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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 07-01-2013, and ending 06-30-2014

B Check if applicable

- Address change
Name change
Initial return
Terminated
Amended return
Application pending

C Name of organization: ProgressNow Nevada Action
Number and street (or P O box, if mail is not delivered to street address): 2657 Windmill Pkwy 619
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: Henderson, NV 89074

D Employer identification number: 27-0854852

E Telephone number: (702) 285-0898

F Group Exemption Number

G Accounting Method: [ ] Cash [x] Accrual Other (specify)

H Check [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: www.progressnownevada.org

J Tax-exempt status (check only one): [ ] 501(c)(3) [x] 501(c)(4) (insert no ) [ ] 4947(a)(1) or [ ] 527

K Form of organization: [x] Corporation [ ] Trust [ ] Association [ ] Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$152,769

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [x]

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 152,769 and total expenses is 173,113.

**Part III Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	35,494	<b>22</b>	13,922
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .	9,047	<b>24</b>	11,154
<b>25 Total assets</b> . . . . .	44,541	<b>25</b>	25,076
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	121	<b>26</b>	1,000
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	44,420	<b>27</b>	24,076

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

What is the organization's primary exempt purpose?  
ProgressNow Nevada Action is an Advocacy Network. The mission is to give people a stronger voice online and on the ground through stronger communication.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

<b>28</b> Communication enhancement to give people a stronger voice (Grants \$ 152,168) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	81,000
<b>29</b>  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b>  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b>	152,168

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2013) questions 33-45b regarding significant activities, changes, income, and organizational details.

	Yes	No
46		No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

b If "Yes," was the related organization a section 527 organization? . . . . .

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. . . . .

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . .  Yes  No

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

**Sign Here** \*\*\*\*\*  
 Signature of officer  
 Annette Magnus-Marquart Executive Director  
 Type or print name and title  
 2014-11-12  
 Date

**Paid Preparer Use Only**  
 Print/Type preparer's name Kay See CPA  
 Preparer's signature  
 Date  
 Check  if self-employed  
 PTIN P01579278  
 Firm's name Campbell Jones Cohen CPAs  
 Firm's EIN  
 Firm's address 7848 W Sahara Avenue  
 Las Vegas, NV 89117  
 Phone no (702) 255-2330

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

## Additional Data

**Software ID:** 13000170

**Software Version:** 2013v3.1

**EIN:** 27-0854852

**Name:** ProgressNow Nevada Action

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Jorge Adame Chairperson	5 00	0		
Kyle Davis Secretary	5 00	0		
Annette Magnus-Marquat Executive Direc	20 00	13,021		
Gary Peck Director	5 00	0		
Caroline Chacon Director	5 00	0		
Elisa Cafferata Director	5 00	0		
Ron Nelsen Treasurer	5 00	0		
Sam Lieberman Vice Chair	5 00	0		

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization  
ProgressNow Nevada Action

Employer identification number

27-0854852

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$160
Other Expenses 1002	Office Expenses \$508
Other Expenses 1005	Travel \$2109
Other Expenses 1009	Depreciation \$719
Other Expenses 1012	Insurance \$790
Other Expenses 2	Rent, Parking, Utilities \$3500
Other Expenses 3	Payroll Service Charge \$2498
Other Expenses 4	Conventin Registration Fee \$1457
Other Expenses 5	Fundraising Expenses \$1111
Other Expenses 6	Telephone \$1109
Other Expenses 7	Supplies \$1064
Other Expenses 8	Bank Charges \$815
Other Expenses 9	Books & Subscriptions \$682
Other Expenses 11	General Meeting Expenses \$99
Other Expenses 12	Business Registration Fees \$50
Other Assets 1	Equipment, Net - Beginning \$1869 Equipment, Net - Ending \$2122
Other Assets 2	Accounts Receivable - Beginning \$7178 Accounts Receivable - Ending \$6902
Other Assets 3	Prepays - Beginning \$0 Prepays - Ending \$2130
Total Liabilities 1	Accounts Payable - Beginning \$121 Accounts Payable - Ending \$1000