

Part II 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
22 Cash, savings, and investments	2,348.	766.
23 Land and buildings		
24 Other assets (describe in Schedule O) SEE SCHEDULE O	11,360.	0.
25 Total assets	13,708.	766.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	0.	10,420.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	13,708.	-9,654.

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

What is the organization's primary exempt purpose? **SEE SCHEDULE O**
 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.

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)
28 SEE SCHEDULE O	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 20,686.
29	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32 20,686.

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 no paid enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ROBERT BOROSAGE DIRECTOR	0.00	0.	0.	0.
CELINDA LAKE DIRECTOR	0.00	0.	0.	0.
JIM DEAN DIRECTOR	0.00	0.	0.	0.
DEBRA COOPER VICE CHAIR	0.00	0.	0.	0.
MIKE LUX CHAIR	0.00	0.	0.	0.
GABRIELA LEMUS EXECUTIVE DIRECTOR	40.00	25,341.	0.	0.
SHAN ELARSON TREASURER	0.00	0.	0.	0.

0

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 Sch. O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b	Did the organization file Form 1120-POL for this year?	37b	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations. Enter:	39a	N/A
a	Initiation fees and capital contributions included on line 9	39b	N/A
b	Gross receipts, included on line 9, for public use of club facilities		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911	N/A	N/A
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed	D.C.	
42 a	The organization's books are in care of	ORGANIZATION Telephone no 202-454-5213	
	Located at	1900 L ST NW 9TH FLOOR, WASHINGTON, DC ZIP+4 20036	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
	If "Yes," enter the name of the foreign country		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	X
	If "Yes," enter the name of the foreign country		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c	Did the organization receive any payments for indoor tanning services during the year?	44c	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

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

Table with Yes/No columns and values 46, X

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?
48 Is the organization a school as described in section 170(b)(1)(A)(ii)?
49a Did the organization make any transfers to an exempt non-charitable related organization?
49b If "Yes," was the related organization a section 527 organization?

Table with Yes/No columns for questions 47, 48, 49a, 49b

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."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits contributions, (e) Estimated amount of other compensation. Content: N/A

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."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Content: N/A

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 must attach a completed Schedule A

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: SHANE LARSON, TREASURER, Date: 11-20-18

Paid Preparer Use Only: MARC FRIEDMAN, CPA, Preparer's signature, Date: 11-20-18, Firm's name: GLASS JACOBSON, PA, Firm's EIN: 52-1035214, Firm's address: 800 KING FARM BOULEVARD, SUITE 500, ROCKVILLE, MD 20850

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2017

Department of the Treasury
Internal Revenue Service

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

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

Open to Public
Inspection

Name of the organization

PROGRESSIVE CAUCUS ACTION FUND

Employer identification number
27-0805235

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT.
OFFICE EXPENSES	1,462.
PAYROLL TAXES	1,939.
DONATION	125.
TOTAL TO FORM 990-EZ, LINE 16	3,526.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DUE TO/FROM PROGRESSIVE CONGRESS .ORG	11,360.	0.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DUE TO/FROM CONGRESSIONAL PROGRESSIVE CAUCUS CENTER	0.	10,420.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO ADVOCATE FOR PROGRESSIVE FEDERAL LEGISLATION AND POLICIES THAT WILL IMPROVE THE SOCIAL AND ECONOMIC CONDITION, SECURITY AND WELL BEING OF THE AMERICAN PEOPLE, IN THE FIELDS OF HEALTH AND WELFARE; THE ENVIRONMENT; NATIONAL SECURITY; EDUCATION; HUMAN RIGHTS; AND FOREIGN POLICY; AND FOR RELATED PURPOSES.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

THE ORGANIZATION CREATED AND LAUNCHED A WEBSITE, RAN AN HEALTH CARE REFORM ADVOCACY CAMPAIGN THROUGH VARIOUS BLOGS

Name of the organization

PROGRESSIVE CAUCUS ACTION FUND

Employer identification number

27-0805235

TO INCREASE GRASSROOTS ENGAGEMENT AND COMPLETED GRASSROOTS
OUTREACH TO ALLOW PEOPLE TO CONTACT THEIR MEMBERS OF CONGRESS AROUND
HEALTH CARE REFORM AND ENERGY REFORM.