Form 990

Return of Organization Exempt From Income Tax OMB No. 1545-0047

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

	•
Depart:	pent of the Treasury
Internal	Revenue Service

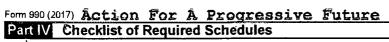
▶ Do not enter social security numbers on this form as it may be made public.

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

<u> </u>	Fort	he 2017 calen	dar year, or tax year beginning	and ending	<u></u>		<u></u> .
В	Check	r if applicable	C Name of organization Acti	on For A Progressive	Future	D Employer	identification number
	Addre	ss change		s Action	• •	27-2303	L175
ñ	Name	change			Room/suite	E Telephone	number
H	Initial	_	1500 W. El Camino	A Ave	70		
片			City or town, state or province, coul		7.70	 	
님		tum/terminated :					
닠			Sacramento, CA 9			G Gross rece	
Ш	Applica		F Name and address of principal office		1 '		or subordinates? Yes Mo
				<u>int Reyes Station, C</u>	A 9495,6 H(b) Are all subordinate	as included? Yes No
1.3	ax-exe	mpt status	561 (c)(3) 2 501(c)(4)◄ (Hinself no.) 4947(a)(1) or] 527 04	# "No," attach a ka	t (see instructions)
1 1	Vebsit	root	saction.org		H(c	Group exemption	number 🕨
		organization.		sociation Other L Year	of formation. 201	O M Stat	e of legal domicile. CA
-P	art f	Summa	irv				-
_	1		ibe the organization's mission or m	ost significant activities			
•		-		on of social, politi	cal £ cul	tural is	201100 .
Governance	1	I UI CHE	r public education	DEC	EIVED	7	33463
Ē		0					
Š	2			tinued its operations or disposed of more		1 1	~
ప	3		oting members of the governing bo	· 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	17 2018	3	3
5 € 00	4		ndependent voting members of the	governing body (Fait VI, HIJE 10)	2010	4	3
<u>iğ</u> .	5	Total numbe	r of individuals employed in calend	ar year 2017 (Part V, line 2a)	<u> Œ</u>	. 5	0
Activities &	. 6	Total numbe	r of volunteers (estimate if necessa	ry)	N. UT - 1	6	0
Ac	7a	Total unrelat	ed business revenue from Part VIII		· · · · · · · · · · · · · · · · · · ·	. 7a	0.
	Ь	Net unrelate	d business taxable income from Fo	rm 990-T, line 34		. 7ь	0.
					Prior Yea	r	Current Year
	В	Contributions	s and grants (Part VIII, line 1h) .			,674.	387,129.
<u>a</u>	9		vice revenue (Part VIII, line 2g)			/	3077223.
Ę	[_	,			1.	· · · · · · · · · · · · · · · · · ·
Š	10		ncome (Part VIII, column (A), lines				
$\overline{\omega}_{\kappa}$	111		ue (Part VIII, column (A), lines 5, 6		1.60	675	207 100
2019 Revenue	12		e - add lines 8 through 11 (must e		163	<u>, 675 .</u>	387,129.
8	13		similar amounts paid (Part IX, colur				122,368.
. , , , ,	14	Benefits paid	i to or for members (Part IX, colum	n (A), line 4)			
ez u	15	Salanes, oth	er compensation, employee benefit	s (Part IX, column (A), lines 5-10)			37,500.
MAR	16a	Professional	fundraising fees (Part IX, column ((A), line 11e)			
	b	Total fundral	ising expenses (Part IX, column (D), line 25} ► 43,827.			
	17	Other expens	ses (Part IX, column (A), lines 11a-	-11d, 11f-24e)	133	,736.	242,974.
ž	18	Total expens	es. Add lines 13-17 (must equal P	art IX, column (A), line 25)	133	,736.	402,842.
Ž	19	•	s expenses. Subtract line 18 from I	. , ,,		,939.	-15,713.
SCANNED Expendes Expendes					Beginning of Cur		End of Year
	20	Total accets	(Part X, line 16)			,994.	50,281.
Asse.	24		(rant X, line 10) . ≈ (Part X, line 26) .		- 03	, 934.	30,201.
Fee A	1		• • • • • • • • • • • • • • • • • • • •		C S	004	EA 201
			r fund balances. Subtract line 21 fr	om line 20	65	,994.	50,281.
_		Signatu					
	-	· -	•	etum, including accompanying schedules and	•	•	wledge and belief, it is
tru	e corre	ct, and comple		officer) is based on all information of which p	reparer has any know		
	. 1	<u> </u>	morma Dolom			12/05/2	018
	gn	Signature	a of officer		Da	ite	
H	ere	▶ Norm	an Solomon, Direc	ctor			
		Typeorp	print name and title				
P	aid	Pnnt	t/Type preparer's name	Preparer's signature	Date	Check	ıf PTIN
	repai	or				self-employ	ed
	• .	_	ama 🅒		le.	ırm's EIN ▶	
U:	se O					•	
		Firm 8 a	ddress >		15	hone no.	
	.44	10.4					<u> </u>
May	ne if	(5 discuss th	is return with the preparer shown a	bove (see instructions)	· · · · · · · · · · · · · · · · · · ·		Yes No

Form 990 (2017)

UYA



			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 "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in tobbying activities, or have a section 501(h)		1	
,	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C			
	Part III	5	-	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			1
_	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete 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? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	e ar tu:	X
11	If the organization's answer to any of the following questions is 'Yes," then complete Schedule D, Parts VI,	7 7-1		وم أوال
	VII, VIII, IX, or X as applicable.	^	<u> </u>	
a	Did the organization report an amount for land; buildings, and equipment in Part X, line 10? If "Yes,"			
.	complete Schedule D, Part VI	11a		X
U	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11Ь		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1115		
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	İ	x
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	118	-	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? 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)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ъ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		ļ	
	fundraising, business, investment, and program service activities outside the United States, or aggregate	ایما		**
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		X
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		X
-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	· •	o	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<i>'</i>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	- 1	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X

Part IV Checklist of Required Schedules (continued) Yes No x 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H... 20a 20b b If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X Part IX. column (A), line 2? If "Yes." complete Schedule I, Parts I and III 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 X 23 employees? If "Yes," complete Schedule J . . 24 a Did the organization have a tax exempt bend 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 X 244 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 244 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . 25a 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? X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or X 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, cubstantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds conditions, and exceptions) X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, X 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II. III. X 34 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, . . . X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

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Part				
,-	Check if Schedule O contains a response or note to any line in this Part V		Y±5	-No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	mi	125	340
1 a				
b	Line the number of twine verse included in the ra. Lines to it not apparente.			ļ
C	Old the organization comply with backup withholding rules for reportable payments to vendors and	1c	X	
	rcportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	- 10		<u> </u>
2 a	Substitution of employees reported on room vv-3, Transmittal of vvage and Tax Substitution in the content of t			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		-
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	 -	
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over : a financial account in a foreign country (such as a bank account, securities account, or other financial		ا يا خ	
	account)?	4a	•	X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts /			
	(FBAR)			
5 a	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 on is a party to a prohibited tax shelter transaction?	5b		X
C-	If:"Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c.		-
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		ĺ .	ľ
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).		; ,	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			ļ
	- अध्यक्त कार्या केरिक क	7.5		<u> </u>
b	if Yes," and the organization notify the donor of the value of the goods or services provided?	76		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		,	
_	required to file Form 8282?	7ε		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			->
c	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		 -
f	Did the organization during the year pay premiums directly or indirectly on a personal benefit contract?	7f		<u> </u>
3	The organization received a contribution of qualified intellectual property, did the organization file Form \$699 as required?	₹दुः		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year?			
a	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?	Sta		
10	Section 501(c)(7) organizations. Enter			
2	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990. Part VIII, line 12, for public use of club facilities	,		'
11	Section 501(c)(12) organizations. Enter]	ĺ
а	Gross income from members or shareholders			l
Ð	Gross monne from other sounces (De not net amounts due ar paid to other sounces			-
	against amounts due or received from them.)	1		ſ
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
a	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.		, ,	
ь	Enter the amount of reserves the organization is required to maintain by the states in which		: 4	Í
	the organization is licensed to issue qualified health plans			l
C	Enter the amount of reserves on hand			
iå a	Did the organization receive any payments for indoor tanning services during the tax year?	i4a		X
b	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		١.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Pert VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? . . ` Did the organization delegate control over management duties customanly performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 X Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7.b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes Nο 10a X 10 a Did the organization have local chapters, branches, or affillates? . . b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a 12 a Did the organization have a written conflict of interest policy? If "No," go to line 13 1.2b to Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to coofficis? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c . . . X 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? **†5**a X a The organization's CEO, Executive Director, or top management official X 15b **b** Other officers or key employees of the organization . . If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its ad besepaka et agetz aket bese *ped* ret brabel abbadeps raben aleanageens auteur hein ei endrejalweg organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7 (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Own website Other (explain in Schedule C) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: > (615) 849-7556 20

Robert Barkley PO 10931 Murfreesboro, TN 37129

Form 990 (20	7) Action 1	For A	Progressive	Future			27-	2301175	Page 🥇
Part VII	Compensatio	n of Offi	cers, Directors, T	rustees, Key	Employees,	Highest	Compensated	Employees	, and
,	Independent (Contract	ors						

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definintion of "key employee."
- . List the organization's five custom highest compansated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- . List all of the organization's former officers, key-employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons.

Check this have if norther the organization per any related organization componented any current efficer, director, or tructor

(A) Name and Title A serge hours par week (lest more than one long part week (les	Check this box if neither the organization i	nor any rela T	ited o	rgar			com	pen	sated any curr	ent officer, direc I	tor, or trustee.
Name and Tide Average Power for the po	(5)	/B1							(0)	/E3	/IE\
Canada C			/do n	at ch			than a	D-0	•	1	' '
1 Pia Gallegos CEO (2) Deborah Thomas Secretary (3) Jeff Cohen CFO (4) Norman Solomon Director (5) (6) (7) (8) (10) (11) (12) (13) (14) (15) (14) (15)	Hame and the	1 -	1						1 '		
Touristor Treistor										1 '	
CEO				- ''		_			1		•
CEO			호호	1SE	Ĭ₹	ê	함	9	1 -	(W-2/1099-MISC)	from the
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CEO	(1) Pia Gallegos		ĺ					ĺ	, ,		-
(2) Deborah Thomas			1		x						
(3) Jeff Cohen	(2) Deborah Thomas										
CFO	Secretary				X						
(4) Norman Solomon 15 Director X (5) 37,500. (6) (7) (8) (9) (10) (11) (12) (13) (14) (14)											
Director					X						
(5) (6) (7) (8) (9) (10) (11) (12) (13)		15					1			,	
(6) (7) (8) (9) (10) (11) (12) (13)	Director			L	X	匚			37,500.		· · · · · · · · · · · · · · · · · · ·
(7) (8) (9) (10) (11) (12) (13) (14)	(5)										
(7) (8) (9) (10) (11) (12) (13) (14)	(6)	<u> </u>		_							
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(10) (11) (12) (13) (14)											
(10) (11) (12) (13) (14)	(8)				 						
(10) (11) (12) (13) (14)											
(11) (12) (13) (14)	(9)										
(11) (12) (13) (14)											
(12) (13) (14)	(10)				,				,		
(12) (13) (14)		ļ				L_					
(13)	(11)										
(13)	(40)			_							
(14)	(32)										
(14)	(13)		\vdash		\vdash	 	$\vdash \vdash \vdash$	\vdash			
	(10)				ļ	1			-		
	(14)	<u> </u>		H	-	 					
LYA E QQN /2017\	<u> </u>	 									
	UYA	 	L;	ئــــا			L1		<u>. </u>		Form 990 (2017)

Total number of independent contractors (including but not limited to those listed above) who

received more than \$100,000 of compensation from the organization

•	_	Check if Schedule O contain	s a response or not	e to any line in this	Part VIII			
1				, .	5A)	(B)	∜C∮	1991
					Total revenue	Related or exempt function revenue	Unrelated business	Revenue excluded from tax under
		r		•		Taricuon revenue	revenue	sections 512-514
<u>.</u>	13	Federated campaigns .	íа					
Contributions, Offis, Grants and Offier Similar Amounts		Membership dues	16	·····				
2 5		Fundraising events .	1c					
\$ X		Related organizations	<u> </u>		,			.
흔		•	⊢	,	į	ī i		1
Sin		Government grants (contribut						
e ë	1	All other contributions, gifts, g		202 100		1		
운동		and similar amounts not inclu		3 8 7,129.		i i		}
e e	_	Noncash contributions include	ed in lines 1a-1f. \$			1		
0 4	h	Total. Add lines 1a-1f	· · · · · · ·		387,129.			
2				Business Code		<u> </u>		}!
Ven	2a		 					<u></u>
5 2	b		 					
ž	E							<u> </u>
8	đ							
Ē	е			Maria Samuel Marie Language	4.5 .12 . 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
Program Service Revenue	£	All other program service reve	edre					
	9	Total. Addines 2a-21		•		Ĭ		<u> </u>
	3	Investment income (including	dividends, interest,	•				
		and other similar amounts)		▶				
	4	Income from investment of tax	x-exempt bond prod	eeds 🖻		Ï		
ĺ	5	Royalties	-				•	
ļ		j	(i) Real	(II) Personal				[]
1	Бз	Gress rents				j		ļ
	ь	Less rental expenses						
		Rental income or (loss)						
		Net rental income or (loss).						
		Gross amount from sales of	(i) Securities	(ii) Other				1
		assets other than inventory				1		
1		Less: post or other basis				<u> </u>		1
Ì	_	and sales expenses				i i		ì
ļ	c	Gain or (loss)						<u> </u>
4		Net gain or (loss)		.				<u> </u>
Ì	-		+			1		1
ğ	8 a	Gross income from fundraisin	ıa.			1		
ě		events (not motoding \$	'8	; .		<u> </u>		Į.
2		of contributions reported on lir	1e 1c)	•	;	†		1
Other Reven		See Part IV, line 18				[
5	h	Less. direct expenses						
ı		Net income or (lose) from fun-			-	1		[
[Gross income from gaming at	_			[
ļ	3.0	See Rast IV, line 19.				[
1			3			, , , , , , , , , , , , , , , , , , ,		d de la companya de l
- 1		Less: of ect expenses		>]		<u> </u>
- 1		Net income or (loss) from gan					·····	
	าบล	Gross sales of inventory, less				1		1
		returns and allowances .	a			}		1
		Less. cost of goods sold						
-	- C	Net income or (loss) from sale	es inventory	Business Code	Johnson & Jan .			
Ì		 		ousmess Code -		*		* ' <u></u>
	11 a							
j	b					 		
Ì	ε					1		
j		All other revenue	· ·			 		<u> : </u>
}	е	Total. Add lines 11a-11d	· · · · · · · · · · · · · · · · · · ·					
ı	down	Tabel munous Cas inclosed.		*	227 170	<u>.</u>		T.

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 an	y line in this Part IX			· · · · · · · · · · X		
	not include amounts reported on lines 6b, 7b, 8b, 9b, 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations			i	.]		
	and domestic governments. See Part IV, line 21	122,368.	122,368.		1		
2	Grants and other assistance to domestic	•					
	andividuals. See Part W, line 22	1	7	*	ł		
3	Grants and other assistance to foreign organizations,				<u> </u>		
	foreign governments, and foreign individuals. See Part IV,						
	lines 15 and 16				1		
4	Benefits paid to or for members	·ŗ					
5	Compensation of current officers, directors, trustees,						
	and key employees	37,500.	12,500.	12,500.	12,500.		
6	Compensation not included above, to disqualified persons						
	(as defined under section 4958(f)(1)) and persons	1	1				
	described in section 4958(c)(3)(B)						
7	Other salanes and wages						
8	Pension plan accruals and contributions (include section		-		·		
	401(k) and 403(b) employer contributions)						
9	Other employee benefits						
10	Payroll taxes						
11	Fees for services (non-employees)						
а	Management	69,300.	48,510.	20,790.			
b	Legal						
C	Accounting	14,552.		14,552.			
d	Lobbying						
e	Professional fundraising services. See Part IV, line 17						
f	Investment management fees						
g	Other, (If line 11g amount exceeds 10% of line 25, column						
	(A) amount, list line 11g expenses on Schedule O.)						
12	Advertising and promotion						
13	Office expenses	1,414.	1,182.	232.			
14	Information technology						
15	Royalties						
16	Occupancy				· · · · · · · · · · · · · · · · · · ·		
17	Travel	15,061.	12,048.		3,012.		
18	Payments of travel or entertainment expenses for any		ŀ				
	federal, state, or local public officials						
19	Conferences, conventions, and meetings				·····		
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization						
23	Insurance						
24	Other expenses Itemize expenses not covered above		1	•	[
	(List miscellaneous expenses in line 24e. If line 24e amount		1	j	}		
	exceeds 10% of line 25, column (A) amount, list line 24e						
	expenses on Schedule O.)						
_	Card & Bank Fees	18,162.			18,162.		
b		7,525.	7,525.				
c	Web Functionality	101,520.	91,368.		10,153.		
d		15,205.	15,205.				
_	All other expenses	235.		235.			
25	Total functional expenses. Add lines 1 through 24e	402,842.	310,706.	48,309.	43,827.		
26	Joint costs. Complete this line only if the organization		Ì	1			
	reported in column (B) joint costs from a combined		ĺ				
	educational campaign and fundraising solicitation. Check	ļ	į	İ			
	here ▶ ☐ If following SOP 98-2 (ASC 958-726)						

		Check if Schedule O contains a response or note to any line in this Part X		·	
			(A)		(B)
			Beginning of year		End of year
	1	Cash — non-interest-bearing	65,994.	1	50,281.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from ourrent and former officers, directors, trustees, key employees,	· · · · · · · · · · · · · · · · · · ·		
	_	and highest compensated employees. Complete Part II of Schedule L		5	· · · · · · · · · · · · · · · · · · ·
	a.	Loans and other receivables from other disqualified persons (as defined under			
	-	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			•
	Ì	employers and sponsoring organizations of section 501(c)(9) voluntary employees'			}
		beneficiary organizations (see instructions).	•		
ţ	1	Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use	<u> </u>	8	
;	•	Prepaid expenses and defensed thanges		3	
	1	Land, buildings, and equipment cost or		1	
		other basis. Complete Part VI of Schedule D			
	١,	Less accumulated depreciation		10c	
	11	Investments — publicly traded securities		11	
	12	Investments — other securities. See Part IV, line 11	<u> </u>	12	
	13	Investments — program-related. See Part IV, line 11.		13	
	14	Interesting in programme dated. See Factive, line 11.		14	
	15			15	
	16	Other assets See Part IV, line 11, , , , , , , , , , , , , , , , , ,	65,994.	16	50,281.
	17	Accounts payable and accrued expenses	65,394.	17	30,201.
	18	Grants payable		18	
,	19	Deferred revenue	<u> </u>	19	
	20			20	
Liabilities	1	Tax-exempt bond liabilities		21	
Ξ	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	···
<u> </u>	22	Loans and other payables to current and former officers, directors, trustees, key employees,		30	
Ë]	highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties			
	24	Unsecured notes and loans payable to unrelated third parties .		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities			J
		not included on lines 17-24). Complete Part X of Schedule D		25	
w	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27		26	
ĕ		through 29, and lines 33 and 34.			
ä		inrough 25, and integ 33 and 34.	CE 004	_	
33	23		65,994.	27	50,281.
	28	Temporarily restricted net assets		28	
ij	29	Permanently restricted net assets		29	
Ϋ́	į	Organizations that do not follow SFAS 117 (ASC BSB), check here		įį	
ō		lines 30 through 34.			
ξ.	30	Capital stock or trust principal, or current funds		30	
100	33	Paid in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	Cr. AA:	32	E0 005
et	33	Total net assets or fund balances	65,994.	33	50,281.
~	34	Total fiebilities and net assets/fund balances	65,994.	34	50,281.

Form 990 (2017)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

UYA

SCHEDULE (Form 990)

Department of the Treasury

Name of the organization Internal Revenue Service

Grants and Other Assistance to Organizations,

Governments, and Individuals in the United States

OMB No 1545-0047

Open to Public

Employer Identification number

Complete of the orgaln[zation answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. ▶ Go to \www.irs.gov/Form990 for the latest information.

Action For A Progressive Future	Future	•	,			-	27-2301175
	ants and Assist	ance			, -		
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	s to substantiate the	e amount of the	grants or assist	ance, the grante	es' eligibility for the	ve grants or assistance	, and
	e grants or assistar	ice? , ,		-			XX Yes \(\Bar\) No
2 Describe in Part IV the organization's procedures for monitorin	procedures for mar	itoring the use of	g the use of grant funds in the United States.	the United State	Š.		
State Grants and Other Assistance to Domestic Organ	e to Domestic C		izations and Domestic Governments.	Governments	1	te organization answ	Complete if the organization answered "Yes" on Form 990,
Part IV, line 21, for any recipient that received more	ent that received		000. Part II can	be duplicated	than \$5,000. Part II can be duplicated if additional space is needed	ice is needed.	
1 (a) Name and address of organization or government	(b) EIN		(d) Amount of cash (e) Amount of non- grant cash assistance	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, apphaisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Democracy Action, Inc.					, iono		
	82-1737632	4 0	122,368.		,		
(2)							
(3)		;					
(4)		130		•		_	
					, ,,,,		
(5)	,						
		1,477					
(9)		-		<u>.</u>			
		•					
(7)							
(8)							
		•					
(6)							
			,				
(10)	· - ₁ .						
(11)		•					
(12)							
		-					
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government ar	ganizations liste	d in the line 1 tal	ole.			Q.
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	table					Ģ
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ructions for Form 99	0.	,				Schedule I (Form 990) (2017)
UYA							

, Page **2**

Schedule I (Form 990) (2017) Action (For A Progressive Future

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Schedule I (Form 990) (2017)						UYA
dditional information.	olumn (b): and any other a	I. line 2: Part III. c	on required in Part	ovide the informati	Supplemental Information. Provide the information required in Part [line 2: Part III. column (b): and any other additional information.	7 Part IV
						ဖ
						5
						4
						က
						2
						1
(f) Description of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(d) Amount of noncash assistance	(cash grant	(b) Number of recipients	(a) Type of grant or assistance	

SCHEDULE () (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶Attach to Form 350 or 330-EZ.

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

2017

-Open to Public-Inspection

	Employer identification number
Action For A Progressive Future	27-2301175
)	
•	
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C	
*	
	ſ

Schedule Q (Form 990 or 990-EZ) (2017)	Page
Name of the organization	Employer identification number
Action For A Progressive Future	27-2301175
Part VI Line 11b	
990 distributed to board prior to meeting an	nd reviewed during meeting
Part VI Line 11b	
Part VI Line 19	
Available upon request via email or USPO.	
Part IX Line 24e	
Tax & Registration Total expenses - \$235 00 Program service expenses - \$0 00 Mgmt and g	eneral expenses - \$235 00 Fundralsing expenses - \$0.00
	•
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* *************************************	
•	•
	
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