                 |                  |           |
| RECLASSIFY RENTAL EXPENSES                             | 29,769.         |                  |           |
| ONLINE STORE EXPENSES                                  | -2,595.         |                  |           |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D                  | 27,174.         |                  |           |
|  | <i>or,</i> 173, |                  |           |
| PART XI, LINE 4B - OTHER ADJUSTMENTS:                  |                 |                  |           |
| ACME   | 40,260.         |                  |           |
|  | 40,200.         |                  |           |
| PART XII, LINE 2D - OTHER ADJUSTMENTS:                 |                 |                  |           |
|  | Volution        |                  |           |
| RECLASSIFY RENTAL EXPENSES                             | 29,769.         |                  |           |
|  |                 |                  |           |
| PART XII, LINE 4B - OTHER ADJUSTMENTS:                 |                 |                  |           |
| ACME   | 40,260.         |                  |           |
| ONLINE STORE EXPENSES                                  | 2,595.          |                  |           |
| TOTAL TO SCHEDULE D, PART XII, LINE 4B                 | 42,855.         |                  |           |
|  |                 |                  |           |
|  |                 |                  |           |
|  |                 |                  |           |
|  |                 |                  |           |
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|  |                 |                  |           |
| 132055 10-28-21  |                 | Schedule D (Form | 990) 2021 |

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| SCHEDULE F<br>(Form 990)                     |                                      |  | ivities Outside the Uni   |  | OMB No. 1545-0047                        |
|--|--------------------------------------|--|---|--|--|
| (FORM 990)<br>Department of the Treasury     | Complete if                          | the organizatio  | n answered "Yes" on Form 990, Part IV<br>Attach to Form 990.  | /, line 14b, 15, or 16.  | 2021                                     |
| Internal Revenue Service                     | ► Go to                              | www.irs.gov/Fo   | orm990 for instructions and the latest i  | nformation.  | Open to Public<br>Inspection             |
| Name of the organization                     |                                      |  |   | Employer   | identification number                    |
| FOUNDATION FOR NATIO                         | NAL PROGRESS                         |  |   | 94-228   | 2759                                     |
| Part I General In                            | formation on A                       | ctivities Out  | side the United States. Complet   | e if the organization answ   | ered "Yes" on                            |
|  | rt IV, line 14b.                     |  |   |  |  |
|  |                                      |  | ds to substantiate the amount of its gran<br>the selection criteria used to award the g                             |  | X Yes 🗌 No                               |
| United States.                               |                                      |  | procedures for monitoring the use of its g  |  | e outside the                            |
| <u>3 Activities per Region</u><br>(a) Region | (The following Part<br>(b) Number of |  | an be duplicated if additional space is ne<br>(d) Activities conducted in the region                                | eded.)<br>(e) If activity listed in (                                      | d) (f) Total                             |
| (L)  | offices<br>in the region             | employees,<br>agents, and<br>independent<br>contractors<br>in the region | (by type) (such as, fundraising, pro-<br>gram services, investments, grants to<br>recipients located in the region) | is a program service<br>describe specific typ<br>of service(s) in the regi | e expenditures<br>for and<br>investments |
|  |                                      |  |   |  |  |
| EUROPE (INCLUDING<br>ICELAND & GREENLAND)    | 0                                    | 0  | GRANTMAKING   |  | 103,800                                  |
|  |                                      |  |   |  |  |
|  |                                      |  |   |  |  |
|  |                                      |  |   |  |  |
|  | _                                    |  |   |  |  |
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|  |                                      |  |   |  |  |
|  |                                      |  |   |  |  |
|  |                                      |  |   |  |  |
|  | _                                    |  |   |  |  |
|  |                                      |  |   |  |  |
| 3 a Subtotal                                 | 0                                    | 0  |   |  | 103,800.                                 |
| b Total from continuati<br>sheets to Part I  | on                                   | 0  |   |  | 0.                                       |
| c Totals (add lines 3a<br>and 3b)            | 0                                    | 0  |   |  | 103,800.                                 |

132071 12-20-21

|   | ceived more than \$5,                           | 000. Part II can be dupli                             | recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.   | eded.                                      |                                      |  | eeded.                                      |   |
|---|---|---|--|--|--------------------------------------|--|---|---|
| 1<br>(a) Name of organization                           | (b) IRS code section<br>and EIN (if applicable) | (c) Region  | (d) Purpose of<br>grant  | (e) Amount<br>of cash grant                | (f) Manner of<br>cash disbursement   | (g) Amount of<br>noncash<br>assistance | (h) Description<br>of noncash<br>assistance | (i) Method of<br>valuation (book, FMV,<br>appralsal, other) |
|   |   | EUROPE (INCLUDING<br>ICELAND &<br>GREENLAND)          | INDEPENDENT NEWS   | 103,800.                                   | 103,800. WIRE TRANSFER               | 0.                                     |   |   |
|   |   |   |  |  |                                      |  |   |   |
|   |   |   |  |  |                                      |  |   |   |
|   |   |   |  |  |                                      |  |   |   |
|   |   |   |  |  |                                      |  |   |   |
|   |   |   |  |  |                                      |  |   |   |
|   |   |   |  |  |                                      |  |   |   |
|   |   |   |  |  |                                      |  |   |   |
| 2 Enter total number of<br>exemut 501(c)(3) organized   | recipient organization                          | is listed above that are not for which the grantee of | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax<br>exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter | foreign country, re<br>tion 501(c)(3) equi | ecognized as a tax<br>valency letter |  |   | 0   |
| 3 Enter total number of other organizations or entities | other organizations o                           | r antitiae  |  |  |                                      |  |   | (T  |

132072 12-20-21

53

| 16.   | (g) Description of (h) Method of valuation of valuation (book, FMV, appraisal, other) |  |  |  |  |  |
|---|---|--|--|--|--|--|
| on Form 990, Part IV, line  | (f) Amount of (g<br>noncash<br>assistance   |  |  |  |  |  |
| e organization answered "Yes" c   | (e) Manner of<br>cash disbursement  |  |  |  |  |  |
| es. Complete if the   | (d) Amount of<br>cash grant   |  |  |  |  |  |
| e the United State  | (c) Number of recipients  |  |  |  |  |  |
| to Individuals Outside<br>trional snace is needed   | (b) Region  |  |  |  |  |  |
| Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. | (a) Type of grant or assistance   |  |  |  |  |  |

132073 12-20-21

54

| Part IV | Foreigr    | Form | s          |     |          |          |
|---------|------------|------|------------|-----|----------|----------|
|         | (Form 990) |      | FOUNDATION | FOR | NATIONAL | PROGRESS |

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," |  |
|---|--|--|
|   | the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign    |  |

94-2282759

Page 4

|   | Corporation (see Instructions for Form 926)  | Yes | X No |
|---|--|-----|------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may |     |      |
|   | be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and       |     |      |
|   | Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a      |     |      |
|   | U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)                            | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"      |     |      |
|   | the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to       |     |      |
|   | Certain Foreign Corporations (see Instructions for Form 5471)  | Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a           |     |      |
|   | qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,   |     |      |
|   | Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing            |     |      |
|   | Fund (see Instructions for Form 8621)  | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"      |     |      |
|   | the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain           |     |      |
|   | Foreign Partnerships (see Instructions for Form 8865)  | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If   |     |      |
|   | "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see      |     |      |
|   | Instructions for Form 5713; don't file with Form 990)  | Yes | X No |

Schedule F (Form 990) 2021

132074 12-20-21

## Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

ALL GRANTEES, WITHIN THE US OR OUTSIDE THE US, RECEIVING FUNDS FROM THE

ORGANIZATION ARE REQUIRED TO MAINTAIN COMPLETE AND ACCURATE RECORDS

INCLUDING RECEIPTS, OF ALL REVENUE AND EXPENSES, AND AGREE TO FURNISH

PROGRAM AND FISCAL REPORTS TO THE ORGANIZATION AS REQUIRED BY THE

ORGANIZATION TO ENSURE ADHERENCE TO MISSION AND INTENT OF THE GRANT.

Schedule F (Form 990) 2021

132075 12-20-21

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| SCHEDULE G   |  | ental Information Regardin   | -  |                          | -   | and the second sec | OMB No. 1545-0047            |
|--|--|--|--|--------------------------|---|--|------------------------------|
| (Form 990)   |  | ne organization answered "Yes" o<br>organization entered more than \$                                | 15,000                                       | on Fo                    | rm 990-EZ, line 6a.                         | r 19, or if the  | 2021                         |
| Department of the Treasury<br>Internal Revenue Service                         |  | Attach to Form 99<br>to to www.irs.gov/Form990 for ins   |  |                          |   |  | Open to Public<br>Inspection |
| Name of the organization   |  | o to www.irs.gowPorm550 for ins  | unction                                      | s anu                    | the latest mormati                          | and the second se  | dentification number         |
|  | FOUNDATION   | FOR NATIONAL PROGRESS  |  | -                        |   | 94-2282  | 759                          |
|  | ing Activities<br>complete this pa                   | <ul> <li>Complete if the organization answ<br/>rt.</li> </ul>  | wered "Y                                     | es" o                    | n Form 990, Part IV, I                      | ine 17. Form 990   | EZ filers are not            |
| a X Mail solicitat<br>b X Internet and<br>c X Phone solicit<br>d In-person sol | ions<br>email solicitation<br>tations<br>licitations | s f 🔤 Solici   | tation of<br>tation of<br>al fundra          | non-g<br>gover<br>iising | overnment grants<br>rnment grants<br>events |  | 25 - 26                      |
|  | highest paid ind                                     | Part VII) or entity in connection with<br>ividuals or entities (fundraisers) purs<br>e organization. |  |                          |   |  | fes X No                     |
| (i) Name and address<br>or entity (fund  | s of individual                                      | (ii) Activity  | (iii)<br>fund<br>have c<br>or cor<br>contrib | trol of                  | (iv) Gross receipts<br>from activity        | (v) Amount pair<br>to (or retained b<br>fundraiser<br>listed in col. (i)   | y) to (or retained by)       |
| TELEFUND, INC - 18   | 6 LINCOLN  |  | Yes  | No                       |   |  |                              |
| ST, SUITE 100, BOS   |  | PROFESSIONAL SOLICITOR   |  | х                        | 29,213.                                     | 97,34  | 268,129.                     |
| QCSS, INC - 717 WE<br>GERMAIN STREET, SA                                       |  | PROFESSIONAL SOLICITOR   |  | x                        | 2,511.                                      | 6,71   | 04,199.                      |
|  |  |  |  |                          |   |  |                              |
|  |  |  | +  |                          |   |  |                              |
| Total  |  | ]  |  | •                        | 31,724.                                     | 104,05   | 272,328.                     |
| 3 List all states in whi<br>or licensing.                                      | ch the organizati                                    | on is registered or licensed to solici   | t contrib                                    | utions                   | s or has been notified                      | it is exempt from  | registration                 |
|  |  | HI, ID, IL, IN, IA, KS, KY, LA, ME<br>DK, OR, PA, RI, SC, SD, TN, TX, UT                             |  |                          |   |  |                              |
|  |  |  |  |                          |   |  |                              |
|  |  |  |  |                          |   |  |                              |
|  |  |  |  |                          |   |  |                              |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2021

132081 10-21-21

| Schedule | G | (Form | 990) | 2021   |
|----------|---|-------|------|--------|
| Dout II  |   | E.m.  | duci | a la a |

FOUNDATION FOR NATIONAL PROGRESS

94-2282759 Page 2

|  |  | (a) Event #1  | (b) Event #2            | (c) Other events    | (d) Total events<br>(add col. (a) through       |
|--|--|---|-------------------------|---------------------|---|
|  |  | (event type)  | (event type)            | (total number)      | col. (c))                                       |
|  |  |   |                         |                     |   |
| 1  | Gross receipts   |   |                         |                     |   |
|  |  |   |                         |                     |   |
| 2  | Less: Contributions  |   |                         | 2                   |   |
| 3  | Gross income (line 1 minus line 2)   |   |                         |                     |   |
| 4  | Cash prizes  |   |                         |                     |   |
|  |  |   |                         |                     |   |
| 5  | Noncash prizes   |   |                         |                     |   |
| 6  | Rent/facility costs  |   |                         |                     |   |
|  |  |   |                         |                     |   |
| 7  | Food and beverages   | -   |                         |                     |   |
| 8  | Entertainment  |   |                         |                     |   |
| 9  | Other direct expenses  |   |                         |                     |   |
| 10   |  | 1.61. 1. 1.6  |                         | •                   |   |
| 11   |  |   |                         |                     |   |
| _  | III Gaming. Complete if the organization   |   |                         |                     |   |
|  | \$15,000 on Form 990-EZ, line 6a.  |   |                         |                     |   |
| _  |  |   | (b) Pull tabs/instant   |                     |   |
|  |  | 1.1 12  | (D) Pull tausninstant   | 1.1.01              | (d) Total gaming (ac                            |
|  |  | (a) Bingo   | bingo/progressive bingo | (c) Other gaming    |   |
|  |  | (a) Bingo   |                         | (c) Other gaming    |   |
| 1  | Gross revenue  | 2. 1990 (Annto  |                         | (c) Other gaming    |   |
| 1  | Gross revenue  | 2. 1990 (Annto  |                         | (c) Other gaming    | (d) Total gaming (ac<br>col. (a) through col. ( |
| 1  | Gross revenue  |   |                         | (c) Other gaming    |   |
| 1  |  |   |                         | (c) Other gaming    |   |
| 1  |  |   |                         | (c) Other gaming    |   |
| 1 2 3  | Cash prizes  |   |                         | (c) Other gaming    |   |
| 2  | Cash prizes  |   |                         | (c) Other gaming    |   |
| 1<br>2<br>3<br>4                             | Cash prizes<br>Noncash prizes<br>Rent/facility costs   |   |                         | (c) Other gaming    |   |
| 2  | Cash prizes  |   | bingo/progressive bingo |                     |   |
| 2<br>3<br>4<br>5                             | Cash prizes<br>Noncash prizes<br>Rent/facility costs<br>Other direct expenses  | Yes%  | bingo/progressive bingo | Yes%                |   |
| 1<br>2<br>3<br>4                             | Cash prizes<br>Noncash prizes<br>Rent/facility costs   |   | bingo/progressive bingo |                     |   |
| 1<br>2<br>3<br>4<br>5<br>6                   | Cash prizes<br>Noncash prizes<br>Rent/facility costs<br>Other direct expenses<br>Volunteer labor   | Yes%  | bingo/progressive bingo | ☐ Yes %             |   |
| 1<br>2<br>3<br>4<br>5                        | Cash prizes<br>Noncash prizes<br>Rent/facility costs<br>Other direct expenses<br>Volunteer labor   | Yes%  | bingo/progressive bingo | ☐ Yes %             |   |
| 1<br>2<br>3<br>4<br>5<br>6<br>7              | Cash prizes<br>Noncash prizes<br>Rent/facility costs<br>Other direct expenses<br>Volunteer labor<br>Direct expense summary. Add lines 2 throug | Yes%  | bingo/progressive bingo | ☐ Yes%<br>☐ No      |   |
| 1<br>2<br>3<br>4<br>5<br>6<br>7              | Cash prizes<br>Noncash prizes<br>Rent/facility costs<br>Other direct expenses<br>Volunteer labor   | Yes%  | bingo/progressive bingo | ☐ Yes%<br>☐ No      |   |
| 1<br>2<br>3<br>4<br>5<br>7<br>8              | Cash prizes  | Yes%     No   | bingo/progressive bingo | □ Yes%<br>□ No<br>► |   |
| 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>Er   | Cash prizes  | T from line 1, column (d)   | bingo/progressive bingo | ☐ Yes%<br>☐ No<br>▶ | col. (a) through col. (                         |
| 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>Er   | Cash prizes  | T from line 1, column (d)   | bingo/progressive bingo | ☐ Yes%<br>☐ No<br>▶ | col. (a) through col.                           |
| 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>Er   | Cash prizes  | T from line 1, column (d)   | bingo/progressive bingo | ☐ Yes%<br>☐ No<br>▶ | col. (a) through col.                           |
| 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>Er   | Cash prizes  | T from line 1, column (d)   | bingo/progressive bingo | ☐ Yes%<br>☐ No<br>▶ | col. (a) through col.                           |
| 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>Ers  | Cash prizes  | Trom line 1, column (d)   | bingo/progressive bingo | Yes% No             | col. (a) through col.                           |
| 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>Eris | Cash prizes  | The second seco | bingo/progressive bingo | Yes% No             | col. (a) through col.                           |

132082 10-21-21

Schedule G (Form 990) 2021

58

|      | edule G (Form 990) 2021           | FOUNDATION FOR NAT               |   |   | 2282759           | Page 3   |
|------|-----------------------------------|----------------------------------|---|---|-------------------|--|
|      |                                   | gaming activities with nonme     | embers?                                 |   | Yes               | No   |
| 12   | Is the organization a grantor, be | eneficiary or trustee of a trust | t, or a member of a partnership or ot   | her entity formed                       |                   |  |
|      | to administer charitable gaming   | j?                               |   |   | Yes               | No   |
|      | Indicate the percentage of gam    |                                  |   |   |                   |  |
| а    | The organization's facility       |                                  |   |   | 13a               | 9  |
|      |                                   |                                  |   |   |                   | 9  |
|      |                                   |                                  | e organization's gaming/special ever    |   |                   |  |
|      | Name 🕨                            |                                  |   |   |                   |  |
|      | Address 🕨                         |                                  |   |   |                   |  |
| 15a  | Does the organization have a c    | ontract with a third party from  | n whom the organization receives g      | aming revenue?                          | Yes               | 🗌 No   |
| b    | If "Yes," enter the amount of ga  | aming revenue received by th     | e organization 🕨 \$                     | and the amount                          |                   |  |
|      | of gaming revenue retained by     |                                  |   | 100 B B B B B B B B B B B B B B B B B B |                   |  |
|      | If "Yes," enter name and addre    |                                  |   |   |                   |  |
|      |                                   |                                  |   |   |                   |  |
|      |                                   |                                  |   |   |                   |  |
|      | Address 🕨                         |                                  |   |   |                   |  |
| 16   | Gaming manager information:       |                                  |   |   |                   |  |
|      | Name 🕨                            |                                  |   |   |                   |  |
|      | Gaming manager compensatio        | n 🕨 \$                           |   |   |                   |  |
|      |                                   |                                  | 1.6                                     |   |                   |  |
|      | Description of services provide   | d 🕨                              |   |   |                   |  |
|      |                                   |                                  |   |   |                   |  |
|      |                                   |                                  |   |   |                   |  |
|      | Director/officer                  | Employee                         | Independent contractor                  |   |                   |  |
|      |                                   |                                  |   |   |                   |  |
| 17   | Mandatory distributions:          |                                  |   |   |                   |  |
|      |                                   | der state law to make charita    | ble distributions from the gaming pr    | oceeds to                               |                   |  |
|      |                                   |                                  |   |   | Yes               | No   |
|      |                                   |                                  | o be distributed to other exempt org    |   |                   | 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -<br>1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - |
|      | organization's own exempt acti    | ivities during the tax year 🕨    | s                                       |   |                   |  |
| Par  | t IV Supplemental Inf             | ormation. Provide the exp        | planations required by Part I, line 2b, | columns (iii) and (v); and P            | art III, lines 9, | 9b, 10b,   |
|      |                                   |                                  | any additional information. See instru  |   |                   | nation 1889 (1983).  |
| CP   | DULE C DADE T TAND OF             |                                  | DITD DIMODITORDO                        |   |                   |  |
| -cni | EDULE G, PART I, LINE 21          | , MADT OF TEN HIGHEST            | FAID FUNDRAISERS:                       |   |                   |  |
|      |                                   |                                  |   |   |                   |  |
| (I)  | NAME OF FUNDRAISER: TEI           | LEFUND, INC                      |   |   |                   |  |
| (I)  | ADDRESS OF FUNDRAISER:            | 186 LINCOLN ST, SUITE            | 5 100, BOSTON, MA 02111                 |   |                   |  |
|      |                                   |                                  |   |   |                   |  |
| 1)   | NAME OF FUNDRAISER: QCS           | SS, INC                          |   |   |                   |  |
| (I)  | ADDRESS OF FUNDRAISER:            |                                  |   |   |                   |  |
| 717  | WEST SAINT GERMAIN STRI           | EET, SAINT CLOUD, MN             | 56301                                   |   |                   |  |
| 3208 | 3 10-21-21                        |                                  |   | Sche                                    | dule G (Form      | 990) 202   |
| 01   |                                   |                                  | 59                                      |   |                   |  |
| 512  | 222 701245 10049                  | 0.2                              | 2021.05010 FOUND                        | ATION FOR NAT                           | IONAL P           | 10049  |

| Schedule G | i (Form 990)      | FOUNDATION FOR      |
|------------|-------------------|---------------------|
| Part IV    | Supplemental Info | rmation (continued) |

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|                       | Schedule G (Form 990                             |
| 132084 11-18-21       |  |
| 61222 701245 100490.2 | 60<br>2021.05010 FOUNDATION FOR NATIONAL P 10049 |

13561222 701245 100490.2

| SCHEDULE J   | Comp   | ensation Information  | OMB No.                       | 1645-00   | 47         |
|--|--|---|-------------------------------|-----------|------------|
| (Form 990)   |  | irectors, Trustees, Key Employees, and Highest<br>Compensated Employees<br>tion answered "Yes" on Form 990, Part IV, line 23. | 20                            | 121       | Ι          |
| Department of the Treasury   |  | Attach to Form 990.   | Open t                        |           |            |
| Internal Revenue Service   | Go to www.irs.gov/Fo                                     | orm990 for instructions and the latest information.   | CHARLEND AND AND A PARTY OF A | ection    | 4.9.0601.0 |
| Name of the organization   |  | 22384   | ployer identificat            | ion nu    | mber       |
| D. H.L.O. H  | FOUNDATION FOR NATIONA                                   | L PROGRESS  | 94-2282759                    |           |            |
| Part I Question  | s Regarding Compensation                                 |   |                               |           |            |
|  |  |   | (                             | Yes       | No         |
| 그 아이에 같은 것 같은 것은 것을 많은 것을 하는 것을 했다.  | 성상은 이 방법에 걸렸다. 것은 것은 것은 것을 많은 것은 것은 것을 하는 것이다.           | d any of the following to or for a person listed on Form 990.   |                               | 188       | 高麗         |
| (manual )  | 은 방향 방법 이상은 방법을 알려요? 이 것이 아파가 가지 않는 것이 모양이 있다. 것을 가지?    | ny relevant information regarding these items.  | 1.5                           |           |            |
| First-class or c   |  | Housing allowance or residence for personal u   | Sec. 22 (1970)                |           | 1366       |
| Travel for com   |  | Payments for business use of personal resider   | nce                           | 15/8      | 188        |
| promotion of the second s | ation and gross-up payments                              | Health or social club dues or initiation fees   |                               |           | 1837       |
| Discretionary  | spending account   | Personal services (such as maid, chauffeur, ch  | nef)                          |           | 13.50      |
|  |  |   | 202                           | 1012      | 1998       |
|  |  | zation follow a written policy regarding payment or   | 1221                          | 11/15     | 102        |
|  |  |   | <u>1b</u>                     |           |            |
|  |  | ursing or allowing expenses incurred by all directors,  | 1123 A                        |           | 1853       |
| trustees, and office   | rs, including the CEO/Executive Direct                   | tor, regarding the items checked on line 1a?  |                               |           |            |
| a m a _ mana.  |  |   |                               | 1836      |            |
|  |  | ed to establish the compensation of the organization's  | 1.11                          | 16.15     |            |
|  | 23. 그렇게 여러운데이다. 제가 한 것이 지난 것이 같이 나라.                     | ck any boxes for methods used by a related organization to  | 3                             | 1.34      |            |
|  | ation of the CEO/Executive Director, b                   |   | 1033                          | 1.572     |            |
| X Compensation   |  | Written employment contract   |                               |           |            |
|  | compensation consultant                                  | Compensation survey or study  | 100                           |           | 122        |
| Form 990 of o  | ther organizations                                       | X Approval by the board or compensation comm  | nittee                        |           |            |
|  |  |   | 1.1                           |           | 1823       |
|  |  | VII, Section A, line 1a, with respect to the filing   | 399                           | 1995      | 1997       |
| organization or a re   | 한 방법은 경험을 얻을 것 같아요. 한 가지 않는 것 같아요. 이 가슴을 가 들었다.          | 2012.11   | 131.4                         | 21295539  | 1222.0     |
|  | e payment or change-of-control payme                     |   | 4a                            | x         | -          |
|  | eive payment from a supplemental no                      |   | 100000                        | -         | X          |
|  | eive payment from an equity-based co                     |   | 4c                            | 121000    | X          |
| If "Yes" to any of lin   | ies 4a-c, list the persons and provide t                 | the applicable amounts for each item in Part III.   |                               | Rest      | 國語         |
| 0-1  | Not Fort Mat Look  |   | 1.25                          |           |            |
|  | c)(3), 501(c)(4), and 501(c)(29) organiz                 | 이 같은 것은 것은 것은 것은 것은 것이 같은 것이 같은 것은 것은 것은 것은 것은 것은 것은 것은 것은 것이 같이                          |                               | 1966      | 149        |
|  | 한 같은 것은 것을 못 못 한 것 같아요. 이가 이가 가지 않는 것은 것은 것을 만들어야 할 때? ? | a, did the organization pay or accrue any compensation  |                               |           | 1998       |
| contingent on the h  | evenues of:  |   | 1204200                       | x         | 20233      |
| a The organization?  |  |   | <u>5a</u>                     |           | x          |
| b Any related organiz  | ation?   |   | <u>5b</u>                     | 11-5.603  | -          |
|  | or 5b, describe in Part III.                             |   |                               |           |            |
|  |  | a, did the organization pay or accrue any compensation  |                               | 199       | 1000       |
| contingent on the n  |  |   | 116425                        | 192353    |            |
| a The organization?  |  |   | 6a                            | -         | X          |
|  |  |   | <u>6b</u>                     | a Maltine | X          |
|  | or 6b, describe in Part III.                             |   |                               |           | 101        |
|  |  | a, did the organization provide any nonfixed payments   | 2017                          | 12.2.235  | ALC:       |
|  |  | Ш   |                               | 3 (220 23 | X          |
|  |  | accrued pursuant to a contract that was subject to the  | 5222                          | 1056      | 122236     |
|  |  | n 53.4958-4(a)(3)? If "Yes," describe in Part III   |                               | S School  | x          |
|  |  | uttable presumption procedure described in  | 3135                          | 13000     | A SOLAR    |
| Hegulations section  | 153.4958-6(0)7   |   | 9                             | 1         | 1          |

|  | (B) Breakdown of         |     | W-2 and/or 1099-MISC and/or 1099-NEC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation                          |
|--|--------------------------|-----|---|--------------------|----------------|----------------------|---|
| (A) Name and Title                       | (i) Base<br>compensation |     | (iii) Other<br>reportable<br>compensation         | compensation       |                |                      | reported as deferred<br>on prior Form 990 |
| (1) MONIKA BAUERLEIN                     | (0) 205,513              | 13. | 0.  | .0                 | 45,220.        | 250,733.             | 0.  |
| PRESIDENT                                |                          | 0.  | 0. 0.   | .0                 | .0             |                      | .0  |
| (2) CLARA JEFFERY                        | (i) 207,444.             | 14. | 0. 0.   | 0.                 | 16,918.        | 224,362.             | .0  |
| VICE PRESIDENT/EDITOR-IN-CHIEF           |                          | 0.  | 0. 0.   | 0.                 | 0.             |                      | .0  |
| (3) STEVEN KATZ                          | (i) 186,666              | 56. | 0. 0.   | 0.                 | 33,968.        | 220,634.             | 0.  |
| VICE PRESIDENT/PUBLISHER (LEFT 04/23(11) |                          | 0.  | 0. 0.   | .0                 | .0             | 0.                   | .0  |
| (4) KHARY BROWN                          | (1) 191,987.             | 37. | 0. 0.   | .0                 | 26,903.        | 218,890.             | .0  |
| VP MEDIA SALES                           | (ii)                     | 0.  | 0. 0.   | 0,                 | 0.             | 0.                   | 0.  |
| (5) JAHNA BERRY                          | () 170,072.              | 72. | 0. 0.   | . 0.               | 21,477.        | 191,549.             | .0  |
| GUEST OF BOARD - COO                     |                          | 0.  | 0. 0.   | 0.                 | 0.             | .0                   | 0.  |
| <pre>(6) DAVID CORN</pre>                | (i) 177,650.             | 50. | 0. 0.   | 0.                 | 8,400.         | 186,050.             | 0.  |
| BUREAU CHIEF                             |                          | 0.  | 0. 0.   | 0.                 | 0.             | 0.                   | .0  |
| (7) TERRI CARHART                        | (i) 134,314.             | .4. | 0. 0.   | 0.                 | 37,933.        | 172,247.             | .0  |
| LEADERSHIP GIFTS DIRECTOR                | (ii)                     | 0.  | 0. 0.   | 0.                 | 0.             |                      | .0  |
| (8) BRENDEN O HANLON                     | (i) 142,757.             | 57. | 0. 0.   | 0.                 | 20,862.        | 163,619.             | .0  |
| NATIONAL ACCTS MANAGER                   |                          | 0.  | 0. 0.   | 0.                 | 0.             | 0.                   | .0  |
| (9) MITCHELL GRUNMON                     | (1) 87,667.              | 57. | 0. 34,952.  | .0                 | 6,955.         | 129,574.             | 0.  |
| FORMER OFFICER                           |                          | 0.  | 0. 0.   | 0.                 | 0.             | 0.                   | 0.  |
|  | (1)                      |     |   |                    |                |                      |   |
|  | (0)                      |     |   |                    |                |                      |   |
|  | 0                        |     |   |                    |                |                      |   |
|  | (1)                      |     |   |                    |                |                      |   |
|  | E                        |     |   |                    |                |                      |   |
|  | (ii)                     |     |   |                    |                |                      |   |
|  | (1)                      |     |   |                    |                |                      |   |
|  | (0)                      |     |   |                    |                |                      |   |
|  | (1)                      |     |   |                    |                |                      |   |
|  | (II)                     |     |   |                    |                |                      |   |
|  | (1)                      |     |   |                    |                |                      |   |
|  | (0)                      |     |   |                    |                |                      |   |
|  | 0                        |     |   |                    |                |                      |   |
|  |                          |     |   |                    |                |                      |   |

62

Page 2

FOUNDATION FOR NATIONAL PROGRESS Schedule J (Form 990) 2021

94-2282759

| Schedule J (Form 990) 2021 FOUNDATION FOR NATIONAL PROGRESS  | 94-2282759 Pade 3                              | 5 40 |
|--|--|------|
| Part III Supplemental Information  |  |      |
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. | lete this part for any additional information. | ľ    |
|  |  | I    |
|  |  | 1    |
| PART I, LINE 4A:   |  | 1    |
| IN 2021, BRIDGET BOTELHO, BOARD MEMBER - STAFF REP, AND MITCHELL GRUMMON,  |  |      |
| BOARD MEMBER, RECEIVED SEVERANCE PAYMENTS OF \$27,462 AND \$34,952.  |  |      |
|  |  |      |
| NESTER'L'Y PLUT,   |  | 1    |
|  |  | 1    |
| PART I, LINE 5:  |  | 1    |
| THE UP MEDIA SALES AND THE NATIONAL ACCOUNTS MANAGER ARE BAID COMMISSION   |  |      |
|  |  | Ē    |
| BASED ON DETERMINED ADVERTISING SALE REVENUE GOALS.  |  |      |
|  |  | ſ    |
|  |  | S.   |
|  |  | 8    |
|  |  |      |
|  |  |      |
|  |  | 1    |
|  |  | 1    |
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|  |  |      |
|  |  | I    |
|  |  | 1    |
|  |  | I    |
|  |  |      |
|  | Schedule J (Form 990) 2021                     | 021  |

63

|   | 8                                | Tra      | nsaction                            | is W               | /ith             | Interestee  | d Pe           | ersons            |             |            | 01        | //B No. 1                     | 545-00      | 47              |
|---|----------------------------------|----------|-------------------------------------|--------------------|------------------|---|----------------|-------------------|-------------|------------|-----------|-------------------------------|-------------|-----------------|
| (Form 990)<br>Appartment of the Treasury<br>Itemal Revenue Service  |                                  |          | 28b, or 28c, o<br>► Atta            | or Form<br>ch to l | n 990-<br>Form 9 | " on Form 990, Pa<br>EZ, Part V, line 3<br>990 or Form 990-1<br>Instructions and th | 8a or 4<br>EZ. | юь.               | 6, 27,      | 28a,       | 100200000 | 20<br>pen To<br>spect         |             | <b>1</b><br>lic |
| lame of the organization  |                                  |          |                                     |                    |                  |   |                |                   | Emp         | loyer      | ident     | P. Color 114                  | 2011012     | mbe             |
|   |                                  |          | NATIONAL P                          |                    |                  |   |                |                   |             |            | 2759      |                               |             |                 |
|   |                                  |          |                                     |                    |                  | on 501(c)(4), and s   |                |                   |             |            |           |                               |             |                 |
| Complete  | if the organization              |          | ered "Yes" on f<br>elationship bety |                    |                  | rt IV, line 25a or 2  | 5b, or         | Form 990-EZ, Pa   | art V, li   | ne 40      | b.        | Lan                           | C           |                 |
| (a) Name of disqua  | lified person                    | (D) Ne   | person and or                       |                    |                  | med   | (c) De         | scription of tran | sactio      | n          |           |                               | Corre<br>es | No              |
|   |                                  |          |                                     |                    |                  |   |                |                   |             |            |           | -                             | -           |                 |
|   |                                  |          |                                     |                    |                  |   |                |                   |             |            |           |                               |             |                 |
|   |                                  |          |                                     |                    |                  |   |                |                   |             |            |           | -                             | +           |                 |
| 2 Enter the amount  |                                  |          |                                     |                    |                  |   |                |                   |             | s 1555     |           |                               |             |                 |
| 3 Enter the amount  | oftav if any on li               | no 0. ol | hours roimburg                      | od but             | the ere          |   |                |                   | 12110       | ► S        |           |                               |             |                 |
| 3 Enter the amount  | or tax, ir ariy, ori ii          | ne z, ai | oove, reimours                      | ed by i            | une org          | janization  |                |                   |             | • >        |           |                               |             |                 |
| Part II Loans t   | o and/or Fron                    | n Inte   | rested Pers                         | sons.              |                  |   |                |                   |             |            |           |                               |             |                 |
| 영화가 잘 만친 모양이다.  |                                  |          |                                     |                    | press reaches    | Part V, line 38a o  | r Form         | 990, Part IV, lin | e 26; c     | or if th   | e orga    | nizatic                       | n           |                 |
| reported a<br>(a) Name of   | in amount on Forr<br>(b) Relatio |          | Part X, line 5, 6<br>(c) Purpose    |                    | an to or         | (a) Original  | 1 10           | Deless des        | 6           | la.        | (h) Ap    | proved                        | 13.14       | leitt o         |
| interested persor   |                                  |          | of loan                             |                    | 1 the            | (e) Original<br>principal amount  |                | Balance due       | (g)<br>defa |            | by bo     | by board or<br>committee? (i) |             | men             |
|   |                                  |          |                                     |                    | From             |   |                |                   | Yes         | No         | Yes       |                               | Yes         | No              |
|   |                                  |          |                                     |                    |                  |   | _              |                   |             |            |           |                               |             |                 |
|   |                                  | -        |                                     | -                  |                  |   | -              |                   |             | _          | -         |                               |             | -               |
|   |                                  | -        |                                     | -                  |                  |   | -              |                   |             |            |           |                               | -           | -               |
|   |                                  |          |                                     |                    |                  |   | -              |                   |             |            |           |                               |             |                 |
|   |                                  |          |                                     |                    |                  |   |                |                   |             |            |           |                               |             |                 |
|   |                                  |          |                                     |                    |                  | 1   | _              |                   |             |            |           |                               |             |                 |
|   |                                  | -        |                                     |                    |                  |   | -              |                   |             |            | -         |                               |             | -               |
|   |                                  | -        |                                     |                    |                  |   | - 10           |                   |             | -          |           | -                             | -           | $\vdash$        |
| otal  |                                  |          |                                     |                    | Stand            |   | s              |                   | 16833       | The second | 1200      | 19367                         | 1888        | 1847            |
| Part III Grants   |                                  |          |                                     |                    |                  |   |                |                   | 0.000       |            |           |                               |             |                 |
|   | if the organization              | n answe  | ered "Yes" on I                     | Form 9             | 90, Pa           | rt IV, line 27.   |                |                   |             |            |           |                               |             |                 |
| 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.0 |                                  | 1 (b     | ) Relationship                      | betwe              |                  | (c) Amount o  | of             | (d) Type          | of          |            |           | ) Purp<br>assist              |             | f               |
| Complete<br>(a) Name of inter   | ested person                     |          | interested pers<br>the organiz      |                    | d                | assistance  |                | assistan          | ice         |            |           |                               |             | -               |
| 10 (SWS10 12 0 10 0 10 0  | ested person                     |          |                                     |                    | d                | assistance  |                | assistan          | ice         |            |           |                               |             | _               |
|   | ested person                     |          |                                     |                    | d                | assistance  |                | assistan          | ice         |            |           |                               |             |                 |
|   | ested person                     |          |                                     |                    | d<br>            | assistance  |                | assistan          | ice         |            |           |                               |             |                 |
|   | ested person                     |          |                                     |                    | d                | assistance  |                | assistan          | ice         |            |           |                               |             |                 |

| Schedule L | (Form 990) | 2021 |
|------------|------------|------|
|------------|------------|------|

FOUNDATION FOR NATIONAL PROGRESS

Part IV Business Transactions Involving Interested Persons.

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

| person and the organization     | transaction   | transaction   | rever   | aring of<br>zation's<br>nues?           |
|---------------------------------|---------------|---|---|---|
|                                 |               |   | Yes   | No                                      |
| SON OF MADELEINE BU             | 70,215.       | PT HOURLY E   |   | x                                       |
|                                 |               |   |   |   |
|                                 | 4             |   | -   |   |
|                                 |               |   |   |   |
|                                 | nstructions). |   |   |   |
| S INVOLVING INTERESTED PERSONS: |               |   |   |   |
|                                 |               |   |   |   |
| PERSON AND ORGANIZATION:        |               |   |   |   |
|                                 |               | esponses to questions on Schedule L (see instructions). | esponses to questions on Schedule L (see instructions). | SON OF MADELEINE BU 70,215. PT HOURLY E |

SON OF MADELEINE BUCKINGHAM, CFO

(C) AMOUNT OF TRANSACTION \$ 70,215.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

Schedule L (Form 990) 2021

132132 11-02-21

## SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

21

| Department of   | f tho | Treasury |
|-----------------|-------|----------|
| Internal Record |       | Santing  |

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

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

Employer identification number 94-2282759

20

| Name | of the | organ | izatio |
|------|--------|-------|--------|

|  | FOUNDATION | FOR | NATIONAL | PROGRESS |  |
|--|------------|-----|----------|----------|--|
|--|------------|-----|----------|----------|--|

| Pa  | rt I Types of Property                                       |                               |   | 45   |  |                |          |
|-----|--|-------------------------------|---|--|--|----------------|----------|
|     |  | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determi<br>noncash contribution a | ning<br>Imount | s        |
| 1   | Art - Works of art   |                               |   | tonnood, ruit thi, into ig   |  |                |          |
| 2   | Art - Historical treasures                                   |                               |   |  |  |                |          |
| 3   | Art - Fractional interests                                   |                               |   |  |  |                |          |
| 4   | Books and publications                                       |                               | and the second  |  |  |                |          |
| 5   | Clothing and household goods                                 |                               | Contraction and the                                       |  |  |                |          |
| 6   | Cars and other vehicles                                      |                               |   |  |  |                |          |
| 7   | Boats and planes   |                               |   |  |  |                |          |
| 8   | Intellectual property  |                               |   |  |  |                |          |
| 9   | Securities - Publicly traded                                 | x                             | 8   | 4,065,570.   | FMV  |                |          |
| 10  | Securities - Closely held stock                              | -                             |   |  |  |                |          |
| 11  | Securities - Partnership, LLC, or trust interests            |                               |   |  |  |                |          |
| 12  | Securities - Miscellaneous                                   |                               |   |  |  |                |          |
| 13  | Qualified conservation contribution -<br>Historic structures |                               |   |  |  |                |          |
| 14  | Qualified conservation contribution - Other                  |                               |   |  |  |                |          |
| 15  | Real estate - Residential                                    |                               |   |  |  | -              |          |
| 16  | Real estate - Commercial                                     |                               |   |  |  |                |          |
| 17  | Real estate - Other  |                               |   |  |  |                |          |
| 18  | Collectibles   |                               |   |  |  |                | -        |
| 19  | Food inventory   |                               |   |  |  |                |          |
| 20  | Drugs and medical supplies                                   |                               |   |  |  |                |          |
| 21  | Taxidermy  |                               |   |  |  |                |          |
| 22  | Historical artifacts   |                               |   |  |  |                |          |
| 23  | Scientific specimens   |                               |   |  |  |                |          |
| 24  | Archeological artifacts                                      |                               |   |  |  |                |          |
| 25  | Other • ()   |                               |   |  |  |                |          |
| 26  | Other ► ()   |                               |   |  |  |                |          |
| 27  | Other  ()  |                               |   |  |  |                |          |
| 28  | Other ()   |                               |   |  |  |                |          |
| 29  | Number of Forms 8283 received by the organi                  | ization during                | the tax year for c  | ontributions   | ,  |                |          |
|     | for which the organization completed Form 82                 |                               |   |  |  | 0              |          |
|     |  |                               |   |  |  | Yes            | No       |
| 30a | During the year, did the organization receive b              | y contributio                 | n any property rep  | orted in Part I, lines 1 throug  | h 28, that it                                      |                | 1911     |
|     | must hold for at least three years from the dat              |                               |   |  |  |                |          |
|     | exempt purposes for the entire holding period                | ?                             |   | 98101-9711-1   | 30a  |                | x        |
| b   | If "Yes," describe the arrangement in Part II.               |                               |   |  |  | 1992           | distant. |
| 31  | Does the organization have a gift acceptance                 | policy that re                | quires the review of                                      | of any nonstandard contribut   | tions? 31  | x              | 19-22104 |
| 32a | Does the organization hire or use third parties              |                               |   |  |  |                |          |
|     | contributions?   |                               | -   |  | 32a  |                | x        |
| b   | If "Yes," describe in Part II.                               |                               |   |  | - CLU  | ( Links)       | 1.628    |
| 33  | If the organization didn't report an amount in o             | column (c) foi                | r a type of property                                      | / for which column (a) is che  | cked.  | 12.5%          |          |
|     | describe in Part II.   |                               |   |  |  |                |          |

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

Schedule M (Form 990) 2021

|         | (Form 990) 2021 | FOUNDATION |  |  |
|---------|-----------------|------------|--|--|
| Part II | Supplemental    |            |  |  |

94-2282759

Page 2

| Schedule M (Form 990) 2021 FOUNDATION FOR NATIONAL PROGRESS   | 94-2282/59  | Page 2  |
|---|---|---------|
| Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a c this part for any additional information. | d 33, and whether the organ<br>combination of both. Also co | ization |
| SCHEDULE M, PART I, COLUMN (B):   |   |         |
| THIS NUMBER REPRESENTS THE NUMBER OF CONTRIBUTORS, NOT THE NUMBER OF  |   |         |
| ITEMS CONTRIBUTED.  |   |         |
|   |   |         |
|   |   |         |
|   |   |         |
|   |   |         |
|   |   |         |
|   |   |         |

Schedule M (Form 990) 2021

132142 11-17-21

13561222 701245 100490.2

| SCHEDULE O<br>(Form 990)                               | Supplemental Information to Form 990 or 990<br>Complete to provide information for responses to specific questions on                                       | )-EZ | OMB No. 1545-0047                   |
|--|---|------|-------------------------------------|
| Department of the Treasury<br>Internal Revenue Service | Form 990 or 990-EZ or to provide any additional information.<br>Attach to Form 990 or Form 990-EZ.<br>Go to www.irs.gov/Form990 for the latest information. |      | Open to Public<br>Inspection        |
| Name of the organization                               | FOUNDATION FOR NATIONAL PROGRESS  |      | er identification number<br>2282759 |
| FORM 990, PART III,                                    | LINE 1  |      |                                     |
| THE FOUNDATION FOR                                     | NATIONAL PROGRESS PUBLISHES MOTHER JONES, A MAGAZINE  |      |                                     |
| AND MULTI-PLATFORM                                     | DIGITAL NEWS SITE, AND DIRECTS THE BEN BAGDIKIAN  |      |                                     |
| FELLOWSHIP PROGRAM.                                    | SINCE ITS FOUNDING, MOTHER JONES' GOAL HAS BEEN TO  |      |                                     |
| PRODUCE, IN THE WOR                                    | DS OF OUR MISSION STATEMENT, "REVELATORY JOURNALISM   |      |                                     |
| THAT IN ITS POWER A                                    | ND REACH INFORMS AND INSPIRES A MORE JUST AND   |      |                                     |
| DEMOCRATIC WORLD."                                     | THESE WORDS SIGNAL AN IMPORTANT FOCUS: OUR REPORTING  |      |                                     |
| DOES NOT EXIST IN A                                    | VACUUM BUT SEEKS TO HAVE AN IMPACT FOR DEMOCRACY  |      |                                     |
| AND JUSTICE THROUGH                                    | RIGOROUSLY RESEARCHED INVESTIGATIONS AND  |      |                                     |
| COMPELLING STORYTEL                                    | LING IN A WIDELY ACCESSIBLE FORM. IN THIS TIME OF   |      |                                     |
| MISINFORMATION AND                                     | FEAR FOR OUR DEMOCRACY, MOTHER JONES GOES DEEP TO   |      |                                     |
| GET AT IMPORTANT TR                                    | UTHS.   |      |                                     |
| BUIG OBCANIZABION I                                    |   |      |                                     |
|  | S AT THE FOREFRONT OF A MOVEMENT OF INDEPENDENT   |      |                                     |
|  | TING. WITH ALMOST 50 JOURNALISTS (AND A STAFF OF  |      |                                     |
|  | IIZED INTO THREE NEWSROOMS BUT GEOGRAPHICALLY LOCATED   |      |                                     |
|  | OUR TEAM COVERS EVERYTHING FROM THE FUTURE OF OUR   |      |                                     |
|  | PTION IN THE WHITE HOUSE TO THE IMMIGRATION CRISIS  |      |                                     |
| AT THE SOUTHERN BOR                                    | DER, THE STRUGGLE FOR CHANGE IN OUR CRIMINAL JUSTICE  |      |                                     |
| SYSTEM, THE EXISTEN                                    | TIAL THREAT OF THE CLIMATE CRISIS, AND THE WAYS   |      |                                     |
| CORRUPT POLITICS EN                                    | DANGERS THE ENVIRONMENT. IN PRINT, ONLINE, VIA  |      |                                     |
| PODCASTS AND VIDEO,                                    | WE REACH A YOUNGER, GROWING AUDIENCE HUNGRY FOR   |      |                                     |
| HONEST, FIERCE, DEE                                    | P-DIGGING JOURNALISM, MOTHER JONES IS PROVING AGAIN   |      |                                     |
| THAT A 46-YEAR-OLD                                     | NEWS ORGANIZATION CAN CHANGE THE CONVERSATION.  |      |                                     |
|  |   |      |                                     |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21 6 8

Schedule O (Form 990) 2021

| Schedule O (Form 990) 2021<br>Name of the organization                          | Page :<br>Employer identification number |
|---|--|
| FOUNDATION FOR NATIONAL PROGRESS  | 94-2282759                               |
| FORM 990, PART III, LINE 4A   |  |
| VOTING RIGHTS: THE BATTLE OVER VOTER SUPPRESSION IS ONE OF MOTHER               |  |
| JONES' MOST ESSENTIAL AREAS OF COVERAGE. MOTHER JONES WAS THE FIRST             |  |
| NATIONAL MEDIA OUTLET TO REPORT ON THIS ISSUE REGULARLY AND DEEPLY,             |  |
| EXPLORING HOW THE PUSH FOR MINORITY RULE MAY BE THE GREATEST THREAT TO          |  |
| OUR DEMOCRACY, NINETEEN STATES PASSED 34 NEW LAWS IN 2021 REDUCING              |  |
| VOTING ACCESS, MAKING IT MORE DIFFICULT TO VOTE BY MAIL AND EASIER TO           |  |
| REMOVE VOTERS FROM THE ROLLS, CUTTING THE NUMBER OF EARLY VOTING DAYS,          |  |
| ERECTING NEW BARRIERS TO VOTER REGISTRATION, AND REDUCING THE NUMBER OF         |  |
| POLLING PLACES. VOTING RIGHTS REPORTER ARI BERMAN DOCUMENTED THESE              |  |
| OVERT REPUBLICAN-LED EFFORTS AT DISENFRANCHISEMENT.                             |  |
|   |  |
| NATIONAL SECURITY AND DEMOCRACY: RUSSIA'S ASSAULT ON UKRAINE SHOCKED            |  |
| THE WORLD, BUT MOTHER JONES LONG AGO LAID THE GROUNDWORK FOR                    |  |
| UNDERSTANDING THIS WAR. AS DC BUREAU CHIEF DAVID CORN POINTED OUT IN            |  |
| THE FIRST DAYS OF THE WAR, PUTIN WAS EMBOLDENED BY THE IMPUNITY HE              |  |
| ENJOYED WHEN HE ATTACKED THE UNITED STATES AND OUR ELECTION. CORN ALSO          |  |
| REVEALED THE EXTENT TO WHICH THERE IS $\lambda$ DANGEROUS FEEDBACK LOOP BETWEEN |  |
| US RIGHT-WING MEDIA AND KREMLIN PROPAGANDA: PUTIN'S GOVERNMENT WAS              |  |
| SENDING MEMOS TO RUSSIAN MEDIA OUTLETS TELLING THEM "IT IS ESSENTIAL"           |  |
| THEY FEATURE FOX NEWS COMMENTATOR TUCKER CARLSON "AS MUCH AS POSSIBLE."         |  |
| WE ALSO WERE ABLE TO REPORT FROM THE FRONTLINES, WITH INCREDIBLE                |  |
| DISPATCHES FROM FORMER MOTHER JONES FELLOW MOLLY SCHWARTZ WHO DETAILED          |  |
| HER OWN ESCAPE FROM RUSSIA AND TOOK US INSIDE THE EXTENSIVE VOLUNTEER           |  |
| EFFORTS IN POLAND TO HELP UKRAINIAN REFUGEES.                                   |  |
|   |  |

MEDIA, TECH, AND SOCIAL MEDIA PLATFORMS AMPLIFY DISINFORMATION.

| Name of the organization<br>FOUNDATION FOR NATIONAL PROGRESS            | Employer identification number<br>94-2282759 |
|---|--|
| REPORTER ALI BRELAND HAS HIS FINGER ON THE PULSE OF THE ALT RIGHT       |  |
|   |  |
| MOVEMENT, INVESTIGATING AND TRACKING INSURRECTION AND DISINFORMATION    |  |
| THROUGH THE FAR-RIGHT ECOSYSTEM. HE REPORTED & FASCINATING STORY ABOUT  |  |
| AN ACTIVIST WHO WENT UNDERCOVER IN THE QANON WORLD AND DESCRIBED THE    |  |
| MOVEMENT FROM THE INSIDE BEFORE HER IDENTITY WAS REVEALED, REPORTERS    |  |
| STEPHANIE MENCIMER AND KIERA BUTLER HAVE BOTH GONE INSIDE ONLINE        |  |
| INFORMATION ECOSYSTEMS TO DEMONSTRATE HOW THESE GROUPS HAVE CORRODED    |  |
| PUBLIC DISCOURSE, IN STORIES DEPICTING HIGH PROFILE MEMBERS OF THESE    |  |
| MOVEMENTS AND INVESTIGATING HOW DISPARATE CORNERS OF THIS UNIVERSE ARE  |  |
| COMING TOGETHER.  | CALCUPATION OF THE REAL                      |
|   |  |
| EXTREMISM: OUR JOURNALISTS REPORT ON THE HARD EDGE OF RADICAL AND       |  |
| ANTIDEMOCRATIC MOVEMENTS AND IDEOLOGIES IN AMERICAFROM THE FRINGES OF   |  |
| THE INTERNET TO STATE LEGISLATURES AND CONGRESS. IN THE RUN-UP TO THE   |  |
| 2016 ELECTION, OUR REPORTERS WERE AMONG VERY FEW TO DIG INTO THE WAY    |  |
| TRUMP'S CAMPAIGN INTENTIONALLY MAINSTREAMED WHITE SUPREMACIST MEMES AND |  |
| IDEAS. WE WROTE ABOUT THE OATH KEEPERS AS EARLY AS 2010 AND HAVE BEEN   |  |
| AT THE FOREFRONT OF REPORTING ON MILITIAS, WHITE NATIONALISTS, AND      |  |
| OTHER EXTREMIST MOVEMENTS. DAVID CORN'S ESSAYS BROUGHT INSIGHT AND      |  |
| CONTEXT TO THE ONGOING POWER STRUGGLE OVER WHOSE TRUTH STANDS, ON THE   |  |
| ANNIVERSARY OF THE INSURRECTION, HE WROTE MOVINGLY ABOUT HOW AMERICANS  |  |
| WERE REMEMBERING THE DATE AND NOTED THAT, DESPITE THE CONVENTIONAL      |  |
| NARRATIVE, MOMENTS OF NATIONAL TRAGEDY RARELY LEAD TO NATIONAL UNITY.   |  |
|   |  |
| POLITICAL & FINANCIAL CORRUPTION: MOTHER JONES CONTINUES TO PURSUE THE  |  |
| KIND OF SHOE LEATHER INVESTIGATIONS FOR WHICH WE ARE KNOWN, EXAMINING   |  |
| CORRUPTION THAT DOESN'T NECESSARILY BREAK THE LAW BUT POINTS TO         |  |
| CONFLICT OF INTEREST AND SELF-DEALING. WEAKENED CAMPAIGN-FINANCE        |  |
| 132212 11-11-21   | Schedule O (Form 990) 202                    |

70

| Name of the organization  | Employer identification number |
|---|--------------------------------|
| FOUNDATION FOR NATIONAL PROGRESS  | 94-2282759                     |
| RESTRICTIONS AND TRANSPARENCY REQUIREMENTS IN THIS ERA HAVE MADE IT     |                                |
| POSSIBLE FOR CORRUPT OFFICIALS TO FLIP AN ELECTION WITHOUT DISCLOSURE   |                                |
| DR ACCOUNTABILITY, REPORTER DAN FRIEDMAN INVESTIGATES POLITICAL         |                                |
| CORRUPTION AT THE TOP LEVELS OF GOVERNMENT, FOR EXAMPLE REPORTING THAT  |                                |
| TOP TRUMP OFFICIALS VIOLATED A LAW RESTRICTING PARTISAN POLITICAL       |                                |
| ACTIVITY BY FEDERAL EMPLOYEES, BUT FACED NO LEGAL CONSEQUENCES. WE ARE  |                                |
| ALSO TAKING ON THE STRUCTURAL CHALLENGES AND FINANCIAL LOOPHOLES        |                                |
| PRESENT IN OUR CURRENT SYSTEMS THAT GENERATE DEEPER INEQUALITY. IN THE  |                                |
| SPRING, WE ROLLED OUT A 15-STORY-STRONG, MULTIMEDIA PACKAGE ON PRIVATE  |                                |
| EQUITY AND ALL THE WAYS THIS FACET OF OUR FINANCIAL SECTOR HAS          |                                |
| INFILTRATED EVERYDAY LIFE.  |                                |
|   |                                |
| GENDER JUSTICE: WHEN THE SUPREME COURT HANDED DOWN THE DOBBS DECISION   |                                |
| THIS SUMMER, THE NATION EFFECTIVELY ENDED A 50-YEAR GUARANTEE OF BODILY |                                |
| AUTONOMY FOR WOMEN, CREATING A DANGEROUS AND CONFUSING PATCHWORK OF     |                                |
| LAWS THROUGHOUT THE COUNTRY AND AN UNCERTAIN FUTURE FOR WOMEN IN THE    |                                |
| JNITED STATES. MOTHER JONES HAS REPORTED ON ISSUES OF GENDER JUSTICE    |                                |
| SINCE OUR FOUNDING SHORTLY AFTER THE ROE DECISION AND HAS BEEN RINGING  |                                |
| THE ALARM IN RECENT YEARS AS WE CREPT CLOSER TO THIS INEVITABILITY.     |                                |
| REPORTER BECCA ANDREWS SHOWED THREE YEARS AGO HOW WOMEN IN MISSISSIPPI  |                                |
| WERE ALREADY LIVING IN A POST-ROE WORLD, AND NINA LISS-SCHULTZ OUTLINED |                                |
| HOW ABORTION-RIGHTS DEFENDERS WERE PREPARING FOR THE WORST. STEPHANIE   |                                |
| MENCIMER LAID OUT WHAT SAM ALITO IS ALL ABOUT BACK IN 2016. AND IN THE  |                                |
| MONTHS SINCE, WE'VE BEEN ON THE GROUND REPORTING FROM RED STATES ABOUT  |                                |
| WHAT IT'S LIKE FOR WOMEN, WHAT HAPPENS TO OTHER FERTILITY TREATMENTS,   |                                |
| AND HIGHLIGHTING THE FAILURES OF SOCIAL SAFETY NETS TO CARE FOR WOMEN   |                                |
| AND CHILDREN.   |                                |

Schedule O (Form 990) 2021 71 2021.05010 FOUNDATION FOR NATIONAL P 100490.1

| lame of the organization<br>FOUNDATION FOR NATIONAL PROGRESS           | Employer identification number<br>94-2282759 |
|--|--|
| LIMATE CRISIS: THE ECONOMIC AND POLITICAL LANDSCAPE OF THE COMING      |  |
| EARS AND DECADES WILL BE DOMINATED BY THE CHALLENGE TO DECARBONIZE     |  |
| VERY SECTOR OF OUR LIVES AND MOTHER JONES COVERS THIS STORY            |  |
| EANINGFULLY, WHAT CULTURAL AND TECHNOLOGICAL SHIFTS WILL THIS ENTAIL?  |  |
| HO WILL PROFITAND HOW? WHO IS RESISTING? WHO IS AT RISK OF BEING LEFT  |  |
| EHIND? WHAT ARE SOME OF THE UNHERALDED IDEAS, POSSIBILITIES, PITFALLS, |  |
|  |  |
| ND BOONDOGGLES THAT WILL DETERMINE THE SHAPE OF THE GREAT              |  |
| ECARBONIZATION? THE BATTLE OVER DECARBONIZATION IS A                   |  |
| ENERATION-DEFINING PROJECT, ON THE SCALE OF THE MID-20TH CENTURY'S WAR |  |
| FFORT AND ENSURING WE AT LEAST BEGIN TO REVERSE THE EFFECTS OF CLIMATE | /4   |
| HANGE WILL HAVE SIGNIFICANT NATIONAL SECURITY IMPLICATIONS AS MORE     |  |
| LACES THE WORLD OVER ARE AFFECTED BY SERIOUS CLIMATE EVENTS AND BECOME |  |
| ESS HABITABLE.   |  |
|  |  |
| ORM 990, PART III, LINE 4B   |  |
| INCE 1980, MOTHER JONES HAS PLACED AN EMPHASIS ON CREATING             |  |
| PPORTUNITIES FOR ASPIRING JOURNALISTS THROUGH THE BEN BAGDIKIAN        |  |
| ELLOWSHIP PROGRAM.   |  |
|  |  |
| HILE THERE ARE A NUMBER OF GENERAL JOURNALISM AND REPORTING            |  |
| NTERNSHIPS AVAILABLE FOR STUDENTS OR RECENT COLLEGE GRADUATES, ONLY    |  |
| OTHER JONES PUTS SUCH AN EMPHASIS ON INVESTIGATIVE REPORTING. AMONG    |  |
| HE LARGEST TRAINING PROGRAMS IN THE INDEPENDENT MEDIA COMMUNITY, THE   |  |
| EN BAGDIKIAN FELLOWSHIP PROGRAM GIVES ASPIRING JOURNALISTS INTENSIVE   |  |
| RAINING IN WHAT IT TAKES TO PUBLISH OUTSTANDING, INDEPENDENT           |  |
| OURNALISM, TO MEET DEADLINES, AND TO WORK AS PART OF A PROFESSIONAL    |  |
| EAM. IT IS A RARE OPPORTUNITY FOR NEW JOURNALISTS TO WORK ALONGSIDE    |  |
| OME OF THE TOP REPORTERS AND JOURNALISTS IN THE BUSINESS, AND TO LEARN |  |
| ,  |  |

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| Name of the organization<br>FOUNDATION FOR NATIONAL PROGRESS                       | Employer identification number<br>94-2282759 |
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|  | 54-2202155                                   |
| THE INNER WORKINGS OF MULTIMEDIA NATIONAL REPORTING WITH A SPECIAL                 |  |
| FOCUS ON INVESTIGATIVE JOURNALISM. DEPENDING ON FUNDING AVAILABILITY,              |  |
| THE PROGRAM ALSO OFFERS INTERNSHIPS FOR THOSE INTERESTED IN ART AND                |  |
| PHOTOGRAPHY, NONPROFIT PUBLIC AFFAIRS AND SOCIAL MEDIA, AND THE                    |  |
| BUSINESS AND TECHNOLOGY SIDE OF PUBLISHING, GRADUATES LEAVE WITH                   |  |
| PRACTICAL KNOWLEDGE, WORK THAT THEY CAN BE PROUD OF, AND A NETWORK OF              |  |
| FRIENDS AND COLLEAGUES THAT WILL LAST A LIFETIME. OF THE MORE THAN 800             |  |
| INTERNS AND FELLOWS WHO HAVE PASSED THROUGH MOTHER JONES' PROGRAM, MORE            |  |
| THAN HALF MOVED ON TO A CAREER IN JOURNALISM OR THE MEDIA AT SOME OF               |  |
| THE NATION'S MOST PRESTIGIOUS MEDIA OUTLETS. GRADUATES OF THE PROGRAM              |  |
| WORK THROUGHOUT THE NATIONAL MEDIA WORLD AT OUTLETS RANGING FROM THE               |  |
| NEW YORK TIMES AND THE WALL STREET JOURNAL TO NATIONAL PUBLIC RADIO AND            |  |
| THE WASHINGTON POST.   |  |
|  |  |
|  |  |
|  |  |
| FORM 990, PART VI, SECTION B, LINE 11B:  |  |
| THE BOARD OF DIRECTORS OF THE FOUNDATION FOR NATIONAL PROGRESS, DBA MOTHER         |  |
| JONES MAGAZINE, APPROVED THE FORMATION OF A FINANCIAL AUDIT COMMITEE 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: $(\lambda)$ 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            |  |
| 132212 11-11-21  | Schedule O (Form 990) 202                    |
| 73   |  |

| Name of the organization<br>FOUNDATION FOR NATIONAL PROGRESS                | Employer identification numbe<br>94-2282759 |
|---|---|
|   |   |
| DIRECTORS FOR SERVING ON THE BOARD OR ANY BOARD COMMITTEE; (E) AMEND OR     |   |
| EPEAL THESE BYLAWS OR ADOPT NEW BYLAWS; (F) ADOPT AMENDMENTS TO THE         |   |
| RTICLES OF INCORPORATION OF THIS CORPORATION; (G) AMEND OR REPEAL ANY       |   |
| ESOLUTION OF THE BOARD OF DIRECTORS WHICH BY ITS EXPRESS TERMS IS NOT SO    |   |
| MENABLE OR REPEALABLE; (H) CREATE ANY OTHER BOARD COMMITTEES OR APPOINT     |   |
| THE MEMBERS OF ANY BOARD COMMITTEES; OR (I) APPROVE ANY MERGER,             |   |
| EORGANIZATION, VOLUNTARY DISSOLUTION, OR DISPOSITION OF SUBSTANTIALLY ALL   |   |
| OF THE ASSETS OF THIS CORPORATION. AS SUCH, THE FINANCIAL AUDIT COMMITTEE   |   |
| APPROVES THE FORM 990 PRIOR TO FILING; A PUBLIC DISCLOSURE COPY OF THE FORM |   |
| 990 IS DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING.        |   |
|   |   |
| FORM 990, PART VI, SECTION B, LINE 12C:                                     |   |
| AS PER THE CORPORATION'S CONFLICT OF INTEREST POLICY, AND TO ENSURE THAT    |   |
| THE FOUNDATION OPERATES IN A MANNER CONSISTENT WITH ITS EDUCATIONAL         |   |
| PURPOSES AND THAT IT DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE    |   |
| ITS STATUS AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX, PERIOD        |   |
|   |   |
| REVIEWS SHALL BE CONDUCTED BY THE DEPARTMENT SUPERVISOR (RELEVANT TO THE    |   |
| TRANSACTION OR ARRANGEMENT), PUBLISHER, CEO, CFO, AND BOARD OF DIRECTOR'S   |   |
| AUDIT COMMITTEE. THE PERIODIC REVIEWS SHALL, AT A MINIMUM, OCCUR ANNUALLY   |   |
| AND SHALL INCLUDE THE FOLLOWING SUBJECTS:                                   |   |
| * WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE AND ARE AS  |   |
| THE RESULT OF ARM'S-LENGTH BARGAINING.                                      |   |
| * WHETHER ACQUISITIONS OF SERVICES RESULT IN INUREMENT OR IMPERMISSIBLE     |   |
| PRIVATE BENEFIT.  |   |
| WHETHER TRANSACTIONS AND ARRANGEMENTS WITH VENDORS AND OTHER                |   |
| DRGANIZATIONS CONFORM TO WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT   |   |
| REASONABLE PAYMENTS FOR GOODS AND SERVICES, FURTHER THE FOUNDATION'S        |   |
| EDUCATIONAL PURPOSES, AND DO NOT RESULT IN INUREMENT OR IMPERMISSIBLE       |   |

| Schedule O (Form 990) 2021       | Page 2                         |
|----------------------------------|--------------------------------|
| Name of the organization         | Employer identification number |
| FOUNDATION FOR NATIONAL PROGRESS | 94-2282759                     |

PRIVATE BENEFIT.

\* WHETHER AGREEMENTS WITH EMPLOYEES AND THIRD-PARTY PAYORS FURTHER THE

FOUNDATION'S EDUCATIONAL PURPOSES AND DO NOT RESULT IN INUREMENT OR

IMPERMISSIBLE PRIVATE BENEFIT.

IN CONDUCTING THESE PERIODIC REVIEWS, THE FOUNDATION MAY, BUT NEED NOT, USE

OUTSIDE ADVISORS, IF OUTSIDE EXPERTS ARE USED, THEIR USE SHALL NOT RELIEVE

THE FOUNDATION OF ITS RESPONSIBILITY FOR ENSURING THAT PERIODIC REVIEWS ARE

CONDUCTED.

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

THE CEO'S SALARY AND PERFORMANCE IS REVIEWED ANNUALLY BY AN ELECTED

PERFORMANCE REVIEW/COMPENSATION COMMITTEE AS PART OF THE BOARD OF

DIRECTORS, THIS WAS LAST PERFORMED AND RELAYED TO THE CEO IN FEBRUARY 2022

PERTAINING TO 2021 PERFORMANCE. THE CEO'S SALARY MAY BE ADJUSTED ACCORDING

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

IS BASED ON MERIT AND APPROVED BY THE BOARD OF DIRECTORS.

THE CFO'S SALARY AND PERFORMANCE IS REVIEWED ANNUALLY BY THE CEO WITH INPUT

FROM MEMBERS OF THE SENIOR MANAGEMENT TEAM. THIS WAS LAST PERFORMED AND

RELAYED TO THE CFO IN JUNE 2021. THE CFO'S SALARY MAY BE ADJUSTED ACCORDING

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

IS BASED ON MERIT AND APPROVED BY THE CEO.

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

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, MO, NY, NC, OR, PA, RI, SC, TN

UT, VA, WV, WI

132212 11-11-21

Schedule O (Form 990) 2021

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| Name of the organization   | Employer identification number |
|--|--------------------------------|
| FOUNDATION FOR NATIONAL PROGRESS   | 94-2282759                     |
| FORM 990, PART VI, SECTION C, LINE 19:                                     |                                |
| THE FOUNDATION FOR NATIONAL PROGRESS PROVIDES A COPY OF FORMS 990 AND 990- | -т                             |
| FOR PUBLIC INSPECTION ON REQUEST (DISTRIBUTED EITHER THROUGH THE U.S.      |                                |
|  |                                |
| POSTAL OFFICE OR AS A PDF DOCUMENT ATTACHED TO AN EMAIL), ADDITIONALLY, TH | IE                             |
| FOUNDATION FOR NATIONAL PROGRESS PROVIDES GUIDESTAR (A PUBLIC NONPROFIT    |                                |
| TRACKING WEB SITE) A COPY OF FORMS 990 AND 990-T FOR PUBLIC INSPECTION.    |                                |
| GOVERNING DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC.                       |                                |
|  |                                |
| FORM 990, PART XII, LINE 2C  |                                |
| THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.                               |                                |
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| 132212 11-11-21  | Schedule O (Form 990) 202      |