

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2024

Open to Public Inspection

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 Department of the Treasury Internal Revenue Service

For the 2024 calendar year, or tax year beginning 01-01-2024, and ending 12-31-2024

Form header section containing organization name (PROGRESSNOW COLORADO), EIN (65-1244918), address (1536 WYNKOOP ST STE 300), and principal officer information (Sara Loflin).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, membership counts, and financial data for 2024 and 2023.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block form with fields for officer signature (Sara Loflin), date (2025-11-26), and preparer information.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

To promote citizen engagement in the formation of public policy

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . .

Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . .

Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

Engaged our network of constituents in alerts on federal state and local issues of importance to Colorado. Tracked state legislative activity during the legislative session and mobilized our network of members to take action in support or opposition to targeted legislation. Produced bilingual ballot guides o inform Coloradoans about state and local ballot measures. Participated in and presented at national and state level conferences on subjects of citizen engagement and use of emerging technologies as communication tools. Engaged in public education campaigns around the issues and candidates involved in Colorado local elections.

4b (Code: ) (Expenses \$ 25,000 including grants of \$ 25,000 ) (Revenue \$ 276,925 )

Management and overhead costs associated with running organization programs

4c (Code: ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4d Other program services (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4e Total program service expenses 25,000

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions 11a-11f and 14a-14b, 20a-20b.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 10 columns: Question ID, Question Text, Sub-question ID, and Answer. Rows include questions 2a through 17 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, contributions, and organizational structure.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body... 8b Each committee... 9 Is there any officer, director, trustee...

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe on Schedule O the process... 12a Did the organization have a written conflict of interest policy... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets to... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed. 18 Section 6104 requires an organization to make its Form 1023... 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents... 20 State the name, address, and telephone number of the person who possesses the organization's books and records:

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

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 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 reportable compensation (box 5 of Form W-2, box 6 of 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, or 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 hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                        |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|------------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee; | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) Nadia Belkin<br>Board Member               | 1.00<br>0.00   | X   |                        |         |              |                              |        | 0   | 0  | 0   |
| (2) Kelly Byrne-Martin<br>Vice Chair Secretary | 1.00<br>0.00   | X   |                        |         |              |                              |        | 0   | 0  | 0   |
| (3) Dennis Dougherty<br>Treasurer              | 1.00<br>1.00   | X   |                        |         |              |                              |        | 0   | 0  | 0   |
| (4) Leticia Martinez<br>Chair                  | 1.00<br>0.00   | X   |                        |         |              |                              |        | 0   | 0  | 0   |
| (5) Fofi Mendez<br>Board Member                | 1.00<br>0.00   | X   |                        |         |              |                              |        | 0   | 0  | 0   |
| (6) Rich Pelletier<br>Board Member             | 1.00<br>1.00   | X   |                        |         |              |                              |        | 0   | 0  | 0   |
| (7) Melissa Johnsen<br>Board Member            | 1.00<br>1.00   | X   |                        |         |              |                              |        | 0   | 0  | 0   |
| (8) Julie Whitacre<br>Board Chair              | 2.00<br>0.00   | X   |                        |         |              |                              |        | 0   | 0  | 0   |
| (9) Sara Loffin<br>Executive Director          | 20.00<br>20.00   | X   |                        |         | X            |                              |        | 1,000   | 0  | 0   |
| (10) Karen Wick<br>Board Member                | 2.00<br>0.00   | X   |                        |         | X            |                              |        | 0   | 0  | 0   |
|  |  |   |                        |         |              |                              |        |   |  |   |
|  |  |   |                        |         |              |                              |        |   |  |   |
|  |  |   |                        |         |              |                              |        |   |  |   |
|  |  |   |                        |         |              |                              |        |   |  |   |
|  |  |   |                        |         |              |                              |        |   |  |   |
|  |  |   |                        |         |              |                              |        |   |  |   |
|  |  |   |                        |         |              |                              |        |   |  |   |
|  |  |   |                        |         |              |                              |        |   |  |   |
|  |  |   |                        |         |              |                              |        |   |  |   |
|  |  |   |                        |         |              |                              |        |   |  |   |
|  |  |   |                        |         |              |                              |        |   |  |   |



**Part VIII Statement of Revenue**

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

|   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |
|---|----------------------|--|---|--|
| Contributions, Gifts, Grants, and Other   |                      |  |   |  |
| Amt Similar Amounts   |                      |  |   |  |
| <b>1a</b> Federated campaigns . . . . .   |                      |  | 0                                       |  |
| <b>b</b> Membership dues . . . . .  |                      |  | 0                                       |  |
| <b>c</b> Fundraising events . . . . .   |                      |  | 0                                       |  |
| <b>d</b> Related organizations  |                      |  | 0                                       |  |
| <b>e</b> Government grants (contributions)  |                      |  | 0                                       |  |
| <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included<br>above |                      |  | 0                                       |  |
| <b>g</b> Noncash contributions included in<br>lines 1a - 1f:\$                                |                      |  | 0                                       |  |
| <b>h Total.</b> Add lines 1a-1f . . . . .   |                      |  | 0                                       |  |

| Program Service Revenue                     | 2a Various | Business Code | (A)     | (B) | (C) | (D) |
|---|------------|---------------|---------|-----|-----|-----|
|   |            | 900099        | 301,925 | 0   | 0   | 0   |
| <b>b</b>                                    |            |               | 0       | 0   | 0   | 0   |
| <b>c</b>                                    |            |               | 0       | 0   | 0   | 0   |
| <b>d</b>                                    |            |               | 0       | 0   | 0   | 0   |
| <b>e</b>                                    |            |               | 0       | 0   | 0   | 0   |
| <b>f</b> All other program service revenue. |            |               | 0       | 0   | 0   | 0   |
| <b>g Total.</b> Add lines 2a-2f. . . . .    |            | 301,925       |         |     |     |     |

|   |  |   |   |   |   |   |   |
|---|--|---|---|---|---|---|---|
| Other Revenue   | <b>3</b> Investment income (including dividends, interest, and other similar amounts)  |   | 0 | 0 | 0 | 0 |   |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds  |   | 0 | 0 | 0 | 0 |   |
|   | <b>5</b> Royalties . . . . .   |   | 0 | 0 | 0 | 0 |   |
|   | <b>6a</b> Gross rents  | (i) Real  | 0 | 0 |   |   |   |
|   |  | (ii) Personal   | 0 | 0 |   |   |   |
|   | <b>b</b> Less: rental expenses   |   | 0 | 0 |   |   |   |
|   | <b>c</b> Rental income or (loss)   |   | 0 | 0 |   |   |   |
|   | <b>d</b> Net rental income or (loss) . . . . .   |   | 0 | 0 |   |   | 0 |
|   | <b>7a</b> Gross amount from sales of assets other than inventory   | (i) Securities  | 0 | 0 |   |   |   |
|   |  | (ii) Other  | 0 | 0 |   |   |   |
|   |  | <b>b</b> Less: cost or other basis and sales expenses |   | 0 | 0 |   |   |
|   | <b>c</b> Gain or (loss)  |   | 0 | 0 |   |   |   |
|   | <b>d</b> Net gain or (loss) . . . . .  |   | 0 | 0 |   |   | 0 |
|   | <b>8a</b> Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . . |   | 0 |   |   |   |   |
|   |  | <b>b</b> Less: direct expenses                        |   | 0 |   |   |   |
| <b>c</b> Net income or (loss) from fundraising events . . . . .               |  | 0   |   |   |   | 0 |   |
| <b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . |  | 0   |   |   |   |   |   |
|   | <b>b</b> Less: direct expenses   |   | 0 |   |   |   |   |
| <b>c</b> Net income or (loss) from gaming activities . . . . .                |  | 0   |   |   |   | 0 |   |
| <b>10a</b> Gross sales of inventory, less returns and allowances . . . . .    |  | 0   |   |   |   |   |   |
|   | <b>b</b> Less: cost of goods sold  |   | 0 |   |   |   |   |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .               |  | 0   |   |   |   | 0 |   |

| Other Revenue Misc Amt                              | 11a | Business Code | (A)     | (B) | (C) | (D) |
|---|-----|---------------|---------|-----|-----|-----|
|   |     |               | 0       | 0   | 0   | 0   |
| <b>b</b>  |     |               | 0       | 0   | 0   | 0   |
| <b>c</b>  |     |               | 0       | 0   | 0   | 0   |
| <b>d</b> All other revenue . . . . .                |     |               | 0       | 0   | 0   | 0   |
| <b>e Total.</b> Add lines 11a-11d . . . . .         |     |               | 0       |     |     |     |
| <b>12 Total revenue.</b> See instructions . . . . . |     |               | 301,925 | 0   | 0   | 0   |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 25,000                       | 25,000                                 |   |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22   | 0                            | 0                                      |   |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.   | 0                            | 0                                      |   |                                    |
| <b>4</b> Benefits paid to or for members   | 0                            | 0                                      |   |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | 0                            | 0                                      | 0   | 0                                  |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   | 0                            | 0                                      | 0   | 0                                  |
| <b>7</b> Other salaries and wages  | 73,074                       | 0                                      | 73,074  | 0                                  |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 799                          | 0                                      | 799   | 0                                  |
| <b>9</b> Other employee benefits   | 11,319                       | 0                                      | 11,319  | 0                                  |
| <b>10</b> Payroll taxes  | 8,083                        | 0                                      | 8,083   | 0                                  |
| <b>11</b> Fees for services (non-employees):   |                              |  |   |                                    |
| <b>a</b> Management  | 8,933                        | 0                                      | 8,933   | 0                                  |
| <b>b</b> Legal   | 0                            | 0                                      | 0   | 0                                  |
| <b>c</b> Accounting  | 0                            | 0                                      | 0   | 0                                  |
| <b>d</b> Lobbying  | 0                            | 0                                      | 0   | 0                                  |
| <b>e</b> Professional fundraising services. See Part IV, line 17   | 26,882                       |  |   | 26,882                             |
| <b>f</b> Investment management fees  | 0                            | 0                                      | 0   | 0                                  |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  | 0                            | 0                                      | 0   | 0                                  |
| <b>12</b> Advertising and promotion  | 0                            | 0                                      | 0   | 0                                  |
| <b>13</b> Office expenses  | 4,114                        | 0                                      | 4,114   | 0                                  |
| <b>14</b> Information technology   | 1,320                        | 0                                      | 1,320   | 0                                  |
| <b>15</b> Royalties  | 0                            | 0                                      | 0   | 0                                  |
| <b>16</b> Occupancy  | 7,004                        | 0                                      | 7,004   | 0                                  |
| <b>17</b> Travel   | 0                            | 0                                      | 0   | 0                                  |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   | 0                            | 0                                      | 0   | 0                                  |
| <b>19</b> Conferences, conventions, and meetings   | 5,993                        | 0                                      | 5,993   | 0                                  |
| <b>20</b> Interest   | 2,388                        | 0                                      | 2,388   | 0                                  |
| <b>21</b> Payments to affiliates   | 0                            | 0                                      | 0   | 0                                  |
| <b>22</b> Depreciation, depletion, and amortization  | 0                            | 0                                      | 0   | 0                                  |
| <b>23</b> Insurance  | 0                            | 0                                      | 0   | 0                                  |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  |                              |  |   |                                    |
| <b>a</b> Communications  | 68,862                       | 0                                      | 68,862  | 0                                  |
| <b>b</b> Supplies  | 5,415                        | 0                                      | 5,415   | 0                                  |
| <b>c</b> Gen'l Operating   | 9,412                        | 0                                      | 9,412   | 0                                  |
| <b>d</b> Productions   | 62,000                       | 0                                      | 62,000  | 0                                  |
| <b>e</b> All other expenses  | 0                            | 0                                      | 0   | 0                                  |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e  | 320,598                      | 25,000                                 | 268,716                                       | 26,882                             |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | 0                            | 0                                      | 0   | 0                                  |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year |
|---|--|--------------------------|------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash-non-interest-bearing . . . . .   | 9,726                    | <b>1</b>   | 3,497              |
|   | <b>2</b> Savings and temporary cash investments  | 0                        | <b>2</b>   | 0                  |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 0                        | <b>3</b>   | 0                  |
|   | <b>4</b> Accounts receivable, net . . . . .  | 0                        | <b>4</b>   | 500                |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 0                        | <b>5</b>   | 0                  |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)   | 0                        | <b>6</b>   | 0                  |
|   | <b>7</b> Notes and loans receivable, net . . . . .   | 0                        | <b>7</b>   | 0                  |
|   | <b>8</b> Inventories for sale or use . . . . .   | 0                        | <b>8</b>   | 0                  |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 0                        | <b>9</b>   | 1,450              |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 0                        |            |                    |
|   | <b>b</b> Less: accumulated depreciation  | 0                        | <b>10c</b> | 0                  |
|   | <b>11</b> Investments—publicly traded securities . . . . .   | 0                        | <b>11</b>  | 0                  |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   | 0                        | <b>12</b>  | 0                  |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  | 0                        | <b>13</b>  | 0                  |
|   | <b>14</b> Intangible assets . . . . .  | 0                        | <b>14</b>  | 0                  |
|   | <b>15</b> Other assets. See Part IV, line 11   | 0                        | <b>15</b>  | 0                  |
| <b>16 Total assets:</b> Add lines 1 through 15 (must equal line 33) . . . . .   | 9,726  | <b>16</b>                | 5,447      |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 26,726                   | <b>17</b>  | 41,120             |
|   | <b>18</b> Grants payable . . . . .   | 0                        | <b>18</b>  | 0                  |
|   | <b>19</b> Deferred revenue . . . . .   | 0                        | <b>19</b>  | 0                  |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  | 0                        | <b>20</b>  | 0                  |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  | 0                        | <b>21</b>  | 0                  |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons     | 0                        | <b>22</b>  | 0                  |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 0                        | <b>23</b>  | 0                  |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   | 0                        | <b>24</b>  | 0                  |
| <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | 0  | <b>25</b>                | 0          |                    |
| <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .  | 26,726   | <b>26</b>                | 41,120     |                    |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>   |                          |            |                    |
|   | <b>27</b> Net assets without donor restrictions . . . . .  | -17,000                  | <b>27</b>  | -17,000            |
|   | <b>28</b> Net assets with donor restrictions   | 0                        | <b>28</b>  | -18,673            |
|   | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>  |                          |            |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>29</b>  |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .  |                          | <b>30</b>  |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds   |                          | <b>31</b>  |                    |
|   | <b>32</b> Total net assets or fund balances  | -17,000                  | <b>32</b>  | -35,673            |
| <b>33</b> Total liabilities and net assets/fund balances  | 9,726  | <b>33</b>                | 5,447      |                    |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |         |
|-----------|--|-----------|---------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 301,925 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 320,598 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | -18,673 |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | -17,000 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 0       |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  | 0       |
| <b>7</b>  | Investment expenses  | <b>7</b>  | 0       |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  | 0       |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 0       |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A)) | <b>10</b> | -35,673 |

**Part XII Financial Statements and Reporting**

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

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  |     |    |
| <b>2a</b> | 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 on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes |    |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant?<br>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                                      | Yes |    |
| <b>c</b>  | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   | Yes |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  |     | No |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.  |     |    |

**Additional Data**

**Return to Form**

**Software ID:** 24020569

**Software Version:** V2.0

**Form 990, Special Condition Description:**

**Special Condition Description**

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
 Attach to Form 990 or Form 990-EZ.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization  
PROGRESSNOW COLORADO

Employer identification number  
65-1244918

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
| 1<br>Mission Control<br>1900 Wynkoop<br>Denver, C O 80201 | Consulting    |  | No | 0                                 | 26,881  | 0   |
| 2   |               |  |    |                                   |   |   |
| 3   |               |  |    |                                   |   |   |
| 4   |               |  |    |                                   |   |   |
| 5   |               |  |    |                                   |   |   |
| 6   |               |  |    |                                   |   |   |
| 7   |               |  |    |                                   |   |   |
| 8   |               |  |    |                                   |   |   |
| 9   |               |  |    |                                   |   |   |
| 10  |               |  |    |                                   |   |   |
| <b>Total</b>  |               |  |    | 0                                 | 26,881  | 0   |

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Table with 5 columns: (a) Event #1, (b) Event #2, (c) Other events, (d) Total events. Rows include Revenue (Gross receipts, Less: Contributions, Gross income) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Food and beverages, Entertainment, Other direct expenses, Direct expense summary, Net income summary).

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Table with 4 columns: (a) Bingo, (b) Pull tabs/Instant bingo/progressive bingo, (c) Other gaming, (d) Total gaming. Rows include Revenue (Gross revenue) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Other direct expenses, Volunteer labor, Direct expense summary, Net gaming income summary).

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

11 Does the organization conduct gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

|   |                             |     |   |
|---|-----------------------------|-----|---|
| a | The organization's facility | 13a | % |
| b | An outside facility         | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See Instructions.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

**SCHEDULE O**  
**(Form 990)**

(Rev. January 2025)

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 990 or 990-EZ.****Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public  
Inspection**Name of the organization  
PROGRESSNOW COLORADO**Employer identification number**

65-1244918

| Return Reference  | Explanation  |
|-------------------|--|
| Part VI, Line 7b  | The Board of Directors meets quarterly and maintains minutes from each meeting. Each decision is voted on and recorded in these minutes and communicated to the broader organization. The Executive Director attends these meetings. |
| Part VI, Line 11a | Tax return is drafted and reviewed by ExDirector and Board then filed.   |
| Part VI, Line 12c | Each Board member completes a Conflict of Interest disclosure annually   |
| Part VI, Line 15  | Compensation is determined by the Board of Directors through a compensation committee review of salary data from comparable agencies along with the agencies salary history.   |

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PROGRESSNOW COLORADO

**Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

**Employer identification number**

65-1244918

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization                          | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|  |                         |  |                            |   |                                  | Yes  | No |
| (1) ProgressNow Colorado<br>1536 Wynkoop<br><br>Denver, CO 80202<br>73-1674017 | Community Engagement    | CO   | 501(C)(3)                  | N/A   | N/A                              |  | No |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |   |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

|           | Yes | No |
|-----------|-----|----|
|           |     |    |
| <b>1a</b> |     |    |
| <b>1b</b> |     |    |
| <b>1c</b> |     |    |
| <b>1d</b> |     |    |
| <b>1e</b> |     |    |
|           |     |    |
| <b>1f</b> |     |    |
| <b>1g</b> |     |    |
| <b>1h</b> |     |    |
| <b>1i</b> |     |    |
| <b>1j</b> |     |    |
|           |     |    |
| <b>1k</b> |     |    |
| <b>1l</b> |     |    |
| <b>1m</b> |     |    |
| <b>1n</b> |     |    |
| <b>1o</b> |     |    |
|           |     |    |
| <b>1p</b> |     |    |
| <b>1q</b> |     |    |
|           |     |    |
| <b>1r</b> |     |    |
| <b>1s</b> |     |    |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference

Explanation

Schedule R (Form 990) (Rev. 1-2025)

**Additional Data**[Return to Form](#)

**Software ID:**  
**Software Version:**