₿

NO W

Cn

Paid

Preparer

**Use Only** 

# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047 •-

Department of the Treasury Internal Revenue Service

Terminated Amended

Amended return Application pending

C Name of organization

PROGRESSIVE REDEVELOPMENT, INC.

321 WEST HILL STREET

DECATUR, GA 30030

City or town, state or country, and ZIP + 4

Name and address of principal officer

Number and street (or P O box if mail is not delivered to street address)

321 WEST HILL STREET, SUITE 3 DECATUR, GA 30030

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements A For the 2010 calendar year, or tax year beginning

Open to Public Inspection , 2010, and ending , 20 D Employer identification number 58-1835663 E Telephone number Room/suite STE 3 (404) 371-1230 G Gross receipts \$ 1,837,355. H(a) Is this a group return for BRUCE C. GUNTER Yes Χ No

H(b) Are all affiliates included?

<u>√</u> 2 i		Tax-ex	xempt status	X	501(c)(3)		501(c)	( ) <b>◀</b>	(ınserl	no)	4947(a)(1) or	527	If "No,"	attach a list	(see instructions)		
=3 . =3 .	١ ر	Webs	ite 🕨 WWW.			.ORG		_					H(c) Group e	xemption n	ımber 🕨 N	/A	
i	K	Form (	of organization	X	Corporation	Т	rust	Association	n	Other	<b>•</b>	L Year of forma	tion 1987	M State	of legal domicile	GA	
1	Pai	τI	Summary	,													
•		1	Briefly descri	he the	omanizatio	n's mi	ssion c	nr most sign	ficant	activitie							
		•	TO FACII	LITA	TE THE	DEVE	LOPN	MENT AN	) MA	NAGE	MENT OF AFFO	RDABLE HO	USING F	OR			
	2										OSE WITH HOU				· <b></b>		
	힐		SPONSORI	ING	PROJECT	S TC	ADI	DRESS TI	IOSE	NEE	DS.						
	Š	2									ns or disposed of m	ore than 25% o	of its net asse	 ets			
	Activities & Governance	3	Number of vo											اما	11		
8	SS.	4	Number of in	•		-				•						11.	
	į	5			_			_	_		line 2a)	<i>.</i>		• •		10.	
	ţċ	6	Total number											6		0	
•		7 a	Total gross u		•			• • •			40			7a		0	
			•											7b			
									<u></u>				Prior Yea	ır	Current Y	ear	
		8	Contributions	s and g	grants (Part	VIII, lır	ne 1h)						70	,610.	174	,390.	
oi de conse	ž	9			- •								1,543,	017.	1,524	,841.	
	ě	10	Program service revenue (Part VIII, line 2g) 1,543 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 278										,034.	8	,479.		
	~	11	Other revenu	је (Ра	rt VIII, colun	nn (A),	lines 5	5, 6d, 8c, 9d	, 10c,	and 11	e)		111	,102.	129	,645.	
		12											2,002	763.	1,837	,355.	
		13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,002,76  Grants and similar amounts paid (Part IX, column (A), lines 1-3)										0.		0		
		14		fits paid to or for members (Part IX, column (A), line 4)							<b>i</b>		0.		0		
	ý	15	Salaries, oth	er con	npensation,	emplo	yee be	nefits (Part	IX, col		(), lines 5-10)		940,967.		676	,288.	
	Expenses	16 a	a Professional	fundra	aising fees (	Part IX	(, colur	mn (A), line	11e)				0.		0		
	x	t	Total fundra	sıng e	xpenses (Pa	art IX, d	columr	n (D), line 🛱	5) <b>&gt;</b> (								
	ш	17	Other expens	ses (P	art IX, colur	nn (A),	lines	11a-11d, <b>1</b> 1	f-2 <u>4f)</u>				1,125	388.	809	,568.	
		18	Total expens	ses Ad	dd lines 13-	17 (mu	st equ	al Part IX, c	արխո	(A), lin	e 25) ′	<u>ဖွာ့]</u>	2,066		1,485	,856.	
		19	Revenue les	s expe	enses Subti	act line	e 18 fr	om line 12	위.	. NOV	v.j. 8 . 20.11	Q1	-63	,592.	351	,499.	
	s or nces							J.	ωl -			Beg!	nning of Cur	ent Year	End of Yo	ear	
8	sets alan	20	Total assets	(Part	X, line 16)				L.	NA P	DEN, UT	)	8,234		9,057		
<b>√</b>	As d B	21	Total liabilitie	s (Pa	rt X, line 26)				(	التال	JEW, UI	]	2,907		6,176	,610.	
⊱≕	FE	22	Net assets o	r fund	balances S						· · · · · · · · · · · · · · · · · · ·		5,327	,349.	2,880	,541.	
ب		rt II	Signatu			A	1										
	Unc	ter per	enalties of perjur	y, I ded	lare that I ha	ve exam	nined th	return, inc	luding ed on a	accomp	anying schedules and nation of which prepa	statements, and	to the best of	my knowle	edge and belief, it	is true,	
63	$\overline{}$			11/		1		AA			Man Proper	,	11	110	111		
	S	ign					41						11	//	[][		
3	ş H	ere	\$ fgrfati	ure of o	fficer			Loir	D	nar	glent		Date	/   /	•		
	3			Y W	WI	ンは	$\mathcal{M}$	NI	<u> </u>	2	oun						
0	<u> </u>				name and title								1		1		
Ũ	y -	_	Print/Type pr	eparer'	sname 🦼	Λ	11	Prepare	rş sıgn	ature	, 1	Date, I	Check if		PTIN		

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

P00716330

52-1088612

404-847-9447

X Yes

Firm's address ▶ 3560 LENOX ROAD, NE, SUITE 2800 ATLANTA, GA 30326-4276

Firm's EIN

Phone no

employed >

Forn	n 990 (2010)	58-1835663	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question	ın this Part III	
1	Briefly describe the organization's mission		
	TO FACILITATE THE DEVELOPMENT AND MANAGEMENT		
	FOR LOW INCOME INDIVIDUALS BY IDENTIFYING TH		
	AND SPONSORING PROJECTS TO ADDRESS THOSE NEE	DS.	
	Did the organization undertake any significant program servic the prior Form 990 or 990-EZ?		Yes X No
3	Did the organization cease conducting, or make significant chaservices?		Yes X No
_	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the orga Section 501(c)(3) and 501(c)(4) organizations and section 4947( allocations to others, the total expenses, and revenue, if any, for	(a)(1) trusts are required to report the amount of graneach program service reported	nts and
4a		nts of \$) (Revenue \$,	1,841 )
	THE ORGANIZATION HAS SPONSORED THE DEVELOPME		
	CONSTRUCTION OF AFFORDABLE HOUSING UNITS FOR		
	INDIVIDUALS AND THEIR FAMILIES. THESE UNITS		
	SAFE, REASONABLY PRICED APARTMENTS FOR LOW I	NCOME PERSONS.	
	<del></del>		
	<del></del>		
			<del></del>
4b	(Code) (Expenses \$including gra	nnts of \$) (Revenue \$	)
		<del>-</del>	
			•
4c	(Code) (Expenses \$ including gran	ts of \$) (Revenue \$	)
		<u></u>	
			<del></del>
	Other program of the Control of the		
40	Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$	\/Davanua f	
40	(Expenses \$ including grants of \$  Total program service expenses ▶ 955,174.	) (Revenue \$	<del> </del>
<del>-+</del> -	10th program service expenses > 500,174.		

Form 9	0 (2010) 58–1835663		1	age 3
Part	V 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_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		_ <u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	. 7	ļ	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	ļ	Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	_		١,,
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			x
	quasi-endowments? If "Yes," complete Schedule D, Part V	_10	<u> </u>	_^_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	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	110	х	
h	Schedule D, Part VI	11a		
D	Did the organization report an amount for investments—othersecurities 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		x
_	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110	-	
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	х	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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,"			
		12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV-	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	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			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	<u> </u>	X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	1	X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form			
	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form <sub>2</sub> 9	90 (2010) 58-1835663		1	Page 4
Part	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			1
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		_	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25	24a		l x
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	
	Did the organization invest any proceeds of tax-exempt boilds beyond a temporary period exception 2  Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del> </del>
	*	274		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes, "complete Schedule L, Part I	25a		x
<b>L</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	23a		<del></del>
D				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		x
00	If "Yes," complete Schedule L, Part I	230		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	26		x
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	27		x
	If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	00-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	001-		v
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			v
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_^_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			l v
	complete Schedule N, Part II	32		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	-
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,		v	
	IV, and V, line 1	34	Х	-
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			<u>,.</u>
	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,			
	Part VI	37		Х
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	Х	
		Form	990	(2010)

Par				
	Check if Schedule O contains a response to any question in this Part V	• • •	· · ·	·
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	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	-	
4a	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			v
_	account)?	4a		Х
D	If "Yes," enter the name of the foreign country ▶			
5 a	NATIONAL DESCRIPTION OF THE PROPERTY OF THE PR	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
ď	If "Yes," indicate the number of Forms 8282 filed during the year	70		, dita
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		48	ž.
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			ž
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			`
	against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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			
p	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			
C 14 ~	Enter the amount of reserves on hand	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	_	Λ
			_	_

	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or 6 Schedule O. See instructions.	chai	ow, a	
	Check if Schedule O contains a response to any question in this Part VI	· · ·		Х
Sect	ion A. Governing Body and Management			
	1.0		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11	- 1		
b	Effect the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	,		х
		2		
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		х
4	supervision of officers, directors or trustees, or key employees to a management company or other person?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	Ť		
		7a		Х
b		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following	ļ		
а		8a	Х	
þ	Each committee with authority to act on behalf of the governing body?	Bb	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	-	3	
		9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	<u>ode.</u>		
		_	Yes	No X
	2000 and organization have local endptolog pranonces, or animated	0a		Λ
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	0ь		
11.	The state of the s	UD		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	1a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a		2a	х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
_	• • • • • • • • • • • • • • • • • • • •	2ь	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
		2c	Х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	<del>-</del>	14	Х	
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	5a	Х	
b	·, · · · · · · · · · · · · · · · · · ·	5b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			.,
	, , , , , , , , , , , , , , , , , , , ,	6a		<u>x</u>
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
Saci	the organization's exempt status with respect to such arrangements?	6b		
	Ch			
17	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)		<b>-</b> ·	
18	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19				
13	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public			
20	State the name physical address, and telephone number of the person who possesses the books and records of the			
_0	organization LORRAINE MILLS 321 WEST HILL STREET DECATUR, GA 30030  (404) 371-1230		<b>-</b>	

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 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

(A) Name and Title	(B) Average	Posit	tion (ch	(C		hat app	lv)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) BRUCE C. GUNTER			П							
PRESIDENT/DIRECTOR	40.00	Х	<u> </u>	Х			_	113,135.	0.	0.
(2) ROBIN MEYER							1			
DIRECTOR	0.00	Х					_	0.	0.	0.
(3) CAROL NAUGHTON CHAIRMAN/DIRECTOR	0.00	х		х				0.	0.	0.
(4) CHRIS BROWN										
TREASURER/DIRECTOR	0.00	Х		x				0.	0.	0.
(5) LAWRENCE ANDERSON										
VICE CHAIRMAN/DIRECTOR	0.00	Х		x				0.	0.	0.
(6) CURTIS MANN				ヿ			Ī			
DIRECTOR	0.00	Х					l	0.	0.	0.
(7) TONY CHAN										
DIRECTOR	0.00	Х					ŀ	0.	0.	0.
(8) LASHAWN HOFFMAN									-	
DIRECTOR	0.00	X						0.	0.	0.
(9) NATALLIE KEISER										
SECRETARY/DIRECTOR	0.00	Х		Х				0.	ο.	0.
(10)HARRIETT MACKLIN										<del></del>
DIRECTOR	0.00	X						0.	0.	0.
(11)LYNN CASSELL				I						
DIRECTOR	0.00	Х		_				0.	0.	0.
(12)LORRAINE P. MILLS				I				-		
VICE PRESIDENT	0.00			Х				81,809.	0.	0.
(13)RICHELLE PATTON				Ī						
KEY EMPLOYEE	0.00				Х			80,308.	0.	0.
(14) REED MARILL				T						
KEY EMPLOYEE	0.00				Х			80,301.	0.	0.
(15)				$\exists$						
(16)	-			_						
								<u> </u>		

Part VII Section A. Officers, Directors, Tru (A)	(B)			((	C)			(D)	(E)			(F)
Name and title	Average hours per week (describe hours for related organizations in Schedule O)		institutional trustee			an Highest compensated amployee	y Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportal compensa from rela organizati (W-2/1099-N	ted ions	am comp fro orga and	imated ount of other ensation im the nization related enzations
(17)												
(18)											_	
(19)								_				
(20)												
(21)									_			
(22)												
(23)					-							
(24)					_							
(25)												
(26)										-		
(27)				_								
(28)				_								
1b Sub-total continuation sheets to Part VII, Sec	tion A .						<b>*</b> * *	355,553. 355,553.		0.		0.
d Total (add lines 1b and 1c)			ed a				ceiv		,000 in			
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo	r or	tru	ste	e, I	key e	mp	loyee, or highest	compensa	ated	3	Yes No
For any individual listed on line 1a, is the the organization and related organizations	sum of	repor	table	e c	om	pensa	tıon	and other comp	pensation f	rom	3	.*30
<ul><li>individual</li></ul>											4	Х
for services rendered to the organization? If "Ye Section B. Independent Contractors	es,"comple	te Sci	hedi	ule .	J foi	such	pei	rson		···	5	Х
1 Complete this table for your five highest	compensate	ed in	dep	end	lent	cont	raci	tors that received	more that	ın \$100	,000	of
compensation from the organization (A)							Τ	(B)			(C)	<del></del>
Name and business addr	ess						-	Description of ser	vices	Co	ompens	ation
					_		+					
Total number of independent contractors (in more than \$100,000 in compensation from the contractors)				nited	d to	thos	e I	isted above) who	received	· ·	-	

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
9 0	1a	Federated campaigns 1a		*	*	
ant and	b	Membership dues 1b	7			
P o	c	Fundraising events 1c	1			
ifts						*
s, g	d	Troidide organization of the first transfer of trans	<b>=</b>			
SID	е	Covernment grants (contributions)	-			44
outi Jer	f	All other contributions, gifts, grants,				
햧		and similar amounts not included above . 11 174,390	4			
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a-1f \$			400	
	h	Total. Add lines 1a-1f				
nue		Business Cod	<b>의</b>			
š	2a	RENTAL INCOME	69,048	69,048.		
ž	ь	FORGIVENESS OF DEBT INCOME	10,435	10,435.		
jc S	c	DEV OF LOW-INCOME HSG	1,445,358	1,445,358		
ě	, ,					
E	`` ا					
gra		All other program service revenue				
Program Service Revenue	, 9	Total. Add lines 2a-2f	1,524,841			
_			1,321,011			
	3	Investment income (including dividends, interest, and	8,479			9 470
		other similar amounts)				8,479
	4	Income from investment of tax-exempt bond proceeds			<u> </u>	
	5	Royalties · · · · · · · · · · · · · · · · · · ·	0.			1
		(i) Near (ii) Fersonar	-			
	6a	Gross Rents	<b></b> `			
	b	Less rental expenses	4		`	**
	С	Rental income or (loss)		&	<u> </u>	
	d	Net rental income or (loss)	0			
	7a	Gross amount from sales of (i) Securities (ii) Other	_			
	'-	assets other than inventory			· A A	4 4 W
	ь	Less cost or other basis	· ·	\$ X	₩.	
		and sales expenses		/		
	c	Gain or (loss)				
	d	Net gain or (loss)	0			
a	8a	Gross income from fundraising	* *	#5 1:	(m) (% %4 x	à á
nue	"	events (not including \$	* *	· ·	Ţ.	, T
G)		of contributions reported on line 1c)		4.8		
8		See Part IV, line 18 a	*	***	<i>A</i> (4,3	`
ē		Less direct expenses b	╡			1
Other Rev	l .	Net income or (loss) from fundraising events	0			
0	_ c	• · · · · · · · · · · · · · · · · · · ·	<u> </u>			
	ya.	Gross income from gaming activities				
		See Part IV, line 19	-			
	Ь	Less direct expenses b				-
	C	Net income or (loss) from gaming activities	0	<u> </u>		
	10a	Gross sales of inventory, less		]		
	ļ	returns and allowances a	_			
		Less cost of goods sold b	_	ļ		ļ
	C	Net income or (loss) from sales of inventory				<u> </u>
	<u></u>	Miscellaneous Revenue Business Cod	e			
	11a	ADMINISTRATIVE FEES	39,781			
	Ь	MISCELLANEOUS INCOME	89,864.			
	C					
	d	All other revenue				
	_	Total. Add lines 11a-11d	129,645	İ		
	12	Total revenue. See instructions	.	1,524,841	0	8,479
		TOTAL SET CITIES COCC INSULUCIONS	1,031,333.	1,724,041	! <u></u>	0,479

#### 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)

	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	0.			
2	Grants and other assistance to individuals in				
	the U S See Part IV, line 22	0.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			į.	
	U S See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	569,639.	309,707.	259,932.	
8	Pension plan contributions (include section 401(k)	· · ·	•	•	
-	and section 403(b) employer contributions)	0.			
9	Other employee benefits	61,473.	31,122.	30,351.	
10	Payroll taxes	45,176.	24,132.	21,044.	
11	Fees for services (non-employees)			· · · · · · · · · · · · · · · · · · ·	
	Management	0.			
	Legal	44,431.	42,137.	2,294.	
	Accounting	43,332.	35,775.	7,557.	-
	Lobbying	0.		-	
	Professional fundraising services See Part IV, line 17	0.			
	Investment management fees	0.			
g	[	0.			
12	Advertising and promotion	1,058.	0.	1,058.	
13	Office expenses	0.			
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	0.			
17	Travel	9,323.	8,571.	752.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	93,171.	47,931.	45,240.	
21	Payments to affiliates	0.			_
22	Depreciation, depletion, and amortization	0.			_
23	Insurance	0.			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f If				
	line 24f amount exceeds 10% of line 25, column	į			
	(A) amount, list line 24f expenses on Schedule O)				
а	TAXES, LICENSES AND INSURANC	57,115.	28,055.	29,060.	
b	OFFICE SPACE RENTAL	145,422.	138,151.	7,271.	
_	GENERAL AND ADMINISTRATIVE	66,621.	5,008.	61,613.	
d	OTHER PROFESSIONAL FEES	75,028.	34,675.	40,353.	
_	BAD DEBT EXPENSE	164,009.	164,009.	0.	
_	All other expenses	110,058.	85,901.	24,157.	<del></del>
	Total functional expenses. Add lines 1 through 24f	1,485,856.	955,174.	530,682.	
26	Joint Costs. Check here ▶ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pari	t X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		14,044.	1	171,988.
l	2	Savings and temporary cash investments	[		2	
	3	Pledges and grants receivable, net	[		3	
	4	Accounts receivable, net		5,716.	4	7,835.
- 1	5	Receivables from current and former officers,				
		employees, and highest compensated employee		Į		
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under				
		described in section 4958(c)(3)(B), and contributing employers	and sponsoring organizations of			
		section 501(c)(9) voluntary employees' beneficiary organizations		6		
Assets	7	Notes and loans receivable, net	335,000.	7	252,000.	
SSI	8	Inventories for sale or use			8	- :
•	9	Prepaid expenses and deferred charges		906.	9	26,269.
	10 a	Land, buildings, and equipment cost or	[ [			
		other basis Complete Part VI of Schedule D	10a 504,145.			
	ь	Less accumulated depreciation		334,967.	10c	336,272.
.	11	Investments - publicly traded securities	<del></del>	· · · · · · · · · · · · · · · · · · ·	11	
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11	,	2,352,583.	13	2,887,226.
	14	Intangible assets	F	15,909.	14	16,179.
	15	Other assets See Part IV, line 11		5,175,331.	15	5,359,382.
	16	Total assets. Add lines 1 through 15 (must equal lin		8,234,456.	16	9,057,151.
	17	Accounts payable and accrued expenses	**	61,971.	17	91,384.
- 1	18	Grants payable			18	
ŀ	19	Deferred revenue	0.	19	683.	
- 1	20	Tax-exempt bond liabilities	i i		20	
1.	21	Escrow or custodial account liability Complete		_	21	
.00	22	Payables to current and former officers,	T T		-	
ig '		employees, highest compensated employees, a	7 1			
Lia		Complete Part II of Schedule L			22	
[,	23	Secured mortgages and notes payable to unrelated	r	2,121,280.	23	1,972,956.
- 1	24	Unsecured notes and loans payable to unrelated the	· •	_,,	24	
- 1	25	Other liabilities Complete Part X of Schedule D .	· ·	723,856.	25	4,111,587.
- 1	26	Total liabilities. Add lines 17 through 25	•	2,907,107.	26	6,176,610.
	=-	Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34.		· · · · · ·		· · · · · · · · · · · · · · · · · · ·
ဦ	27	Unrestricted net assets		5,327,349.	27	2,880,541.
盲	28	Temporarily restricted net assets		, - ,	28	<u> </u>
60	29	Permanently restricted net assets			29	-
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check complete lines 30 through 34.				
o s	30				30	
Set	31	Paid-in or capital surplus, or land, building, or equip			31	-
AS	32	Retained earnings, endowment, accumulated incom			32	
듈	33	Total net assets or fund balances		5,327,349.	33	2,880,541.
	34	Total liabilities and net assets/fund balances		8,234,456.	34	9,057,151.
	JT	Total nabilities and her assets/fully balances	<u> </u>	0,231,430.	J-+	5,057,131.

Form **990** (2010)

Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			[	x ]	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	, 83	7,3	55.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	, 48		
3	Revenue less expenses Subtract line 2 from line 1	3		35	1,4	99.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	, 32	7,3	49.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2	, 79	8,3	07.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,					
	column (B))	6	2	, 88	0,5	41.
Pa	The contains a response to any question in this Part XII			٠. [		
				Y	'es	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					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	Х	
b	Were the organization's financial statements audited by an independent accountant?		2	b		Х
C	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?		2	С		
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O					
d	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					
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?		3	а		Х
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		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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** PROGRESSIVE REDEVELOPMENT, INC. 58-1835663 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its 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) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type II c Type III - Functionally integrated d | Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11q(i) (ii) A family member of a person described in (i) above? 11g(n) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the (v) Did you notify (vi) Is the (vii) Amount of organization in organization (described on lines 1-9 above or IRC section the organization support col (i) listed in in col (i) of col (i) organized your governing (see instructions)) your support? in the US? document? Yes No Yes No Yes (A) (B) (C) (D) (E) Total

Form 990 or 990-FZ.

For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010

Sched	ule A (Form 990 or 990-EZ) 2010			58	-1835663		Page 2
Par	t II Support Schedule for Or	ganizations D	escribed in S	ections 170(	b)(1)(A)(iv) a	nd 170(b)(1)(A	
	(Complete only if you chec						
	Part III If the organization f	ails to qualify	under the test	s listed below,	please compl	ete Part III)	•
Sec	tion A. Public Support						
Caler	idar year (or fiscal year beginning In)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
	module any unusual grants /						
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on its behalf						
	its belian						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	* * .	8.	'n	,	<u> </u>	-
5	The portion of total contributions by each					:	
	person (other than a governmental unit or	·×	× ,		,	,	
	publicly supported organization) included		,	٥		,	
	on line 1 that exceeds 2% of the amount		₩,	\$5.00 E		à*	
•	shown on line 11, column (f)						··
6	Public support. Subtract line 5 from line 4	1 APR 1 1/20	32	4n	<u> </u>		
	tion B. Total Support	(a) 2006	(b) 2007	(=) 2009	(4) 2000	(2) 2040	(5) Total
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4				<u> </u>		
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 carned on						
10	Other income Do not include gain or						
	loss from the sale of capital assets	ĺ					
	(Explain in Part IV)	XW 540X			* *		
11	Total support. Add lines 7 through 10		·		ľ× ·	ļ	
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is t	or the organizat	ion's first, secor	nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here		· · · · · · · · · · · · · · · · · · ·	<u> </u>			• • • • ▶
	tion C. Computation of Public Sup						
14	Public support percentage for 2010 (line		•			14	%
15	Public support percentage from 2009 S						%
16a	• • • • • • • • • • • • • • • • • • • •	-					
	this box and stop here. The organization			-			
b	33 1/3 % support test - 2009. If the						
	check this box and stop here. The org						
17a	10%-facts-and-circumstances test - 2	2010. If the orga	inization did not	check a box or	n line 13, 16a oi	r 16b, and line 1	4 is 10%
	or more, and if the organization me					-	-
	Part IV how the organization meets	the "facts-and-c	ircumstances" t	est The organi	zation qualifies	as a publicly s	upported
	organization						▶□
b	10%-facts-and-circumstances test -						and line
	15 is 10% or more, and if the orga	anization meets	the "facts-and	d-circumstances	" test, check t	his box and st	op here.
	Explain in Part IV how the organization						

Schedule A (Form 990 or 990-EZ) 2010

#### 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						
Ca	ılendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees	ļ					
	received (Do not include any "unusual grants")	115,330	66,141	1,104,000	70,610	174,390	1,530,471
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	1,791,268	1,869,966.	3,986,896	1,807,269.	1,654,486	11,109,885
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	Ì			.		
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on			1			
	its behalf					l	
5	The value of services or facilities						
	furnished by a governmental unit to the		1			i	
	organization without charge						
6	Total. Add lines 1 through 5	1,906,598	1,936,107	5,090,896	1,877,879	1,828,876	12,640,356
7 a	Amounts included on lines 1, 2, and 3		,				
	received from disqualified persons		l				
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of I						
	\$5,000 or 1% of the amount on line 13 for the year	379,953	1,438,380	3,333,024	1,835,460	1,586,147	8,572,964
_	Add lines 7a and 7b	379,953	1,438,380	3,333,024	1,835,460	1,586,147	8,572,964
8	Public support (Subtract line 7c from	0.07,000					
_	line 6)						4,067,392
Sec	tion B. Total Support						
	alendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	1,906,598.	1,936,107	5,090,896	1,877,879	1,828,876	12,640,356
-	Gross income from interest, dividends,						
	payments received on securities loans,					1	
	rents, royalties and income from similar sources	14,673	129,979	88,608	124,884	8,479.	366,623
b	Unrelated business taxable income (less						-
	section 511 taxes) from businesses				Į	İ	
	acquired after June 30, 1975						
С	Add lines 10a and 10b	14,673	129,979	88,608	124,884	8,479	366,623
11	Net income from unrelated business						
	activities not included in line 10b,		ľ				
	whether or not the business is regularly carned on						
12	Other income Do not include gain or			-			
	loss from the sale of capital assets					1	
	(Explain in Part IV) ATCH 1	201	0	0	0	0	201
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	1,921,472	2,066,086	5,179,504	2,002,763	1,837,355	13,007,180
14	First five years. If the Form 990 is for						
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sur	•			<del></del>		•
15	Public support percentage for 2010 (line 8, co			(f))		15	31.27 %
16	Public support percentage from 2009 Schedu	* *	-			16	41.97 %
	tion D. Computation of Investmen						
17	Investment income percentage for 2010 (III			column (fl)		17	2.82%
18	Investment income percentage from 2009	• • • • • • • • • • • • • • • • • • • •	•			18	2.89%
	33 1/3 % support tests - 2010. If the or			on line 14 and			
,,, a	17 is not more than 331/3%, check th						
	33 1/3 % support tests - 2009. If the orga						
D	line 18 is not more than 331/3 %, check						
	Private foundation If the organization						

PAGE 15

Page 4

	formation. Compler 17b; or Part III, lii					
· · · · · · · · · · · · · · · · · · ·			· ·	ATT	ACHMENT 1	
SCHEDULE A, PART III	- OTHER INCOME					
DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
MISCELLANEOUS	0.	0	0.	0.	0	0
GAIN ON SALE OF HSG PROJECT	201	0	0	0	0	201
TOTAL					0	201

#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number

PROGRESSIVE REDEVELOPMENT, INC. 58-1835663 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete If the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year ...... 2 Aggregate contributions to (during year) .... 3 Aggregate grants from (during year) . . . . . . Aggregate value at end of 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 conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements . . . . . . 2a 2b Number of conservation easements on a certified historic structure included in (a) ..... 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 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 violations, and enforcement of the conservation easements it holds? 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 170(h)(4)(B)(II)? 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. 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 following amounts required to be reported under SFAS116 (ASC958) relating to these items 

For Paperwork Reduction Act Notice, see the Instructions for Form 990.  $\ensuremath{\mathsf{JSA}}$ 

Schedule D (Form 990) 2010

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection tems (check all that apply)	Par	t III Organizations Maintaini	ng Collec	tions of	Art, Histo	rical	Treasure	es, oi	Other Similar /	Assets(c	ontınu	ied)	
b Scholarly research e Other    Disservation for future generations	3			on, and	other recor	ds, cl	neck any o	of the	following that a	re a sign	ıfıcant	use o	of its
C Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 21  1a Is the organization an agent, trustee, custo dian or other intermediany for contributions or other assets not included on Form 990, Part X. Jine 21  1a Is the organization an agent, trustee, custo dian or other intermediany for contributions or other assets not included on Form 990, Part X. Jine 21  1a Is the organization an agent, trustee, custo dian or other intermediany for contributions or other assets not included on Form 990, Part X. Jine 21  1a Is the organization an agent, trustee, custo dian or other intermediany for contributions or other assets not included on Form 990, Part X. Jine 21  1a Is the organization agent, trustee, custo dian or other intermediany for contributions or other assets not included on Form 990, Part X. Jine 21  1a Is the organization and gent trustee, custo dian or other intermediany for contributions or other assets not included on Form 990, Part X. Jine 21  2a Dot the organization include an amount on Form 990, Part X. Jine 21?  2b Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, Jine 10.  1a Beginning of year balance.  1a Beginning of year balance.  2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment Funds.  2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment Funds.  2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment Funds.  3a Are there endowment Funds.  3b If "Yes" to 3a(), are the related organization is listed as required on Schedule R?  4 Describe in Part XIV the in	а	Public exhibition			d [	7	Loan or ex	chang	ge programs				
c	b	Scholarly research			e		Other						
Soluming the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	С	Preservation for future ger	erations			_		<b>-</b> -					
So Dumg the year, did the organization solicit or receive donations of art, historical freasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization?	4	Provide a description of the organ		collections	s and expla	ain ho	w they fu	rther	the organization's	exempt	purpo	se in	Part
assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 90, or reported an amount on Form 990, Part X, line 21  1a is the organization an agent, trustee, custo dian or other intermediary for contributions or other assets not included on Form 990, Part X! V and complete the following table  1	5		n solicit or	receive	donations of	f art.	historical ti	reasu	res, or other simila	ar			
Eacrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21  1a is the organization an agent, trustee, custo dian or other intermediary for contributions or other assets not included on Form 990, Part X?											Yes		No
nicituded on Form 990, Part X?	Par	t IV Escrow and Custodial A	rrangemo	ents.Co	mplete if th	ne org	ganization						1.00
included on Form 990, Part X?	1a	Is the organization an agent trustee	e custo dia	n or othe	r intermedia	rv for	contributio	ns or	other assets not				
b if "Yes," explain the arrangement in Part XI V and complete the following table  c Beginning balance										Г	Yes		] No.
C Beginning balance	h							• • •				<b>'</b> ∟	]
c Beginning balance d Additions during the year 1 Id Distributions during the year f Ending balance 2 Dut the organization include an amount on Form 990, Part X, line 21? 1 If Date of Free; explain the arrangement in Part XI V Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.  1 Beginning of year balance 1 Beginning of year balance 2 Dut investment earnings, gains, and losses 3 No Hirvestment earnings, gains, and losses 4 Grants or scholarships 6 Other expenditures for facilities 8 and programs 9 End of year balance 9 End of year balance 9 End of year balance 9 End of year balance 9 End of year balance 9 End of year balance 9 End of year balance 9 End of year balance 9 Form 990, Part XI 9 Form 990, Part IV, line 10. 9 End of year balance 1 End year balance 1 End year balance 1 End year balance 1 End year balance 1 End year balance 1 End year balance 1 End year balance 1 End year balance 1 End year balance 1 End year balance 1 End year balance 1 End year balance 1 End year balance 1 End year balance 1 End year balance 1 End year balance 1	-	ii 100, Oxpidiii tiio dirangoment iii		a cop		······9			Α	mount			
d Additions during the year	_	Reginning balance						10		mount			
e Distributions during the year   f Ending balance   1f   2a   Did the organization include an amount on Form 990, Part X, line 21?   Yes   No b If "Yes," explain the arrangement in Part XI V  Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.  1a Beginning of year balance   (a) Current year   (b) Pnor year   (c) Two years back   (d) Three years back   (e) Four years bac		• •											
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21?		<del>-</del> -											
Did the organization include an amount on Part XI V  Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.    Calcument year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (f) Four year													
b If "Yes," explain the arrangement in Part XI V    Part V   Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.    1a   Beginning of year balance   (a) Current year   (b) Pnor year   (c) Two years back   (d) Three years back   (e) Four years back     b   Contributions   (a) Current year   (b) Pnor year   (c) Two years back   (d) Three years back   (e) Four years back     b   Contributions   (a) Current year   (b) Pnor year   (c) Two years back   (d) Three years back   (e) Four years back     c   Contributions   (a) Current year   (b) Pnor year   (c) Two years back   (d) Three years back   (e) Four years back     c   C   Contributions   (e) Four years back		=						$\overline{}$		1	V		TNa
Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.    Contributions		<del>-</del>		ו ,טפפ ווווע	rait A, iiile .	217		• • •	• • • • • • • • • •	· · · · L	res	•	Тио
(a) Current year   (b) Pnor year   (c) Two years back   (d) Three years back   (e) Four years back				iA			/!! <u> </u>	0	00 Dad IV I Iraa	10			
1a Beginning of year balance b Contributions	Par	Endowment Funds. Con	<del>, '</del>								(=) ==		h a ali
b Contributions	4-	Decimaling of week helenes	(a) Currer	nt year	(D) Pnor ye	ear	(C) IWO ye	ears ba	(a) Three year	irs back	(e) Fo	ur years	back
c Net investment earnings, gains, and losses		• • •											
and losses													
d Grants or scholarships	С												
e Other expenditures for facilities and programs	_												
and programs		· · · · · · · · · · · · · · · · · · ·											
g End of year balance	е	•											
g End of year balance		-											
Provide the estimated percentage of the year end balance held as  Board designated or quasi-endowment		•											
a Board designated or quasi-endowment   b Permanent endowment	g												
b Permanent endowment	2												
Are there endowment funds not in the possion of the organization that are held and administered for the organization by  (i) unrelated organizations	а	Board designated or quasi-endowm	ent ▶		%								
Are there endowment funds not in the possion of the organization that are held and administered for the organization by  (i) unrelated organizations	b	Permanent endowment	%										
organization by (i) unrelated organizations		Term endowment ▶	_%										
(i) unrelated organizations       3a(t)         (ii) related organizations       3a(iii)         b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIV the intended uses of the organization's endowment funds         Part VI Land, Buildings, and EquipmentSee Form 990, Part X, line 10.         Description of investment       (a) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land       49,296.       49,296.         b Buildings       394,509.       111,150.       283,359.         c Leasehold improvements       15,676.       15,676.       0.         d Equipment       43,478.       39,861.       3,617.         e Other       1,186.       1,186.       0.         Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))       336,272.	3а	Are there endowment funds not in t	he pos se	ssion of tl	he organiza	tion th	at are held	and a	administered for th	е			
(ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		organization by										_	No
b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?		(i) unrelated organizations							• • • • • • • • •		<u> </u>	_	
4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Land, Buildings, and EquipmentSee Form 990, Part X, line 10.  Description of investment (a) Cost or other basis (other) (other) (cother) (cother) (d) Book value (d) Book value (other) (othe		• •									3a(ii)	)	
Part VI         Land, Buildings, and EquipmentSee Form 990, Part X, line 10.           Description of investment         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land	b	If "Yes" to 3a(II), are the related org	anızatı ons	listed as	required on	Sche	dule R?.				3b		
Description of investment         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land	4												
(investment)     (other)     depreciation       1a Land · · · · · · · · · · · · · · · · · · ·	Par	t VI Land, Buildings, and Ed	uipment:	See For	m 990, Pa	<u>rt X, I</u>	ıne 10.						
b Buildings       394,509.       111,150.       283,359.         c Leasehold improvements       15,676.       15,676.       0.         d Equipment       43,478.       39,861.       3,617.         e Other       1,186.       1,186.       0.         Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))       336,272.		Description of investment				(b) C		asıs		(0	i) Book v	ralue	
b Buildings       394,509.       111,150.       283,359.         c Leasehold improvements       15,676.       15,676.       0.         d Equipment       43,478.       39,861.       3,617.         e Other       1,186.       1,186.       0.         Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))       336,272.	1a	Land	1				49,2	96.				49,2	96.
c Leasehold improvements	b	Buildings			· <u> </u>				111,150		2		
d Equipment       43,478.       39,861.       3,617.         e Other       1,186.       1,186.       1,186.         Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))       336,272.	С	=	<u> </u>						15,676				
e Other	ď	· · · · · · · · · · · · · · · · · · ·				1					-	3,6	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) ▶ 336, 272 .			<u> </u>		· - ·	<del> </del>				<del></del>	<u> </u>		
				auəl For	n 990. Part	X. col					.3	36.2	
		1200000	127	7-2 0111		., 501	<u></u>		-//	Schedi			

58-1835663 Page 3

Schedule D (F	orm 990) 2010		58-1835663	Page 3
Part VII	Investments - Other Securities. See Fo	orm 990, Part X, line	12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mar	ion ket value
(1) Financia	al derivatives			_
	-held equity interests	_		
<u>(A)</u>				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				· · · · · · · · · · · · · · · · · · ·
(H)				
<u>(I)</u>				
	n (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related. See F		e 13	
	(a) Description of investment type ATTACHMENT 1	(b) Book value	(c) Method of valuat Cost or end-of-year mar	
(1) INVE	STMENT IN URBAN SRO INC.	100.	COST	
(2) INVE	STMENT IN FULTON CO-OPS	100.	COST	
(3) INVE	STMENT IN PROGRESSIVE			
	ERIAL INC.	696,210.	COST	
(5) INVE	STMENT IN PROGRESSIVE			
	MONT INC.	100.	COST	
(7) INVE	STMENT IN PROGRESSIVE			
	T POINT INC.	26,500.	COST	
	STMENT IN PROGRESSIVE			
<del>```</del>	L INC.	1,333.	COST	
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13)	2,887,226.	:	
Part IX	Other Assets. See Form 990, Part X, li	ne 15.		
		Description	<del></del> -	(b) Book value
	LOPMENT FEES RECEIVABLE			123,871.
	NCES TO AFFILIATED			
(-)	GANIZATIONS	· · · · · · · · · · · · · · · · · · ·		5,203,919.
	RITY DEPOSIT			1,115.
(5) RESE				0
	TRUCTION IN PROGRESS			30,206.
(7) ESCF	ROWS			271
(8)				ļ
(9)		<del></del>		·
(10)				5 250 200
	in (b) must equal Form 990, Part X, col (B) line 15)	<u> </u>	<u></u>	5,359,382.
Part X	Other Liabilities. See Form 990, Part X	·		<del> </del>
1.	(a) Description of liability	(b) Amount		
	ral income taxes		`	*
	URITY DEPOSIT LIABILITY	1,0	000.	,
	RUED EXPENSES	F1 /	0.	
	RUED INTEREST		972.	
	PAYABLE - OTHER	53,0		
	CLOPMENT FEES PAYABLE	3,339,3		
	TO AFFILIATES	656,2	······································	,
	RUED REAL ESTATE TAXES			•
	CR CONSTRUCTION COSTS PAYAB	4.0	0.	
	CR LIABILITIES	10,0	000.	
(11)			-03	
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 25,	4,111,5	o8/.	

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)

58-1835663 Schedule D (Form 990) 2010 Page 4 Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Part XI Total revenue (Form 990, Part VIII, column (A), line 12) 2 Total expenses (Form 990, Part IX, column (A), line 25) 3 Excess or (deficit) for the year Subtract line 2 from line 1 Net unrealized gains (losses) on investments 6 Other (Describe in Part XIV ) Total adjustments (net) Add lines 4 through 8 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments Donated services and use of facilities 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) 4b c Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2b Other losses 2c d Other (Describe in Part XIV ) e Add lines 2a through 2d 2e Subtract line 2e from line 1 . . . . . . . . . 3 3 Amounts included on Form 990, Part IX, line 25, but not on line a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIV ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Part XIV	Supplemental Information (continued)		
		ATTACHMENT 1	
SCHEDULE	E D, PART VIII - INVESTMENTS - PROGRAM RELATED	<del></del>	
DESCRIPT	TION	BOOK VALUE	COST OR FMV
INVESTME	ONT IN QUAIL VILLAGE		
APARTME	ENTS LP	-5,381.	COST
INVESTME	NT IN PROGRESSIVE		
MAXWELI	HOUSE GA, LLC	-89.	COST
INVESTME	ENT IN FULTON SEVEN		
COURTS	PARTNERS LLC	-82.	COST
INVESTME	NT IN PROGRESSIVE		
BROOKSI	DE LLC	14,491.	COST
INVESTME	NT IN WELCOME		
HOUSE S	GRO L.P.	1,592,859.	COST
INVESTME	CNT IN PRISM REALTY		
MANAGEM	MENT, INC.	25,000.	COST
INVESTME	ENT IN PRI ORCHARD		
GROVE I	LLC	-15.	COST
INVESTME	ENT IN HRC	536,100.	COST
	TOTALS	2,887,226.	

#### 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

2010

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.

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 FOR RECONCILIATION OF NET ASSETS

PART XI, LINE 5

THIS ADJUSTMENT IS A RESULT OF AUDIT ADJUSTMENTS MADE TO THE TRIAL

BALANCE

AFTER THE 2009 FINAL RETURN WAS FILED.

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

PROGRESSIVE REDEVELOPMENT, INC.

Partl

▶ Attach to 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. See separate instructions.

2010	Open to Public	Inspection
------	----------------	------------

OMB No 1545-0047

Employer identification number 58-1835663

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

	(a) Name, address, and EIN of disregarded entity	of disregarded entity	(b) Pnmary activity	(c) Legal domicile (state	(d) Total income	(e) End-of-year assets	Direct controlling
(1) PRI	ORCHARD GROVE LLC	01-0657614		or integral country)			famo
321 WES	321 WEST HILL STREET	DECATUR, GA 30030	LOW-INC HSNG	GA	-1.	39.	39. N/A
(2) PRO(	SRESSIVE HAMPTON LLC	26-0260608					
321 WES	321 WEST HILL STREET		LOW-INC HSNG	GA	-75,677.	365,106. N/A	N/A
<u>(6)</u>	(3)						
1	;	)					
						•	
Part II	Identification of Related Tax	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had	he organization ans	wered "Yes" on F	orm 990, Part IV	', line 34 becaus	e it had
	מונב מן ווומוב ובושובה ושא-באבווי	one of more related tax-exempt organizations during the tax year					

one or more related tax-	one of more related tax-exempt organizations during the tax year	ile tax year /						
(a) Name, address, and EIN of related organization	elated organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(9) Section 512(b)(13) controlled entity?	(b)(13) led
							Yes	No
(1) DEKALB CO-OPS, INC	58-2033396							
321 W HILL ST., STE 3 DECATUR, DECATUR,	155	MANAGEMENT	GA	501(C)(3)	PF	N/A		×
(2) PROGRESSIVE COLUMBIA, INC	58-2132849							
321 W. HILL ST, STE 3	DECATUR, GA 30030	LOW-INC HSNG	GA	501(C)(3)	6	N/A		×
INC	58-2658989				ļ. -			
 	DECATUR, GA 30030	TOW-INC HSNG	GA	501(C)(3)	7	N/A		×
(4) CARINGWORKS, INC	56-2370081							
321 W HILL ST, STE 3	DECATUR, GA 30030	SUPPORT SERVI	GA	501(C)(3)	6	N/A		×
(5) PROJECT COMMUNITY CONNECTIONS, INC	58-2373779							
321 W HILL ST , STE 3	DECATUR, GA 30030	HOMELESS SUPP	GA	501 (C) (3)	6	N/A		×
(6) URBAN SROS, INC	58-1996747				<u>L</u>			
321 W HILL ST , STE 3	DECATUR, GA 30030	SUPPORT SERVI	GA	501(C)(4)	N/A	N/A		×
_(7)								

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule R (Form 990) 2010

Schedule R (Form 990) 2010

0000 0000 (k) Percentage ownership 0 0000 0 0000 0 0000 66 (j) General or managing partner? ŝ × 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) Yes amount in box 20 (I) Code V-UBI Schedule K-1 (Form 1065) (h)
Disproportionate
allocations? ŝ × × Yes (g) Share of end-of-year assets 1,730,523 5,224 3,896 -352 (f) Share of total income (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) RELATED ELATED ELATED ELATED RELATED Direct confrolling entity N/A (c) Legal domicile (state or foreign GA Ð GA GA GA (b) Pnmary activity LOW-INC HSNG LOW-INC HSNG LOW-INC HSNG LOW-INC HSNG LOW-INC HSNG (1) WELCOME HOUSE SRO L P 58-1996 (3) PROGRESSIVE EDGEWOOD, LLC 20-1 (2) PROGRESSIVE SUSTAINABLE FELLWO (4) QUAIL VILLAGE LIMITED PARTNERS (5) MIAMI SANDSTONE LP 58-2033398 HILL STREET, SUITE 3 (a) Name, address, and EIN 321 W HILL ST, STE 3 321 W HILL ST , STE 3 321 W HILL ST, STE 3 321 W HILL ST , STE 3 related organization 321 W Part III 9

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 ) Part IV

				6	/ /			
(a) Name, address, and EIN of related organization	Ę	(b) Pnmary 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, INC 321 W HILL ST, STE 3 DECATUR, GA 30030	58-2146122	MANAGEMENT	GA	N/A	C CORP	0	0	0 0000
(2) PROGRESSIVE MILL, INC	58-2168063	TNEWEDENEW	<b>4</b> 5	<b>4/</b> N	C CORP	0	0	0000 0
- 1	58-2149005	MANAGEMENT	GA	N/A	C CORP	0	0	0000 0
1 1	58-2350146	MANAGEMENT	GA	N/A	C CORP	0	0	0 0000
(5) PROGRESSIVE CAPITAL, INC. 321 W HILL ST, STE 3 DECATUR, GA 30030	58-2350416	MANAGEMENT	GA	N/A	C CORP	0	0	0000 0
(6) PROGRESSIVE FREMONT I, INC	58_2526242	MANAGEMENT	GA	N/A	C CORP	0	0	0000 0
(7) PROGRESSIVE HERITAGE I, INC	<u>58-2537151</u>	MANAGEMENT	GA	N/A	C CORP	0	0	0000 0

27 PAGE

Schedule R (Form 990) 2010

Page 2

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) Schedule R (Form 990) 2010

Part III

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predomant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	Share of end-of-year organizations assets	(h) Ongreportenata allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		(k) Percentage ownership
(1)								Les No		Se Aes	
(2)										-	
(3)											
(4)											
(5)											
<u>(ē)</u>											
( <u>(</u> )											
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.)	d Organizations ne or more relate	<b>Taxable</b> d organi	as a Corporatic	s as a Corporation or Trust (Complete if the organization ansizations treated as a corporation or trust during the tax year.)	te if the organi rust during the	zation answerec tax year.)	"Yes"	on Form 990, I	Part IV,	

mic of because it had one of more related organizations are also polation of the tax year.	וו וובמווטווט וו כמוכט מי	ם כטי אטו מנוטוו	ה ומפו ממווא	וויכ ומץ אכמוי/			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicale (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) PROGRESSIVE WILLOWBROOK, INC							
321 W HILL ST , STE 3 DECATUR, GA 30030	MANAGEMENT	GA	N/A	C CORP	0	0	0 0000
(2) PROGRESSIVE HUNTINGTON LLC	· · ·						
321 W. HILL ST , STE 3 DECATUR, GA 30030	MANAGEMENT	GA	N/A	C CORP	0	0	00000
(3) PROGRESSIVE BROOKSIDE LLC	ļ						
321 W HILL ST , STE 3 DECATUR, GA 30030	MANAGEMENT	GA	N/A	C CORP	0	0	0 0000
(4) PROGRESSIVE MAXWELL HOUSE GA, LLC 35-2246181	- ·						
321 W HILL ST, STE 3 DECATUR, GA 30030	MANAGEMENT	GA	N/A	C CORP	0	0	0 0000
(5) PROGRESSIVE LAFAYETTE I INC. 58-2539110							
321 W HILL ST, STE 3 DECATUR, GA 30030	MANAGEMENT	GA	N/A	C CORP	0	0	0 0000
(6) PROGRESSIVE CEDARMOOD GP, LLC 41-2171067							
321 W HILL ST , STE 3 DECATUR, GA 30030	MANAGEMENT	GA	N/A	C CORP	0.	0	0 0000

PROGRESSIVE BRADFORD, INC.

74-3154225

0E1308 1000 43191T P351 11/11/2011 10:15:03 A (1) FULTON SEVEN COURTS PARTNERS, LLC. PROGRESSIVE ADAMSVILLE, INC PROGRESSIVE HRC INC Part IV ව 2  $\Xi$ 2 3 €, 9 8 9 3 ତ୍ର 9

(k) Percentage ownership Percentage ownership 00000 00000 00000 (J) General or managing partner? Yes No (g) Share of end-of-year assets Identification of Related Organizations Taxable as a Corporation or Trust(Complete If the organization answered "Yes" on Form 990, Part IV, 0 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) Code V-UBI amount in box 20 | Scher (Form 1065) (f) Share of total income (h) Oktroportorate allocations? ŝ Yes (g) Share of end-of-year assets Type of entity (C corp, S corp, or trust) line 34 because it had one or more related organizations treated as a corporation or trust during the tax year CORP CORP CORP (f) Share of total income (d)
Direct controlling
entity N/A (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c) Legal domicile (state or foreign country) GA GA GA (d)
Direct controlling
entity Primary activity MANAGEMENT MANAGEMENT MANAGEMENT (c) Legal domicile (state or foreign country) 59-3804149 02-0533407 26-2252715 Pnmary activity 321 WEST HILL STREET, SUITE 3 DECATUR, GA 30030 321 WEST HILL STREET, SUITE 3 DECATUR, GA 30030 (a) Name, address, and EIN of related organization 321 W. HILL ST , STE 3 DECATUR, GA 30030 (a) Name, address, and EIN related organization Part III

Schedule R (Form 990) 2010

	1	
		ċ
	•	Ç
	i	ŕ
	i	ċ
	•	C
		1
		1
	Į	Ļ

Part V

58-1835663

Page 3

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36

£ Schedule R (Form 990) 2010 (d) Method of determining Yes × 13 **1**b 2 79 19 두 2 9 4 <u>e</u> # 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 Purchase of assets from other organization(s) .................. CASH CASH CASH CASH 5,000. 6,705,000. 10,029,035. 446,397 (c) 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? (b)
Transaction type (a-r) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Ω Ω æ Ω Performance of services or membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Lease of facilities, equipment, or other assets from other organization(s) Name of other organization Gift, grant, or capital contribution from other organization(s) Other transfer of cash or property from other organization(s) Other transfer of cash or property to other organization(s) Gift, grant, or capital contribution to other organization(s) Loans or loan guarantees to or for other organization(s) Reimbursement paid to other organization for expenses Reimbursement paid by other organization for expenses Loans or loan guarantees by other organization(s)  $\Gamma P$ LP PROGRESSIVE WELCOME HOUSE SRO, BROOKSIDE-CLAYTON PARTNERS, WELCOME HOUSE SRO L.P. IMPACT BRADFORD, L.P. Ε 0 (1) 4 (2) <u>ල</u> ତ 9

ø

Schedule R (Form 990) 2010

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

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.

	4		. 5	9	9		E
(a) Name, address, and ElN of entity	Pnmary activity	Legal domicile	Are all partner	ō	Disproportionate		General or
			501(c)(3)		allocations?	of Schedule K-1	partner?
			Yes No	•	Yes	(Form 1065)	Yes No
(1)							
(5)							-
(6)							
( <del>p</del> )							
(5)							
(9)							
(1)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
[14]							-
(15)							
(16)							
						Schedule R (Form 990) 2010	90) 2010

Schedule R (Form 990) 2010

Page 5

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

# Form, 8868

(Rev. January 2011)

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

	filing for an Automatic 3-Month Extension, filing for an Additional (Not Automatic) 3-M				. ▶ X
•	ofete Part il unless you have already been gra			•	
a corporation 8868 to require Return for	ling (e-file). You can electronically file Form required to file Form 990-T), or an addition uest an extension of time to file any of the Transfers Associated With Certain Personal. For more details on the electronic filing of the	nal (not au forms liste al Benefit	tomatic) 3-month extension of time. ed in Part I or Part II with the exce Contracts, which must be sent to	You can electronically ption of Form 8870, In the IRS in paper for	file Form formation mat (see
				ile for Chanties & North	onts.
	tomatic 3-Month Extension of Time. Or n required to file Form 990-T and requesting				
•	•			•	<b>,</b> [
All other cor	porations (including 1120-C filers), partnersh	ins REMIC		request an extension of	timo
to file incom		npo, ruentr	os, and abote made abo ? on ? our ?	Toquest all extension of	turi <del>o</del>
Type or	Name of exempt organization			Employer identification r	number
print	PROGRESSIVE REDEVELOPMENT, 1	NC.		58-1835663	
File by the	Number, street, and room or suite no. If a P.O. bo		ctions.		
due date for	321 WEST HILL STREET				
filing your return, See	City, town or post office, state, and ZIP code. For	a foreign ad	ldress, see instructions.		
instructions.	DECATUR, GA 30030				
Enter the Re	eturn code for the return that this application	is for (file a	a separate application for each return	)	01
Application		Return	Application		Return
ls For		Code	ls For		Code
Form 990		01	Form 990-T (corporation)		07
Form 990-BI	_	02	Form 1041-A		08
Form 990-E2	<u> </u>	03	Form 4720		09
Form 990-PF		04	Form 5227		10
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870		12
Telephone If the orga If this is fo	E No. ► 404 371-1230  Anization does not have an office or place of large arrangements of a group, check this box ►	l business in ur digit Gro f it Is for pa	oup Exemption Number (GEN)	N/A . If this	
	st an automatic 3-month (6 months for a cor		equired to file Form 990-T) extension	of time	
<b>▶</b> X	08/15 , 20 11 , to file the organization's return for: calendar year 20 10 or tax year beginning		ganization return for the organization, and ending		ansion is
_	nx year entered in line 1 is for less than 12 m hange in accounting period	onths, chec	x reason Initial return I	Final return	
3a If this	application is for Form 990-BL, 990-PF, 99	0-T, 4720	, or 6069, enter the tentative tax,	less any	
	indable credits. See instructions.			3a \$	
	application is for Form 990-PF, 990-T,		<u> </u>	edits and	
	ed tax payments made. Include any prior year			3b \$	
	Due. Subtract line 3b from line 3a. Include		ent with this form, if required, by usi	ng EFTPS	
	onic Federal Tax Payment System) See instruc			3c \$	
	ou are going to make an electronic fund w	vithdrawal	with this Form 8868, see Form 84	453-EO and Form 8879	9-EO for
payment inst	ructions. k Reduction Act Notice, see Instructions.			Form 8868 (Re	ny 1-2011

Form 8868 (Re	v 1-2011)			Pa	age 2
	e filing for an Additional (Not Automatic) 3-Mor	nth Extensi	on, complete only Part II and check the	<del></del>	
-	complete Part II if you have already been grante			_	
•	e filing for an Automatic 3-Month Extension, co		•		
Part II	Additional (Not Automatic) 3-Month Ex			ies needed).	
Type or	Name of exempt organization			ployer identification number	<u> </u>
print	PROGRESSIVE REDEVELOPMENT, INC	<b>.</b>		58-1835663	
File by the	Number, street, and room or suite no. If a P.O. box	, see instruct	ions		
extended due date for	321 WEST HILL STREET				
iling your	City, town or post office, state, and ZIP code. For a	foreign addr	ess, see instructions.		
return, See instructions	DECATUR, GA 30030				
Enter the Re	eturn code for the return that this application is f	or (file a se	parate application for each return)		1
Application		Return	Application	Retu	m
is For	•	Code	ls For	Cod	
Form 990		01			
Form 990-B	<u> </u>	02	Form 1041-A	08	
Form 990-E		03	Form 4720	09	
Form 990-P		04	Form 5227	10	
	(sec. 401(a) or 408(a) trust)	05	Form 6069	11	
	(trust other than above)	06	Form 8870	12	
	not complete Part II if you were not already gra				—
<ul> <li>If the org</li> <li>If this is I</li> <li>for the whol</li> <li>list with the</li> <li>I requ</li> <li>For ca</li> <li>If the</li> </ul>	names and EINs of all members the extension est an additional 3-month extension of time until alendar year $2010$ , or other tax year beginning tax year entered in line 5 is for less than 12 more	usiness in t r digit Grou f it is for pai is for. I	p Exemption Number (GEN) N/ 1 of the group, check this box  11/15 , 20 , and ending	and attach a	<u> </u>
7 State RECE	Change in accounting period in detail why you need the extension INFOR IVED. THIS INFORMATION IS NECESSEATE RETURN.		FROM A THIRD PARTY HAS NOT I		
	application is for Form 990-BL, 990-PF, 99 fundable credits. See instructions	90-T, 4720	, or 6069, enter the tentative tax, le	ss any 8a \$	
estima amou	s application is for Form 990-PF, 990-T, ated tax payments made include any print paid previously with Form 8868 ince Due. Subtract line 8b from line 8a. Include	ior year o	verpayment allowed as a credit an	d any 🔀	
	ice Due. Subtract line 8b from line 8a. Include Ironic Federal Tax Payment System). See instru		ent with this form, it required, by using	8c \$	
Under penaltie	Sigr es of perjury. I declare that I have examined this form, ct, and complete, and that I am authorized to prepare this fo	nature an	d Verification companying schedules and statements and to the		belief
orginaters P	pro . pro .	******		Form 8868 (Rev. 1-2	2011)