Form

# **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 black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

AI	or the	e 2011 calendar year, or tax year beginning , 2011, and e	naing						
<b>R</b> .	heck if app	C Name of organization		D Employer identifica					
_	песк II арј —	PROGRESSIVE REDEVELOPMENT, INC.		58-1835663					
	Addres				_				
	Name	Number and street (or P O box if mail is not delivered to street address) Room/su	uite	E Telephone number					
	Initial	return 321 WEST HILL STREET STE	3	(404) 371-12	230				
	Termir	City or town, state or country, and ZIP + 4							
	Ameno	DECATUR, GA 30030		G Gross receipts \$	318,931.				
	Applie:	F Name and address of principal officer BRICE C GUNTER	-	H(a) Is this a group return	for Yes X No				
_	pendir	321 WEST HILL STREET, SUITE 3 DECATUR, GA 30030		affiliates?  H(b) Are all affiliates inclu	ded? Yes No				
	Tay-eye	empt status X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or	527	If "No," attach a list	. — —				
÷		re: ► WWW.PRIHOUSING.ORG	1027	H(c) Group exemption nu					
<del>-</del>			on of forms	tion 1987 M State of					
			ear or lorma	tion 1907 W State C	ir legal dolinicile GA				
F	art I	Summary			<del></del>				
		Briefly describe the organization's mission or most significant activities							
æ		TO FACILITATE THE DEVELOPMENT AND MANAGEMENT OF AFFORI							
au		LOW INCOME INDIVIDUALS BY IDENTIFYING THOSE WITH HOUS	ING NEE	DS AND					
ē		SPONSORING PROJECTS TO ADDRESS THOSE NEEDS.							
Activities & Governance	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more	re than 25%	6 of its net assets					
ø5	3	Number of voting members of the governing body (Part VI, line 1a)		3	<u> </u>				
ies	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	<u>11.</u>				
₹	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	<u>3.</u>				
Ąċţ	6	Total number of volunteers (estimate if necessary)		6	0				
	7a	Total number of violunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12			0				
	b	Net unrelated business taxable income from Form 990-1, line 34 / 1 / 1 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2			0				
		Contributions and grants (Part VIII, line 1h)	7	Prior Year	Current Year				
4.	8	Contributions and grants (Part VIII, line 1h)	/	174,390.	34,462.				
Revenue	9	Program service revenue (Part VIII, line 2g)		1,524,841.	167,120.				
eve	10			8,479.	4.				
ĕ	11	Other revenue (Part VIII, column (A), lines 3, 4, and 70)  Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line (2))	••	129,645.	117,345.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line (D)	••	1,837,355.	318,931.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3		0	0				
		Benefits paid to or for members (Part IX, column (A), line 4)	• -	0					
	1		• •	676,288.	222,261.				
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines \$410)	••	070,200.	222,201.				
ĕ	10a	Professional fundraising fees (Part IX, column (A), line 11e)	••	- 4					
ă	D D	Total fundraising expenses (Part IX, column (D), line 25) ▶0		000 500	E E O 17E				
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	· ·	809,568.	559,175.				
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	• • ├──	1,485,856.	781,436.				
- 4		Revenue less expenses Subtract line 18 from line 12		351,499.	-462,505.				
t Assets or			Begii	nning of Current Year	End of Year				
set	20	Total assets (Part X, line 16)		9,057,151.	8,828,155.				
ξĘ	21	Total liabilities (Part X, line 26)		6,176,610.	6,410,119.				
<u> 2,5</u>	22	Net assets or fund balances Subtract line 21 from line 20	<u></u>	2,880,541.	2,418,036.				
	art II	Signature Block			<u> </u>				
Ur	der pen	alties of penury, I declare that I have examined this return, including accompanying schedules and state id complete Declaration of preparty (othe than officer) is based on all information of which preparer ha	ements, and t	to the best of my knowled	ige and belief, it is true,				
	ilect, ai	to complete declaration of prepare (other manyonicer) is based on an information of which prepare ha	3 ally kilowi	euge	<del></del>				
		1 / mc / Amer		(1/13/1	12				
Sig		Signature of officer		Date /					
He	re	1 /amoe C Gunter							
		Type or print name and title							
_		Print/Type preparer's name Preparer's signature Date	;	Check If P	TIN ,				
Pai		Linda Rousland Sund Rawland 11.	-13-12		014 223 45				
	parer	Firm's name ▶ REZNICK GROUP, P.C.		· · · · · · · · · · · · · · · · · · ·	1088612				
Us	e Only	Firm's address 3560 LENOX ROAD, NE, SUITE 2800 ATLANTA, GA 30326-4276	<del></del>		-847-9447				
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)		1. 101010	X Yes No				
_		rwork Reduction Act Notice, see the separate instructions.	<u> </u>	<u> </u>	Form <b>990</b> (2011)				
FOI	rape	mork neodotion Act notice, see the separate misu uchons.			1 Omi 333 (2011)				

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110-00204655-5000

JSA 1E1020 1 0

(Expenses \$

Form 990 (2011)

) (Revenue \$

including grants of \$

549,804.

4d Other program services (Describe in Schedule O.)

4e Total program service expenses ▶

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Part	IV Checklist of Required Schedules			
			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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			Х
_	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 98-197 If "Yes," complete Schedule C,	5		Х
•	Part III	-		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		Х
-	"Yes," complete Schedule D, Part I	<u>-</u>		
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<del></del>		
0	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	Ť		
3	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	ļ		
	complete Schedule D, Part N	9		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	N.	19	
• •	VII, VIII, IX, or X as applicable	#		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
_	Schedule D, Part VI	11a	Х	
b	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	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
d	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	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			١.,
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII 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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	^
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	14b		x
4.5	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 assistance to any	170	-	
15	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			<u> </u>
16	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	· · ·	_	
1.7	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	Ë		
. 0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	Checklist of Required Schedules (Continued)		¥	
	D. 14		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization	21		Х
	In the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23				
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23		l x
	employees? If "Yes," complete Schedule J		-	<u> </u>
24 a	\$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 25	24a		x
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
С		24c		
_	to defease any tax-exempt bonds?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
25 a	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
L-	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	204		
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			;
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L Part N	28ь		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		1	
	complete Schedule N, Part II	32	ļ	X
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	33	Х	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34	X	+
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	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," complete Schedule R, Part V, line 2	35b	_	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	_		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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,			١
	Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		,	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
		rom	1 990	(2011)

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Par				$\overline{}$
	Check if Schedule O contains a response to any question in this Part V			ــــــــــــــــــــــــــــــــــــــ
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	T	Yes	No **
		ŵ.	`	***
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	100	,	
C	reportable gaming (gambling) winnings to prize winners?	1 c		
2 a	Fater the number of employees reported on Form W.2. Transmittel of Wage and Toy I	Kr.	todaš -	7.72
La	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 3			× ~
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	.4.K.	× ×	<b>*</b> / `
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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)?	4a		Х
b	If "Yes," enter the name of the foreign country. ▶	diller		1 1 72°
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	<u> </u>	٤٠٠٠	7. W.
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			3,7
	organization solicit any contributions that were not tax deductible?	6a		_ X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6 6		
_	gifts were not tax deductible?	6b	Q.,	
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		a¥ v	
а		7a		المتشكفا
h	and services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<u> </u>		
•	required to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year	<b>≜</b> Ø,	<b>XX</b> :	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	22. 9	1 300 1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		2, 3	***
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		<del>^-</del> -	
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>	3/4"	لكحدا
a	Did the organization make any taxable distributions under section 4966?	9a 9b		
	Did the organization make a distribution to a donor, donor advisor, or related person?	30	S. 30	1,37
10	Initiation fees and capital contributions included on Part VIII, line 12	1,500	* 1	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	13.55 (April		
11	Section 501(c)(12) organizations. Enter		300	
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
_	against amounts due or received from them )	Ĺ <u></u>		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.	· you ·	. A 3	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		41.14	75.
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			(*) . ** ** . *
	Enter the amount of reserves on hand	ــــاكســـ	133	3
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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58-1835663 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 to any question in this Part VI		•	<u> </u>					
Sect	ion A. Governing Body and Management	- 1	V	N-					
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year. 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			İ					
b	Enter the number of voting members included in line 1a, above, who are independent								
2									
	any other officer, director, trustee, or key employee?	2		<u> </u>					
3	Did the organization delegate control over management duties customarily performed by or under the direct			х					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		$\frac{\hat{x}}{x}$					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		<u>^</u>					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		x					
	one or more members of the governing body?	7a		<u> </u>					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			v					
	stockholders, or persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			i					
	the year by the following:		X	ر					
а	The governing body?	8a	X	ļ. <b></b> .					
b	Each committee with authority to act on behalf of the governing body?	8b							
9	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? <i>If</i> "Yes," provide the names and addresses in Schedule O	9_		х					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u>Code</u>	.)						
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,								
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u>X</u>	<u> </u>					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	ļ					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give								
	rise to conflicts?	12b	X						
С	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	Did the organization have a written whistleblower policy?	13	Х	<u> </u>					
14	Did the organization have a written document retention and destruction policy?	14	Х	<u> </u>					
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?	-		- '					
а	The organization's CEO, Executive Director, or top management official	15a	X						
b	Other officers or key employees of the organization	15b	Х	ļ.,					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions )								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	-		, -					
	with a taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its								
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		-	-					
	organization's exempt status with respect to such arrangements?	16b							
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶_GA,								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 9	501(c)	(3)s o	nly)					
	available for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website X Upon request	_							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	finte	rest <sub> </sub>	oolicy,					
	and financial statements available to the public during the tax year								
20	State the name, physical address, and telephone number of the person who possesses the books and records of t	he							
	organization: ► LORRAINE MILLS 321 WEST HILL STREET DECATUR, GA 30030 (404)371-1230			(0044)					

58-1835663

24 2 //11	O-managation	-E	Officers	Directors	Tructooo	Kav
orm 990 (2011	)		PROG	RESSIVE	REDEVELO	PMEN'

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors	
	Check if Schedule O contains a response to any question 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 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 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.

1 Official title box it fictifies the organization for any related organization compensation any content of the property of		Check this box if neither the organization nor any related organization compensated any current officer, director, or trus	tee
---	--	--	-----

(A) Name and Title	(B) Average hours per week (describe hours for	box,	unles	s pe	rtion more rson	than o	an	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 2/1000 milos)	organization and related organizations
(1) BRUCE C. GUNTER										
PRESIDENT/DIRECTOR	40.00	X		Х				74,444.	0	0
(2) ROBIN MEYER										
DIRECTOR	0	X						C	0	0
(3) CAROL NAUGHTON		!								
CHAIRMAN/DIRECTOR	0	Х		Х	_		<u> </u>	C	0	0
(4) CHRIS BROWN TREASURER/DIRECTOR	0	x		Х				C	0	0
(5) LAWRENCE ANDERSON		_								
VICE CHAIRMAN/DIRECTOR	0	X		Х					0	0
(6) CURTIS MANN DIRECTOR	0	x		!					0	0
(7) TONY CHAN										
DIRECTOR	] 0	Х							0	0
(8) LASHAWN HOFFMAN DIRECTOR	0	х						(	0	j 0
(9) NATALLIE KEISER SECRETARY/DIRECTOR	0	Х		х				(	0	0
(10) HARRIETT MACKLIN										
DIRECTOR	0	X	<u> </u>			<u> </u>	<u> </u>		0	c
(11) LYNN CASSELL DIRECTOR	0	х						(	0	c
(12) LORRAINE P. MILLS VICE PRESIDENT	40.00			x				47,500.	0	C
(13) REED MARILL KEY EMPLOYEE	0				х			58,965.	0	C
	1									

Page	8
------	---

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)  Name and title  Average Position  hours per (do not check more than one week (describe (describe))  (describe (describe))  (D)  (E)  Reportable compensation compensation from am from related organizations compensations compensation compensation from am from related organizations compensations compensations compensation from am from related organizations compensations compensation compensatio												nated unt of her insation
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-1	MISC)	organ and n	ization elated zations
	1											<del></del>
											<u></u>	
		<u> </u>		j								
to Sub-total	ection A .	 	· ·	 	· ·	 	<b>&gt; &gt;</b>	180,909. 0 180,909.		0		0 0
Total number of individuals (including but not reportable compensation from the organization)			liste	d a	bov	e) who	o re	ceived more than	\$100,000 o	of 		
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3	Yes No
4 For any individual listed on line 1a, is the organization and related organizations grandvidual	eater than	\$15	50,0	007	2 1	f "Yes	s, "	complete Schedu	le J for s	uch	4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5	ıù ∡d X
Section B. Independent Contractors												
Complete this table for your five highest com- compensation from the organization. Report of year												
(A) Name and business add	dress							(B) Description of se	ervices		(C) Compensa	tion
	·						+					
		_					$\pm$					
2 Total number of independent contractors (i							se I	isted above) who	received		1 ,5 &	<u> </u>

Par	t VIII	Statement of Revenue					
	* &/			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
s, Grants Amounts	1a b c	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c				> 1 <sup>4</sup> -46.	
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Related organizations 1d  Government grants (contributions) 1e  All other contributions, gifts, grants,	34,462				
Contri and O	g h	Noncash contributions included in lines 1a-1f \$		34,462			
evenue	2a	RENTAL INCOME	Business Code	25,488	25,488	<u> </u>	
Program Service Revenue	b c d	FORGIVENESS OF DEBT INCOME DEV OF LOW-INCOME HSG		805 140,827	140,827		
Program	e f g	All other program service revenue Total. Add lines 2a-2f		167,120		**************************************	28 ( T ( M))
	3 4 5	Investment income (including dividends, interest other similar amounts)	roceeds ▶	0 0			4
	6a b c d	Gross rents		0			
	7a	Gross amount from sales of assets other than inventory	(II) Other				
	b c d	Less cost or other basis and sales expenses  Gain or (loss)		0			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c)  See Part IV. line 18					
Other	b	Less direct expenses b  Net income or (loss) from fundraising events .	▶	0		<u> 2600 </u>	
	9a b	Gross income from gaming activities  See Part IV, line 19 a  Less direct expenses b					, , , , , , , , , , , , , , , , , , ,
	c 10a	Net income or (loss) from gaming activities  Gross sales of inventory, less returns and allowances a		0	**		ų ž
	b c	Less cost of goods sold b  Net income or (loss) from sales of inventory.  Miscellaneous Revenue		0			
	11a	ADMINISTRATIVE FEES		31,096	31,096		
	ь	MISCELLANEOUS INCOME		57,349	57,349		
	6	SECURITY DEPOSIT FORFEIT		10,000	10,000		
	d	All other revenue		18,900	18,900		
	е	Total. Add lines 11a-11d		117,345			<u> </u>
	12	Total revenue. See instructions		318,931	284,465		4

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### 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) but are not required to complete columns (B), (C), and (D)

Ω-		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to governments and organizations in the United States See Part IV, line 21.	0			
_	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				*
	United States See Part IV, lines 15 and 16.	0		* .	<u> </u>
	Benefits paid to or for members	U	+		
	Compensation of current officers, directors, trustees, and key employees	0			
ò	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	07.607	00.544	
	Other salaries and wages	187,151.	97,607.	89,544.	· <del> · · · · · · · · · · · · · · · · ·</del>
}	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	18,663.	11,438.	7,225.	
	Payroll taxes	16,447.	8,337.	8,110.	_
	Fees for services (non-employees)				
	Management	0	15.55	1.2.2	
	Legal	17,018.	16,918.	100.	
	Accounting	0	-		
	Lobbying	0			
	Professional fundraising services See Part IV, line 17	0			
	Investment management fees				
-	Other	249.		249.	
	Advertising and promotion	0		2.7.	
	Information technology	0			
	Royalties	0	• •		
	Occupancy	26,290.		26,290.	
	Travel	1,058.	922.	136.	
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
•	Conferences, conventions, and meetings	0			
	Interest	60,705.		60,705.	
	Payments to affiliates	0			<u> </u>
	Depreciation, depletion, and amortization	0			
	Insurance	<u> </u>			
4	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)				
a '	TAXES, LICENSES AND INSURANC	23,053.	11,526.	11,527.	
b (	OFFICE SPACE RENTAL	61,208.	48,967.	12,241.	
	GENERAL AND ADMINISTRATIVE	4,157.		4,157.	
ď	OTHER PROFESSIONAL FEES	14,385.	14,385.		
e	All other expenses _ATTACHMENT_1	351,052.	339,704.	11,348.	
	Total functional expenses Add lines 1 through 24e	781,436.	549,804.	231,632.	
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

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Form 990 (2011)

Part.X	Balance Sheet			
		(A) Beginning of year		<b>(B)</b> End of yea <b>r</b>
1	Cash - non-interest-bearing	171,988.	1	73,496.
2	Savings and temporary cash investments	d	2	0
3	Pledges and grants receivable, net	0	3	0
4	Accounts receivable, net	7,835.	4	75.
5	Receivables from current and former officers, directors, trustees, key			
"	employees, and highest compensated employees Complete Part II of			
	Cabadula I		5	0
6	Receivables from other disqualified persons (as defined under section		<u> </u>	
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6	0
왕 7	Notes and loans receivable, net	252,000.		358,332.
Assets 8	Inventories for sale or use		8	0
8 8	Prepaid expenses and deferred charges	26,269.		26,666.
1 -	Land, buildings, and equipment: cost or	20,203.	,	20,000.
lua	504 077			
1.	Less. accumulated depreciation	336,272.		337,104.
			11	337,104.
11	Investments - publicly traded securities		12	0
12	Investments - other securities See Part IV, line 11			2,886,894.
13	Investments - program-related See Part IV, line 11			16,179.
14	Intangible assets			5,129,409.
15	Other assets. See Part IV, line 11	5,359,382.		_,
16	Total assets. Add lines 1 through 15 (must equal line 34)	9,057,151.		8,828,155.
17	Accounts payable and accrued expenses	91,384.	18	350,914.
18	Grants payable	683.		603
19	Deferred revenue			683.
20	Tax-exempt bond liabilities		20	0
<u>ဖွ</u> 21	Escrow or custodial account liability. Complete Part IV of Schedule D	<u> </u>	21	0
≣ 22	Payables to current and former officers, directors, trustees, key			ı
Liabilities 52	employees, highest compensated employees, and disqualified persons			.,
	Complete Part II of Schedule L		22	1 000 505
23	Secured mortgages and notes payable to unrelated third parties	1,972,956.		
24	Unsecured notes and loans payable to unrelated third parties	0	24	0
25	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	4,111,587.		4,127,927.
26	Total liabilities. Add lines 17 through 25	6,176,610.	26	6,410,119.
	Organizations that follow SFAS 117, check here ▶ X and complete		>	
8	lines 27 through 29, and lines 33 and 34.			
<u>ह</u>   27	Unrestricted net assets		27	2,418,036.
<u>ख</u> 28	Temporarily restricted net assets	0	28	0
Fund Balances 8 2 2 9 2 9 2 9 2 9 9 9 9 9 9 9 9 9 9 9	Permanently restricted net assets	0	29	0
or Fu	Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.			
<u>د</u> 30	Capital stock or trust principal, or current funds	*	30	
<b>9</b> 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
₹ 32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets 33 30 31 32 32	Total net assets or fund balances	2,880,541.	33	2,418,036.
34	Total liabilities and net assets/fund balances	9,057,151.	34	8,828,155.
				Form <b>990</b> (2011)

Forn	n 990 (2011)		Pa	ige IZ
Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	3	18,	931.
2	Total expenses (must equal Part IX, column (A), line 25)	7	81,	436.
3	Revenue less expenses Subtract line 2 from line 1	- 4	62,	505.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2,8	80,5	541.
5	Other changes in net assets or fund balances (explain in Schedule O)			0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))			
		2,4	18,0	036.
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		$\Box$	
	Check if Ochedie O Contains a response to any question in the rational attention at the contains a response to any question in the rational attention at the contains a response to any question in the rational attention at the contains a response to any question in the contains a response to a resp	• • • •		No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			33
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b		2b		Х
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	2c		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	1	×.	<del> </del>
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	*	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1
	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis			nun processon
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b		3 b		

### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047
2011
Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

PRC	GRE	SSIVE REDEVELO	PMENT,	INC.							58-	·1835663
Pai					(All organizations mu						ictions.	
The	orga				ause it is: (For lines 1 th							
1		A church, convention	n of churc	hes, or	association of churches o	describ	ed ın s	ection	170(b)(	1)(A)(i)		
2					1)(A)(ii). (Attach Schedule							
3	Ш				ervice organization descri							
4		A medical research	n organiza	tion ope	erated in conjunction wi	th a h	ospital	descri	bed in	section	ո 170(b	)(1)(A)(iii). Enter the
	_	hospital's name, city										
5		-			nefit of a college or univ	ersity (	owned	or ope	rated t	y a go	vernme	ntal unit described in
	_	section 170(b)(1)(A										
6	Щ				or governmental unit des							
7			-		es a substantial part of it	s supp	ort fro	m a go	vernme	ental un	it or fro	m the general public
		described in section										
8	Щ				on 170(b)(1)(A)(vi). (Com							
9	Χ				es (1) more than 331/3%							
					exempt functions - subj							
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
	$\Box$											
10	Н			•	ted exclusively to test for	-	-					or to corn, out the
11	Ш				rated exclusively for the pported organizations de							
					es the type of supporting							
		a Type I	b b	Type						111103 1 1	d [	Type III - Other
е					the organization is not			-	-	rectly I		• • •
•	ш				gers and other than one							
		509(a)(1) or section			gers and other than one	01 1110	.o pub	noly ou	pportot	. o.ga	201.01.0	dooning in occion
f					n determination from th	e IRS	that it	ıs a Tv	/pe I. 1	vpe II.	or Type	e III supporting
•		_							,,,,	<b>,</b>	71	
g		Since August 17, 2	006. has th	 ne orgai	nization accepted any gift	or cor	ntributi	on from	any of	the		
3		following persons?							•			
			directly o	r indire	ectly controls, either alor	ne or t	ogethe	er with	person	s desci	ribed in	(II) Yes No
		• •			ly of the supported organ							11g(i)
		(ii) A family memb	er of a pe	rson des	scribed in (i) above?							11g(iı)
		(iii) A 35% controll	ed entity o	f a pers	on described in (i) or (ii) a	bove?						11g(m)
h	ı				ut the supported organiza		)					
		ame of supported	(II) El	N	(iii) Type of organization		ls the		ou notify		s the	(vii) Amount of
		organization			(described on lines 1-9 above or IRC section	col (I)	zation in Iisted in		anization (i) of		ation in rganized	support
					(see instructions))		overning ment?		pport?	ın the	ŬS?	
						Yes	No	Yes	No	Yes	No	
(A)				١								
						-		<u> </u>				<u> </u>
(B)												
<u> </u>				<del></del>		<u> </u>						
(C)												
						<u>.</u>	<del> </del>	<u></u>				
(D)						į						
<u></u>			_									
(E)						<u> </u>						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Sche	dule A (Form 990 or 990-EZ) 2011						Page 2
Pa	Complete only if you check Part III. If the organization f	ked the box or	n line 5, 7, or 8	3 of Part I or if	the organizati	ion failed to qu	
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			_			
3	The value of services or facilities furnished by a governmental unit to the organization without charge	<u> </u>					
4	Total. Add lines 1 through 3	See 20 L.		ن	S\$0 2.50 325	20 C . C . C . C . C . C . C . C . C . C	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		6 . ·		7) West March	Les role s	
Sec	tion B. Total Support				1		· · · · · · · · · · · · · · · · · · ·
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)					3465	
11	Total support. Add lines 7 through 10	, , , , , , , , , , , , , , , , , , ,				<u> </u>	
12	Gross receipts from related activities, etc. (s	see instructions) .				12	

												501(c)(.
organizatio	on, check	this box and	stop her	e.	 	<u></u>	 	 	 	 	 	

Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . . . .

15 Public support percentage from 2010 Schedule A, Part II, line 14........

Section C. Computation of Public Support Percentage

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16a	331/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check	
	this box and stop here. The organization qualifies as a publicly supported organization	. Ц
b	331/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more,	
	check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	· 🔲

- 17a 10%-facts-and-circumstances test 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

Schedule A (Form 990 or 990-EZ) 2011

Page 3

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	tion A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees			i			
	received (Do not include any "unusual grants ")	66,141	1,104,000	70,610	174,390	34,462	1,449,603
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	1,869,966.	3,986,896	1,807,269	1,654,486	284,465	9,603,082
3	Gross receipts from activities that are not an	2,003,300	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		<u> </u>
•	unrelated trade or business under section 513			1			
4	Tax revenues levied for the		·	<del></del>			
4	organization's benefit and either paid						
	,						
_	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						<del></del>
6	Total. Add lines 1 through 5	1,936,107	5,090,896	1,877,879	1,828,876	318,927	11,052,685
7 a	Amounts included on lines 1, 2, and 3					[	
	received from disqualified persons						
D	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	_1,498,625	1,681,517	1,556,363	1,409,554	135,827	6,281,886
С	Add lines 7a and 7b	1,498,625	1,681,517	1,556,363.	1,409,554	135,827	6,281,886
8	Public support (Subtract line 7c from	<b>~</b> *,		,			
	line 6) <u></u>						4,770,799
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	1,936,107	5,090,896	1,877,879	1,828,876	318,927	11,052,685.
10a	Gross income from interest, dividends,				:		
	payments received on securities loans, rents, royalties and income from similar						
	sources	129,979.	88,608.	124,884	8,479	4	351,954
b	Unrelated business taxable income (less					1	
	section 511 taxes) from businesses			'			
	acquired after June 30, 1975						
С	Add lines 10a and 10b	129,979	88,608	124,884	8,479	4	351,954
11	Net income from unrelated business			1			
	activities not included in line 10b,						
	whether or not the business is regularly						
40	Carried on						
12	loss from the sale of capital assets						
	(Explain in Part IV)	!					
13	· · · · · · · · · · · · · · · · · · ·						
	and 12)	2,066,086	5,179,504.	2,002,763	1,837,355	318,931	11,404,639
14	First five years. If the Form 990 is for	the organization					
	organization, check this box and stop here						- L
500	tion C. Computation of Public Sur					<u> </u>	<u> </u>
15	Public support percentage for 2011 (line 8			nn (f))		15	41.83%
16	Public support percentage from 2010 Scho					16	31.27%
	tion D. Computation of Investmen					10	021270
				13 column (f))		17	3.09%
17	Investment income percentage for 2011 (li					<del></del>	2.82%
18	Investment income percentage from 2010					18 331/3%	
19a	331/3% support tests - 2011. If the or						
	17 is not more than 331/3%, check th						
b	331/3% support tests - 2010. If the org						
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	o, check this bo	ox and see instri	uctions 🕨

PAGE 15

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PROGRESSIVE REDEVELOPMENT, INC.

Employer identification number

58-1835663 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 1 2 Aggregate contributions to (during year) . . . . 3 Aggregate grants from (during year)..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register........... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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Schedule D (Form 990) 2011

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

aę	је	2	

32.0	dule D (Form 990) 2011  Till Organizations Maintainir	ag Collectio	ne of Art Histo	rical Tra	2511705	- Or	Other	Similar As	eete (c	ontinue		age
-ar	t III Organizations Maintainir	ig Collectio	iis of Ait, mist	nicai iie	asures	, UI	Other	Jillilai As	3613 (	Ommue	<u> </u>	
3	Using the organization's acquisition collection items (check all that apply		and other reco	rds, check	any o	f the	follow	ing that are	e a sigr	nificant u	se of	fits
а	Public exhibition		d [	Loai	n or ex	chan	ge prog	rams				
b	Scholarly research		е _	Othe	er							
C	Preservation for future ger											
4	Provide a description of the organ	ization's colle	ections and expl	ain how tl	hey fur	ther	the org	janization's	exemp	t purpose	e in i	Par
	XIV.											
5	During the year, did the organization assets to be sold to raise funds rather									Yes		N
ar	t IV Escrow and Custodial Ar line 9, or reported an am				ization	ans	wered	"Yes" to Fo	orm 99	0, Part l	V,	
la	Is the organization an agent, trustee	e, custodian o	r other intermed	iarv for co	ntributi	ons c	r other	assets not				
_	included on Form 990, Part X?								[	Yes		N
b	If "Yes," explain the arrangement in								_			,
_					-			Am	ount			
С	Beginning balance					10						-
	Additions during the year									_		
	Distributions during the year						-			_		
	Ending balance						-			_		
	Did the organization include an amo									Yes		N
	If "Yes," explain the arrangement in											•
	t V Endowment Funds. Com		organization a	nswered "	'Yes" t	o Fo	rm 990	). Part IV. li	ine 10.			
Q.	Zildowillone i dildor o sil	(a) Current y			(c) Tw			(d) Three year		(e) Four	years I	back
а	Beginning of year balance	(-,	., .,	-								
h	Contributions											
c	Net investment earnings, gains,		-			-			<del></del>			
Ĭ	and losses						}				,	
а	Grants or scholarships											
	Other expenditures for facilities .				-							
Ĭ	and programs				į							
f	Administrative expenses		-									
g	End of year balance			_				_				
9 2	Provide the estimated percentage of	of the current	vear end balanc	e (line 1a.	column	n (a))	held as	. <u></u> -		<u> </u>		
a	Board designated or quasi-endown		%	o (o .g,		. (-//						
	Permanent endowment ▶											
	Temporarily restricted endowment		%									
Ī	The percentages in lines 2a, 2b, an											
3a	Are there endowment funds not in			ation that	are hel	ld and	d admir	nstered for th	he			
_	organization by	o possocio	,,, o o.g							l.	res	N
	(i) unrelated organizations						<b>.</b>			3a(i)		
	(ii) related organizations									3a(ii)		
b	If "Yes" to 3a(II), are the related org									3b		_
4	Describe in Part XIV the intended u											
2a	rt VI Land, Buildings, and Equ						_					
•	Description of property		Cost or other basis (investment)	(b) Cost o		asıs		cumulated eciation	((	d) Book val	ue	
				T	49,2	96.				4	9,2	96
1 a	Land				10,0							
1 a b				1 3	394,5	09.	1	11,150.		28	3,3	559
1a b c	Buildings			3				11,150. 15,676.		28	3,3	59
b	Buildings			3	394,5	76.	_	<del></del>		28	4,4	
b c d	Buildings			3	394,50 15,6	76. 10.	_	15,676.		28		

PROGRESSIVE REDEVELOPMENT, INC. Page 3

Part VII Investments - Other Securities. See Form	990, Part X, line	12.	
	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
<u>(A)</u>			
(B)			
(C)			·
(D)			
(E)	<del></del>		
(F)		<del></del>	
(G) (H)			
Total (Column (b) must equal Form 990, Part X, col (B) line 12)			*
Part VIII Investments - Program Related. See Form	990, Part X, line	e 13.	
	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1) INVESTMENT IN URBAN SRO INC.	100.	COST	
(2) INVESTMENT IN FULTON CO-OPS	100.	COST	
(3) INVESTMENT IN PROGRESSIVE			
(4) IMPERIAL INC.	696,210.	COST	
(5) INVESTMENT IN PROGRESSIVE			
(6) FREMONT INC.	100.	COST	
(7) INVESTMENT IN PROGRESSIVE			
(8) EAST POINT INC.	26,500.	COST	
(9) INVESTMENT IN PROGRESSIVE	1 222	GO OFF	
(10) MILL INC.	1,333.	COST	
Total (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX  Other Assets. See Form 990, Part X, line 1	2,886,894.		<u> </u>
Part IX Other Assets. See Form 990, Part X, line 1 (a) Desc		··-	(b) Book value
(1) DEVELOPMENT FEES RECEIVABLE		<del> </del>	123,871.
(2) ADVANCES TO AFFILIATED			
(3) ORGANIZATIONS			4,974,631.
(4) SECURITY DEPOSIT			701.
(5) CONSTRUCTION IN PROGRESS			30,206.
(6)			
(7)			
(8)			
(9)			
(10)			- 100 100
Total (Column (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	5,129,409.
Part X Other Liabilities. See Form 990, Part X, line		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	W . V. C. W
1. (a) Description of liability	(b) Book value		· · · · · · · · · · · · · · · · · · ·
(1) Federal income taxes (2) ACCRUED INTEREST	107,3	891	4 10 10 10
(3) NOTE PAYABLE - OTHER	53,0		. <i>№ &amp; ··</i> `*
(4) DEVELOPMENT FEES PAYABLE	3,339,3		
(5) DUE TO AFFILIATES	620,5		7, 1/2 E
(6) ACCRUED REAL ESTATE TAXES		§	* ', \$ '
(7)		4 * * * *	* 3 / M V *
(8)		4 4 4	
(9)		* * *	* * * * * * * * * * * * * * * * * * *
(10)			* *
(11)			* * * *
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	4,127,9	927.	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XIV Supplemental Information	tion (continued)		
		ATTACHMENT 1	
SCHEDULE D, PART VIII - INV	VESTMENTS - PROGRAM RELATED		
			COST
DESCRIPTION		BOOK VALUE	OR FMV
<u></u>			-
INVESTMENT IN QUAIL VILLAGE	2		
INVESTIGATION IN CONTE VIBBIOS	-		
APARTMENTS LP		-5,711.	COST
APARIMENTS DF		3,711.	0001
THE PROPERTY OF THE PROPERTY O			
INVESTMENT IN PROGRESSIVE			
		0.0	20.0F
MAXWELL HOUSE GA, LLC		-89.	COST
INVESTMENT IN FULTON SEVEN			
COURTS PARTNERS LLC		-82.	COST
INVESTMENT IN PROGRESSIVE			
BROOKSIDE LLC		14,491.	COST
INVESTMENT IN WELCOME			
HOUSE SRO L.P.		1,592,859.	COST
INVESTMENT IN PRISM REALTY			
MANAGEMENT, INC.		25,000.	COST
initionality, the		·	
INVESTMENT IN PRI ORCHARD			
INVESTIGATION IN THE SHOWING			
GROVE LLC		-17.	COST
01.0 11 110		<u>-</u>	300-
INVESTMENT IN HRC		536,100.	COST
TMARQINEMI IM HVC		330,100.	5551
	TOTALS	2,886,894.	
	IOIMPO	2,000,094.	

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

# 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.

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PROGRESSIVE REDEVELOPMENT, INC.

Employer identification number 58-1835663

DESCRIPTION OF FORM 990 REVIEW PROCESS

PART VI SECTION B #11

A COPY OF THE RETURN IS PROVIDED TO THE MEMBERS OF THE GOVERNING BODY AND THEY ARE GIVEN A DEADLINE IN WHICH TO REVIEW AND PROVIDE ANY COMMENTS WHICH ARE ADDRESSED BEFORE IT IS SENT TO THE INTERNAL REVENUE SERVICE.

DESCRIPTION FOR THE AVAILABILITY OF DOCUMENTS

PART VI SECTION C #19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

DESCRIPTION OF COMPENSATION DETERMINATION

PART VI SECTION B #15A & #15B

THE PROCESS FOR DETERMINING COMPENSATION FOR THE PRESIDENT, CHAIRMAN,
OFFICERS, AND DIRECTORS IS DETERMINED BY THE BOARD OF DIRECTORS OF
PROGRESSIVE REDEVELOPMENT, INC., AND APPROVED BY THE TREASURER OF THE
BOARD. TO ENSURE COMPETITIVENESS, WAGES ARE COMPARED TO OTHER AFFORDABLE
HOUSING ORGANIZATIONS, BOTH FOR- AND NOT-FOR-PROFIT, OR THE LOCAL MARKET
FOR POSITIONS APPLICABLE TO A BROADER COMPETITIVE MARKET. ANNUALLY THE
BOARD OF DIRECTORS WILL REVIEW EXECUTIVE SALARIES TO ENSURE
COMPETITIVENESS WITH EXTERNAL MARKETS AND FOR INTERNAL EQUITY IN RELATION
TO GENERAL EMPLOYEE WAGES AND BENEFITS, INDIVIDUAL AND ORGANIZATIONAL
PERFORMANCE, AND THE FINANCIAL RESOURCES OF THE ORGANIZATION.

110-00204655-5000

Name of the organization PROGRESSIVE REDEVELOPMENT, INC.

Employer identification number 58-1835663

DESCRIPTION OF CONFLICT OF INTEREST POLICY

PART VI, SECTION B #12C

THE BOARD OF DIRECTORS OF PROGRESSIVE REDEVELOPMENT, INC. REVIEWS

PERIODICALLY THE CONFLICT OF INTEREST DISCLOSURES AND DETERMINES WHETHER

ANY ACTION IS REQUIRED.

DESCRIPTION OF CHANGE IN RELATED PARTIES

SCHEDULE R PART II

FOR PART OF 2011, CARINGWORKS, INC AND PROJECT COMMUNITY CONNECTIONS, INC

ARE STILL CLASSIFIED AS RELATED TAX-EXEMPT ORGANIZATIONS UNDER

PROGRESSIVE REDEVELOPMENT, INC. HOWEVER, PROGRESSIVE REDEVELOPMENT, INC

HAD LEGALLY AND FORMALLY SEVERED THE RELATIONSHIP WITH THESE

ORGANIZATIONS DURING 2011. AS OF THE END OF 2011, THESE ORGANIZATIONS ARE

NO LONGER RELATED ENTITIES UNDER PROGRESSIVE REDEVELOPMENT, INC.

### FORM 990, PART IX - OTHER EXPENSES

FORM 990, PART IX - OTHER EXPENSES				
DESCRIPTION	(A) TOTAL EXPENSES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
BAD DEBT EXPENSE	273,263.	267,535.	5,728.	
SUPPORTIVE SERVICES	50,000.	50,000.		
TELEPHONE	13,264.	11,656.	1,608.	
OFFICE EXPENSES	13,678.	10,513.	3,165.	
REPAIRS	751.		751.	
SUPPLIES	96.		96.	
TOTALS	351,052.	339,704.	11,348.	

ATTACHMENT 1

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

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OMB No 1545-0047

Attach to Form 990.

INC

PROGRESSIVE REDEVELOPMENT,

Partl

Name of the organization Department of the Treasury

Internal Revenue Service

See separate instructions.

Employer identification number 58-1835663 (f)
Direct controlling
entity

N/A

N/A

381,275. (e) End-of-year assets -2. -46,386. (d) Total income (c) Legal domicile (state or foreign country) GA GA LOW-INC HSNG LOW-INC HSNG (b) Primary activity 26-0260608 30030 01-0657614 30030 GA GA (a)Name, address, and EIN of disregarded entity DECATUR, DECATUR, (2) PROGRESSIVE HAMPTON LLC 321 WEST HILL STREET (1) PRI ORCHARD GROVE LLC 321 WEST HILL STREET

(E)

<u>(4)</u>

(9)

(5)

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

	(a) Name, address, and EIN of related organization	lated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) lled ?
								Yes	No
Ξ	(1) DEKALB CO-OPS, INC	58-2033396							
j I	321 W HILL ST , STE 3	DECATUR, GA 30030	MANAGEMENT	GA	501(C)(3)	PF	N/A		×
2	(2) PROGRESSIVE COLUMBIA, INC	58-2132849							
į	321 W HILL ST , STE 3	CATUR, GA	LOW-INC HSNG	GA	501(C)(3)	6	N/A		×
(E)	INC	58-2658989							
j I	321 W HILL ST , STE 3	DECATUR, GA 30030	LOW-INC HSNG	GA	501(C)(3)	7	N/A		×
4	(4) CARINGWORKS, INC	56-2370081					!		
j I	321 W HILL ST , STE 3 DECATUR,	13	SUPPORT SERVI	GA	501(C)(3)	6	N/A		×
(5)	(5) PROJECT COMMUNITY CONNECTIONS, INC	58-2373779							
j I	321 W. HILL ST., STE 3	DECATUR, GA 30030	HOMELESS SUPP	GA	501(C)(3)	6	N/A		×
9	(6) URBAN SROS, INC	58-1996747							
	321 W HILL ST., STE 3	DECATUR, GA 30030	SUPPORT SERVI	GA	501(C)(4)	N/A	N/A		×
2	(7)					-			
i I									

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Schedule R (Form 990) 2011

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Schedule R (Form 990) 2011

Part III

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

(a)	(b)	(၁)	(d)	(e) Predominant	(f) Share of total	(g) Share of end-of-year	(h)	() Code V-UBI	(J) General or	(k) Percentage
Name, address, and Ein of related organization		domicile (state or foreign	entity	income (related, unrelated, excluded from tax under	ncome	assets	a lbcations?	<u> </u>		ownership
		country)		sections 512-514)			Yes	No (Form 1065)	Yes No	
(1) WELCOME HOUSE SRO L P 58-1996	91 2N1 - MO:1	4°5	ď	RELATED	0	1,730,523	×		×	0000 66
(2) PROGRESSIVE SUSTAINABLE FELLING	1									
321 W HILL ST , STE 3	LOW-INC HSNG	GA	N/A	RELATED	0	0	7	×	×	
	17									
321 W HILL ST , STE 3	LOW-INC HSNG	GA	N/A	RELATED	0	0	×	0	×	
(4) QUAIL VILLAGE LIMITED PARTNERS	Si									
321 W HILL ST , STE 3	LOW-INC HSNG	СА	N/A	RELATED	-330	4,840	×	0	×	1 0000
(5) MIAMI SANDSTONE LP 58-2033398			_							
321 W HILL STREET, SUITE 3	LOW-INC HSNG	GA	N/A	RELATED	0	0	7	×	×	
<u>(6)</u>										
					:		1			
(7)										
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization ans	ated Organizations	S Taxable	as a Corporat	is a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV	ete if the organ	ization answere	d "Ye	s" to 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) Name, address, and EIN of related organization	(b) Primary activity	activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp. S corp. or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) FULTON CO-OP'S, INC58-2146122								
321 W HILL ST , STE 3 DECATUR, GA 30030	MANAGEMENT	TI	GA	N/A	C CORP	0	0	
(2) PROGRESSIVE MILL, INC58-2168063	<u> 563 – – </u>							
321 W HILL ST , STE 3 DECATUR, GA 30030	MANAGEMENT	TI	GA	N/A	C CORP	0	0	
(3) PROGRESSIVE IMPERIAL, INC.	205							
321 W HILL ST , STE 3 DECATUR, GA 30030	MANAGEMENT	Ę	GA	N/A	C CORP	0	0	
(4) PROGRESSIVE EAST POINT, INCS8-2350146	146							
321 W HILL ST , STE 3 DECATUR, GA 30030	MANAGEMENT	5	GA	N/A	C CORP	0	0	
(5) PROGRESSIVE CAPITAL, INC.	416							
321 W HILL ST , STE 3 DECATUR, GA 30030	MANAGEMENT	Ţ	GA	N/A	C CORP	0	0	
(6) PROGRESSIVE FREMONT IL INC	242	_						
321 W HILL ST , STE 3 DECATUR, GA 30030	MANAGEMENT	3.T	GA	N/A	C CORP	0	0	
(7) PROGRESSIVE HERITAGE IL INC	151							
321 W HILL STE 3 DECATUR, GA 30030	MANAGEMENT	H	GA	N/A	C CORP	0	0	

Schedule R (Form 990) 2011

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Page 2

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

Schedule R (Form 990) 2011

Part III

(k) Percentage ownership General or managing partner? ŝ Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Yes (i) Code V-UBI amount in box 20 Schedule K-1 (Form 1065) (h) Disproportorate 2 Z Yes (g) Share of end-of-year (f) Share of total income (e)
Predominant
income (related,
unrelated,
exclided from
tax under
sections 512-514) (d)
Direct controlling entity (c)
Legal
domicile
(state or
foreign (b) Primary activity (a) Name, address, and EIN related organization Part IV <u>@</u> <u>S</u>į 3 €, 9  $\mathbf{\Xi}$ 

Percentage ownership (g) Share of end-of-year assets (f) Share of total income (e)
Type of entity
(C carp, S corp,
or trust) CORP CORP CORP CORP CORP CCORP CORP (d)
Direct controlling
entity N/A N/A Y N (c)
Legal domicile
(state or
foreign country) ВA GA 5 ВA GA G. G. Primary activity MANAGEMENT MANAGEMENT MANAGEMENT MANAGEMENT MANAGEMENT MANAGEMENT 30-0302275 11-3667869 20-0019145 35-2246181 58-2539110 41-2171067 74-3154225 (a) Name, address, and EIN of related organization GA 30030 321 W HILL ST , STE 3 DECATUR, GA 30030 321 W HILL ST , STE 3 DECATUR, GA 30030 321 W HILL ST , STE 3 DECATUR, GA 30030 321 W HILL ST , STE 3 DECATUR, GA 30030 321 W HILL ST , STE 3 DECATUR, GA 30030 321 W HILL ST , STE 3 DECATUR, GA 30030 (4) PROGRESSIVE MAXWELL HOUSE GA, LLC 321 W HILL ST , STE 3 DECATUR, PROGRESSIVE LAFAYETTE I INC. (6) PROGRESSIVE CEDARWOOD GP, LLC (1) PROGRESSIVE WILLOWBROOK, INC. (3) PROGRESSIVE BROOKSIDE LLC\_\_\_ (7) PROGRESSIVE BRADFORD, INC. (2) PROGRESSIVE HUNTINGTON LIC (5)

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

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Part III

(K) Percentage ownership								
General or managing partner?								π Ιν,
S E g >	Sp							Pa
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)								to Form 990
(II) Disproportionals alboations?	89							"Yes"
Share of end-of-year Disproprements assets alterion?								nzation answere
Share of total income								ete if the organ
Predominant income (related, unrelated, excluded from tax under sections 512-514)								on or Trust (Compl
(d) Direct controlling entity								as a Corporati
(c) Legal domicile (state or foreign								Taxable
(b) Primary activity								ed Organizations
(a) Name, address, and EIN of related organization	(1)	(2)	(3)	(4)	<u>[5]</u>	(9)	(7)	Partiv Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV,

line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

	Primary activity Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp. S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
(1) FULTON SEVEN COURTS PARTNERS, LLC59-3804149321 W HILL ST., STE 3 DECATUR, GA 30030	GA	N/A	C CORP	0	0	
(2) PROGRESSIVE HRC INC02-0533407321 WEST HILL STREET, SUITE 3 DECATUR, GA 30030	GA	N/A	C CORP	0	0	
(3) PROGRESSIVE ADAMSVILLE, INC	GA	N/A	C CORP	0	0	
						!
(5)						
(6)						
( <u>7</u> )						

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Method of determining Yes × amount involved 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 19 Ę 10 a 9 Performance of services or membership or fundraising solicitations by related organization(s)................. Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) CASH CASH CASH Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) 5,666,950. 391,870. 9,955,420. Amount involved 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? Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Other transfer of cash or property from related organization(s). (b) Transaction type (a–r) Ω Ω Ω Performance of services or membership or fundraising solicitations for related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Name of other organization Gift, grant, or capital contribution to related organization(s) ĽЪ PROGRESSIVE WELCOME HOUSE SRO, BROOKSIDE-CLAYTON PARTNERS, Sale of assets to related organization(s) IMPACT BRADFORD, L.P. Part V Ε 0 Ξ 2 <u>ව</u> 9 9 4

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011

# Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d) (d) (e)	(q)	(c)	(p)	(e)	6	(g) Share of	(F)		(J) General or	(K)
Name, address, and EIN of entity	Primary activity	(state or foreign country)		section 501(c)(3) organizations?	total income	end-of-year assets	allocations?	amount in box 20 of Schedule K-1	managing partner?	ownership
			from tax under section 512-514)	Yes			Yes No	(Form 1063)	Yes No	
(1)							-		_	
(2)										
(3)										
(4)										
(5)			<u> </u>							
(9)						į				
(7)										
(8)										
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(10)							-			
(11)										
[12]										
(13)										
(14)										
(15)										
(16)										
								Sch	Schedule R (Form 990) 2011	п 990) 2011

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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

# Form 8868

(Rev January 2012)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

internal revenue	Oelvice }	o hanara ahi			
	filing for an Automatic 3-Month Extension, co				▶ X
-	filing for an  Additional (Not Automatic) 3-Mor Diete Part II unlessou have already been grant			· · · · · · · · · · · · · · · · · · ·	
a corporation 8868 to req Return for instructions). Part I Au	ling (e-file) You can electronically file Form 8 required to file Form 990-T), or an additional uest an extension of time to file any of the Transfers Associated With Certain Personal For more details on the electronic filing of the tomatic 3-Month Extension of Time. On	al (not aut forms liste l Benefit ( is form, vis ly submit	omatic) 3-month exten d in Part I or Part II wi Contracts, which must it www.irs.gov/efile and original (no copies no	sion of time. You can electronica ith the exception of Form 8870, t be sent to the IRS in paper d click on e-file for Charities & Noi eeded).	lly file Form Information format (see
	required to file Form 990-T and requesting an			•	
Part I only .				· · · · · · · · · · · · · · · · · · ·	▶ 📖
	porations (including 1120-C filers), partnerships	, REMICs,	and trusts must use For	•	
to file income				Enter filer's identifying number, s	
Type or	Name of exempt organization or other filer, see inst	ructions.		Employer identification number	(EIN) or
print	DDOCRECTUR DEDEUELODMENT IN	-		X 58-1835663	
File by the	PROGRESSIVE REDEVELOPMENT, INC.  Number, street, and room or suite no. If a P.O. box.		ions	<del> </del>	<del></del>
due date for	· '	, 300 1113000	3013	Social security number (SSN)	
filing your return. See	321 WEST HILL STREET  City, town or post office, state, and ZIP code. For a	foreign add	ress, see instructions.	<u></u>	
instructions.	DECATUR, GA 30030	iorcigii oddi			
Enter the Re	turn code for the return that this application is f	or (file a se	parate application for ea	ach return)	. 0 1
			F		لتسانسا
Application		Return	Application		Return
ls For		Code	ls For		Code
Form 990		01	Form 990-T (corporation	on)	07
Form 990-BL		02	Form 1041-A		08
Form 990-E2	7	01	Form 4720		09
Form 990-P		04	Form 5227		10
	(sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870		12
Telephon If the orga If this is fo	e No.   404 371-1230  anization does not have an office or place of bor a Group Return, enter the organization's four group, check this box	 usiness in t r digit Grou	p Exemption Number (C	GEN) N/A . If t	-
	e names and EINs of all members the extension				
until				extension of time organization named above. The ex	tension is
	organization's return for.				
► X	calendar year 20 11 or	-00		20	
▶∟	tax year beginning	, <sup>20</sup> _	, and ending	, 20	r
	ax year entered in line 1 is for less than 12 mor Change in accounting period	nths, check	reason: Initial r	return Final return	
3a If this	application is for Form 990-BL, 990-PF, 99	90-T, 4720	, or 6069, enter the	tentative tax, less any	
	fundable credits. See instructions.			3a \$	
	application is for Form 990-PF, 990-T,				
	ated tax payments made. Include any prior year				
	ce due. Subtract line 3b from line 3a. Include		nent with this form, if re	- · · · · · · · · · · · · · · · · · · ·	
	ronic Federal Tax Payment System). See instru you are going to make an electronic fund		with this Form 8950	see Form 8453-FO and Form	8879-FO for
payment ins	•	withurawai	WILLI WIIS FUITH 0000	, see Furil 6433-EU and Furi	0019-EU 101
	Act and Paperwork Reduction Act Notice, see Instr	uctions.		Form 886	8 (Rev. 1-2012)
					•

Ferm 8868 (	(Rev. 1-2012)					Page 2
• If you a	are filing for an Additional (Not Automatic) 3-M	onth Exter	sion, complete only Part I	and	check this box	▶X
Note. Onl	y complete Part II if you have already been gra	nted an au	tomatic 3-month extension	on a	previously filed Form 8868	3.
	are filing for an Automatic 3-Month Extension,					
Part II	Additional (Not Automatic) 3-Month E	ctension o	of Time. Only file the orig	inal	(no copies needed).	
			E:	nter f	iler's Identifying number, see	
	Name of exempt organization or other filer, see in	istructions.			Employer identification number	ber (EIN) or
Type or						
print	PROGRESSIVE REDEVELOPMENT, IN			X		
File by the	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.		Social secunty number (SSN	)
due date for	321 WEST HILL STREET					
filing your return. See	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.			
instructions.	DECATUR, GA 30030					
Enter the	Return code for the return that this application	is for (file a	a separate application for ea	ich r	eturn)	. 01
Application	on	Return	Application			Return
ls For		Code	ls For			Code
Form 990	)	01		300		
Form 990	-BL	02	Form 1041-A			08
Form 990	-EZ	01	Form 4720			09
Form 990	·PF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	-T (trust other than above)	06	Form 8870			12
	not complete Part II if you were not already		n automatic 3-month exter	sion	on a previously filed Fore	m 8868.
• The bo	oks are in the care of LORRAINE MILLS				··	
	one No. ► 404 371-1230	<del></del> '	FAX No. 🕨		······································	
	rganization does not have an office or place of					▶∐
	s for a Group Return, enter the organization's fo					is is
for the wh	nole group, check this box	f it is for pa	art of the group, check this l	pox.	▶ and att	ach a
	e names and EINs of all members the extension					
	juest an additional 3-month extension of time u			<u>1/1</u>	<u>5</u> , 20 <u>12</u> .	
	calendar year $2011$ , or other tax year beginn					20
6 If the	e tax year entered in line 5 is for less than 12 m	ionths, che	ck reason: Initial re	turn	Final return	
	Change in accounting period IN	FORMAT	ION FROM A THIRD PAI	RTY	HAS	
7 State	a ta datah dalam waxaa ah Aba ah aa ah aa laa		RECIEVED. THIS INFORM			
			IN ORDER TO FILE A CO			
				J.T.,		
			RATE RETURN.			
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	refundable credits. See instructions.	4700		1 - 6 1	8a \$	
b if th	nis application is for Form 990-PF, 990-T,	4720, 0	6069, enter any refun	dabi	e credits and	
	nated tax payments made. Include any pr	ior year o	verpayment allowed as	a c		
	unt paid previously with Form 8868.				8b \$	
	inca Due. Subtract line 8b from line 8a. Include		ient with this form, it requir	ea, t		
(Elei	ctronic Federal Tax Payment System). See instru				8c \$	
	Signature and Verifica		•		<del>-</del>	
	ties of perjury, I declare that I have examined this form, rect, and complete, and that I am authorized to prepare this fo	-	companying schedules and statem	ents,	and to the best of my knowled	lge and belief,
<b>.</b>	A 0 00 0		7010 h (CC A		Date ▶ 8/14	117
Signature >	me 40 many		Title > CA		Uai8 - U / PC	(Boy 1-2012)
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