

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Form **990-EZ** Department of the Treasury

Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit frust or private foundation)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 at the end of the year may use this form

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

OMB No 1545-1150

Open to Public Inspection

<u> </u>	For t	he 2011 c	calendar year, or tax year beginning	and en		<u>an ciric</u>	77.0.			
В	Check if		C Name of organization			D Empl	lover ide	entification number		
Г	Ti	, and the second								
ř	$\neg$	Address change Projects for Progress, Inc.						26-4045890		
ř	$\neg$	ne change	Number and street (or P O box, if mail is not delivered to street address)		E Telephone number					
È	OA1 Programme Count							404-477-4737		
F								Group Exemption		
F	71-h							Number >		
<u>_</u>		cation pending		k ▶	if the eventuation is not					
G		Inting Meth	od X Cash Accrual Other(specify)▶www.projectsforprogress.com					=		
1				7 4047/2//4	507		quired to attach Schedule B orm 990, 990-EZ, or 990-PF)			
<u> </u>				<u> </u>						
K	Check		if the organization is not a section 509(a)(3) supporting organization or a section	-						
			990-EZ or Form 990 return is not required though Form 990-N (e-postcard) ma	ay be required (	see instructio	ins) Bu	t ii tus o	rganization chooses to life		
		•	to file a complete return		/Da -t					
L			and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or	more, or ii tota	i assets (Part	II, •		74,409.		
F			B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ enue, Expenses, and Changes in Net Assets or Fund	Ralances /	con the rectm	otiono f	or Port I			
	art l			Dalai ICES (	300 tile ili3tit	ictions i	UI FAIL I	<i>'</i> □ □ □		
_	1.		if the organization used Schedule O to respond to any question in this Part I				• 1	74,409.		
	1		tions, gifts, grants, and similar amounts received			-	1	74,403.		
	2	-	service revenue including government fees and contracts			_	2			
7	3		ship dues and assessments	-	3					
2012	4		ent income	I		-	4			
3 2	5a		nount from sale of assets other than inventory	5a						
		b Less cost or other basis and sales expenses 5b								
	° c		loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			-	5c			
<u>a</u>	6_	•	and fundraising events							
Ten (	a		come from gaming (attach Schedule G if greater than	e						
Ç.	.	\$15,000)	_	6a   of contributions						
	0									
Z			draising events reported on line 1) (attach Schedule G if the sum of such	sh						
SCANNED APR	1 _	•	come and contributions exceeds \$15,000)	6b						
Š	C		ect expenses from gaming and fundraising events	6c Ca)						
	d		me or (loss) from gaming and fundraising events (add lines 6a and 6b and subtr	L		<b> </b>	6d	<del></del>		
	7a		les of inventory, less returns and allowances	7a						
				$\dashv$	7c					
	8		ofit or (loss) from sales of inventory (Subtract line 7b from line 7a)			<b>-</b>	8	<del>_</del>		
	9		venue (describe in Schedule 0)				9	74,409.		
_	10		renue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				10	63,117.		
	11	·								
ω.	12		other compensation, and employee benefits			<b> </b>	12	<del> </del>		
Expenses	13		onal fees and other payments to independent contractors			}	13	1,197.		
per	14		cy, rent, utilities, and maintenance See	Sched	ule O	ŀ	14	400.		
Ä	15		publications, postage, and shipping	occ benedute o		ŀ	15	986.		
	16	Other expanses (the scripe in Schedule O				ļ	16	4,129.		
	17	Total exi	penses. Add lines 10 through 16			▶	17	69,829.		
_	10	Excess	r (deficit) for the year (Subtractline 17 from line 9)				18	4,580.		
ets	19	Net asse	ts or fund balances at beginning of year (from line 27, column (A))		•			<u> </u>		
Ass			ree with end-of-year figure reported on prior year's return)			ĺ	19	12,460.		
Net Assets	20		anges in net assets or fund balances (explain in Schedule O)			T	20	0.		
Z	21		ts or fund balances at end of year Combine lines 18 through 20			▶	21	17,040.		
LI	IA FO		rk Reduction Act Notice, see the separate instructions.					Form <b>990-EZ</b> (2011)		

26-4045890

Page 2

Form 990-EZ (2011)

Projects for Progress, Inc.

Form 990-EZ (2011)

770	blo tile organization maintain any donor advised funds during the year. It is 105, 10 miles to complete mistage of
	Form 990-EZ
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead
	of Form 990-EZ
C	Did the organization receive any payments for indoor tanning services during the year?
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation
	in Schedule O .
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section

512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

Form 990-EZ (2011)

X

44c

44d

45a

Form 990-EZ (2	2011) Projects for Progress, In	nc.		<u> 26-4045</u>	<u>890</u>		Page 4
46 5 44				"		Yes	No
	rganization engage, directly or indirectly, in political campaign activiti complete Schedule C, Part I	ies on benait of or in opposition	i to candidates for pi	TOLIC OLLICES	46		х
	Section 501(c)(3) organizations and section 4	947(a)(1) nonexempt	charitable tru	sts only. All		n 501	
	organizations and section 4947(a)(1) nonexempt charitable t			_			·-/·-/
<u> </u>	for lines 50 and 51. Check if the organization used Schedule	O to respond to any quest	ion in this Part VI			_	
						Yes	
	rganization engage in lobbying activities or have a section 501(h) ele		ar? If "Yes," complete	e Sch. C, Part II	47		X
_	panization a school as described in section 170(b)(1)(A)(ii)? If "Yes," rganization make any transfers to an exempt non-charitable related o				48 49a		X
	vas the related organization a section 527 organization?	ngamzation			49a 49b		
	this table for the organization's five highest compensated employee	es (other than officers, directors	, trustees and key er	ں nployees) who e		eived i	more
	0,000 of compensation from the organization. If there is none, enter						
	(a) Name and address of each employee	(b) Title and average hours	(C) Reportable compensation (Forms	(d) Health benefits		) Estim	
	paid more than \$100,000	per week devoted to position	W-2/1099-MISC)	employee benefit plans, and deferre		ount of mpens	
	NONE		<del></del>	compensation	+		
<del></del>		-					
		<del>                                     </del>			+-		
		<u> </u>			┷		
		_					
		-					
f Total num	nber of other employees paid over \$100,000	<u> </u>		<u> </u>			
	this table for the organization's five highest compensated independent	ent contractors who each receiv	red more than \$100,	000 of compens	ation fr	om the	)
	ion If there is none, enter "None" NONE		·				
(a) Name and	d address of each independent contractor paid more than \$100,000	(b) Type of	service	(c)	Compe	nsatioi	1
		<del></del>					
			<del></del> -				
	<del></del>						
		<del></del>				-	
A Total accord							
	nber of other independent contractors each receiving over \$100,000 rganization complete Schedule A <b>? Note</b> : All section 501(c)(3) organi						
charitable	trusts must attach a completed Schedule A		•	▶ []	X Ye		□ No
Under penalties of Declaration of pre	f perjury, I declare that I have examined this return, including accompanying sche parer (other than officer) is based on all information of which preparer has any kni	edules and statements, and to the be owledge	st of my knowledge and	belief, it is true, cor	rect, and	d compl	ete
Sign	BKs			3-9-1	2		
Here	Signature of officer			Date			
	Jace Rabe, President	·				<u> </u>	
	Print/Type preparer's name	Date	Check	If PTIN			
Paid	- Individual States	1 40	self- emplo	- I			
Preparer	Earl W. Morrow	h [ // 1001 29	15/2	P00	740	905	
Use Only	Firm's name ▶ Earl W. Morrow, CPA, I	PC (	Firm's EIN	▶58-16			
	Firm's address ▶ 624 Holcomb Bridge Ro	oad, Suite 1	Phone no	770 6	42-	985	5
	Roswell, GA 30076				<del></del>	<del></del>	<del></del>
May the IRS dis	scuss this return with the preparer shown above? See instructions	<del></del>			X Ye		<u> No</u>
				ı	orm 9	90-EZ	(2011)

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

Department of the Treasury Internal Revenue Service

**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

Open to Public Inspection

Name of the organization

Employer identification number

		Project	s for Progre	ess, I	nc.				26	-4045	890	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	e this par	) See inst	tructions.				
The orga	anization is not a	a private foundation	because it is. (For lines	1 through	11, check	only one b	ox.)					
1 🗀	A church, co	nvention of churches	s, or association of chur	ches desc	nbed in <b>se</b>	ction 170	(b)(1)(A)(i)	١.				
2	A school des	scribed in section 17	<b>0(b)(1)(A)(ii)</b> . (Attach Sc	hedule E.)								
з 🗀	A hospital or	a cooperative hospi	tal service organization o	described	ın section	170(b)(1)	(A)(iii).					
4	A medical res	search organization	operated in conjunction	with a hos	prtal descr	nbed in <b>se</b>	ction 170	(b)(1)(A)(ii	ii). Enter th	he hospital	's name	,
	city, and stat	te:			<u></u> .							
5	An organizat	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a governi	mental uni	t describe	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)									
6	A federal, sta	ate, or local governm	ent or governmental uni	t described	d ın <b>sectio</b>	n 170(b)(1	)(A)(v).					
7	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	r from the	general p	oublic desc	rıbed ın	
	section 170	<b>(b)(1)(A)(vi)</b> . (Comple	te Part II.)									
8		y trust described in <b>s</b>	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 <u>X</u>		ion that normally rec	eives: (1) more than 33 <sup>1</sup>	1/3% of its	support fi	rom contri	butions, m	nembershi	p fees, an	d gross red	elpts fr	om
	activities rela	ated to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2	2) no more	than 33 1	1/3% of its	support 1	from gross	ınvestm	ent
	income and i	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon a	ifter June 3	0, 1975	•
	See section	509(a)(2). (Complete	Part III.)									
10 崖		•	perated exclusively to te	•	-			-				
11 🗀	An organizat	ion organized and op	perated exclusively for the	ne benefit (	of, to perfo	orm the fur	nctions of,	or to carr	y out the p	purposes o	f one or	•
			ations described in section		-		2). See <b>se</b> c	ction 509(	<b>a)(3).</b> Che	ck the box	that	
			organization and comple		_				. —			
	_ a		~ ~		e III • Func	-	-			Type III - C		
e	-		t the organization is not									
		•	han one or more publicly		-				9(a)(1) or s	section 509	(a)(2).	
f			ten determination from t	ine ino ina	atitisa ty	pe i, Type	ii, or Type	<del>)</del>				
_	• • •	rganization, check th	iis oox organization accepted ar	ov alft or o	ontribution	from any	of the fell	owina nom	20002			
9			rectly controls, either al			-					Yes	No
			upported organization?	one or tog	CUICI WILLI	persons	.030/1000 1	iii (ii) aira (	iii) D01044,	11g(i)		
	-	• •	n described in (i) above?	)						11g(ii)		
	•	•	person described in (i)		e?					11g(iii)		
h			about the supported or								·	
		<b>3</b>		<b>J</b>	<b>(-</b> /-							
(i) Nan	ne of supported	(ii) EIN	(iii) Type of	(IV) Is the c	rganization	(v) Did you	notify the	(vi) Is	the	(vii) An	nount of	
	rganization	(, =	organization (described on lines 1-9		sted in your			organization (i) organiz	ed in the		port	
			above or IRC section	governing	document?	(i) of you	r support?	ÜS	?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
							]					
				:								
		-							1			
				<u> </u>					-			
									-			
				1			1	1				

P	art II Support Schedule for						
	(Complete only if you checke				on failed to qualify	under Part III. If th	e organization
=	fails to qualify under the test	3 listed below, pie	ase complete Part	· III.)			
	ction A. Public Support		71 0000	1 () 0000	1	1	<del></del>
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011_	(f) Total
1	Gifts, grants, contributions, and					ł	
	membership fees received. (Do not	[					[
_	include any "unusual grants.")	··· <del>·</del>		<del> </del>	<del> </del> -		<del></del>
2	Tax revenues levied for the organ-	1			1	1	
	ization's benefit and either paid to						
_	or expended on its behalf	<del></del>				<del> </del>	
3							
	furnished by a governmental unit to						
	the organization without charge	ļ					
4	Total. Add lines 1 through 3						-
5	•						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)			********************************			
	Public support. Subtract line 5 from line 4		<u> </u>		<u> </u>		
<u>Se</u>	ction B. Total Support	<del></del>		··	<del>,</del>		
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest,					1	
	dividends, payments received on						1
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						1
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities	etc. (see instruct	ions)	<u> </u>	<u> </u>	12	
	First five years. If the Form 990 is fo	•	•	rd. fourth, or fifth t	ax vear as a secti		
	organization, check this box and stop		o mot, 5000ma,			0 00 . (0)(0)	▶□
Se	ction C. Computation of Publ		rcentage				
	Public support percentage for 2011 (			column (fl)		14	%
	Public support percentage from 2010		•	· · · · · · · · · · · · · · · · · · ·		15	%
	a 33 1/3% support test - 2011. If the			on line 13. and line	14 is 33 1/3% or	more, check this bo	
	stop here. The organization qualifies	-			, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>▶</b> □
	b 33 1/3% support test - 2010. If the		-		1 line 15 is 33 1/3	% or more check the	- —
•	and stop here. The organization qual	_			13 13 00 1/3	20 OF THOIR, CHECK II	
17-	a 10% -facts-and-circumstances tes	· · · · · · · · · · · · · · · · · · ·			a 13 16a ar 18h	and line 14 is 1004	,
. , ,							
	and if the organization meets the "fact		•	-	•	art iv How the organ	■
	meets the "facts-and-circumstances"	-	•		=	170 and less 15 :=	- —
	o 10% -facts-and-circumstances tes	t - Zu iu. II the orç	janization did not i	CHECK & DOX OH IID	<del>o</del> 13, 108, 100, 01	ira, and line 15 is	1 U 70 UI

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	ction A. Public Support	siow, please com	piete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			32,059.	53,842.	74,409.	160,310.
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						
3	Gross receipts from activities that				-		
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities	<del></del>		<u> </u>			
·	furnished by a governmental unit to			1			
	the organization without charge						
6	Total. Add lines 1 through 5			32,059.	53,842.	74,409.	160,310.
	Amounts included on lines 1, 2, and					, , , , , , , ,	
	3 received from disqualified persons						0.
D.	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	: Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)	·					160,310.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ► 🛚	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total 160,310.
9	Amounts from line 6			32,059.	53,842.	74,409.	160,310.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				:		
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	: Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					:	
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part IV)  Total support (Add lines 9, 10c, 11, and 12)	<del></del>		32,059.	53,842.	74,409.	160,310.
	First five years. If the Form 990 is for	the organization'	s first, second, the	<del></del>			
	check this box and stop here	urgamzanon	o ,,, e,, e,, ., ., ., ., ., ., ., ., ., ., ., ., .	, ,	.,,		▶ 🗀
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2011 (li			column (fi)		15	100.00 %
	Public support percentage from 2010	* -				16	%
	ction D. Computation of Inves						<del>`</del>
17						17	.00 %
18				(.,,		18	%
	33 1/3% support tests - 2011. If the			on line 14, and line	15 is more than 3		
	more than 33 1/3%, check this box an	nd stop here. The	e organization qua	lifies as a publicly su	upported organiza	ation	►X
t	33 1/3% support tests - 2010. If the	-					and
00	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	i did not check a	box on line 14, 19	ia, or 190, check this	s box and see ins	tructions	

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

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Projects for Progress, Inc.

**Employer identification number** 26-4045890

Projects for Progress, Inc.	26-4045890
Form 990-EZ, Part I, Line 14, Occupancy, Rent, Utilities	, and Maintenance:
Description of Expenses:	Amount:
Depreciation	400.
Form 990-EZ, Part I, Line 16, Other Expenses:	
Description of Other Expenses:	Amount:
Bank Fees	763.
Supplies	710.
Tax & Registration	147.
Website	2,460.
Service Fees	49.
Total to Form 990-EZ, line 16	4,129.
Form 990-EZ, Part II, Line 24, Other Assets:	
Description Beg. of	Year End of Year
Other Depreciable Assets 1	,288. 888.
Form 990-EZ, Part III, Primary Exempt Purpose - Empower	communities and
individuals with sustainable developmental projects.	
Form 990-EZ, Part III, Line 28, Program Service Accompli	shments:
Project Dado Orphan Sponsorship: Each month the sponsore	d
children in Project Dado receive a big bag of food fille	d
with rice, pasta, flour, sugar, nutritional soy	
supplements, oil and soap. This food not only feeds thi	s child, but
benefits the rest of the family as well. Once a child has	
	edule O (Form 990 or 990-EZ) (2011)

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

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

Name of the organization

Projects for Progress, Inc.

Employer identification number 26-4045890

sponsored, they visit the local medical clinic for a general check up.

For most of the children this is the first time they have ever been to the doctor. They are weighed, measured, blood drawn, and are given a nutritional check up. They are given any medicines or supplements they may need and a yellow card that becomes their new medical records.

This allows us to chart their medical progression.

Form 990-EZ, Part III, Line 29, Program Service Accomplishments:

Short-term outreach programs: cultivate the relationships

that we are building in Benin and consist of soccer

equipment, toys and games we also conduct medical and

nutritional outreaches. Through these medical outreaches we are able

to meet basic medical needs that otherwise would go overlooked and

dispense nutritional supplements to those severely malnourished.

Form 990-EZ, Part III, Line 30, Program Service Accomplishments:

Clean Water Project: built well in Badekparou, Benin

providing clean water to over 8,000 people; Small Business

Enterprise Program: Through the SED Project women attend

business classes and then can apply for interest free loans. These

loans allow the women to begin a new business or expand a current

business. Many of the women have agricultural businesses such as

selling corn, yams, or nuts. Other women may sell or produce kerosene,

cheese products, or soaps.