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## 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 trust or private foundation)

Sponsoring organizations of dohor advised funds, organizations that operate foundation organizations as defined in section 512(b)(13) must file Form 990. All other organizations with grose recepts less than \$200,000 and total assets less than \$200,000 at the ord 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

7	A F	or ti	ne 2012 calendar year, or tax year beginning and ending	an ornorno.	
i		heck i		D Employer i	dentification number
	_	7			
	는	7	ress change   Projects for Progress, Inc.	26-4	045890
	一	7	Number and street for B.O. how if mail is not delivered to street address.)	E Telephone	
	一	7	Interior   941 Prestwyck Court	-	477-4737
	置	¬ `		F Group Exe	
	尸		adon pending Alpharetta, GA 30004	Number •	•
7	<u> </u>				if the organization is not
ì			ta: > www.projectsforprogress.com		attach Schedule B
			tempt status (check only one) — X 501(c)(3)	•	, 990-EZ, or 990-PF).
1			if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gro		
•			00. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instruction		
			n, be sure to file a complete return	noj. Dat n the	organization onococo to mo
			ies 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II	ı	
			, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		97,148.
		rt!			
			Check if the organization used Schedule O to respond to any question in this Part I		· —
-		1	Contributions, gifts, grants, and similar amounts received		97,148.
		2	Program service revenue including government fees and contracts		
		3	Membership dues and assessments		
		4	Investment income	4	·
		5 <b>a</b>	Gross amount from sale of assets other than inventory 52		
		b	Less: cost or other basis and sales expenses		
		c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
		6	Gaming and fundraising events		
	eto .	1	Gross income from gaming (attach Schedule G if greater than		
	Ž		\$15,000)		
j	Kevenue	b	Gross income from fundraising events (not including \$ of contributions		
٥	<b>C</b>		from fundraising events reported on line 1) (attach Schedule G if the sum of such		
			gross income and contributions exceeds \$15,000)		
3		C	Less: direct expenses from gaming and fundraising events		
2013		d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		
-		7a	Gross sales of inventory, less returns and allowances 7a		
2		b	Less: cost of goods sold RECEIVED		
<del>ت</del>		C		7c	
₹		8	Other reverse (december in Cabadula O)	. 8	
0		g	Total revenue (describe in Schedule U)  Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  Grants and similar amounts paid (list in Schedule O)	<b>▶</b> 9	97,148.
SCANNED		10	Grants and similar amounts paid (list in Schedule 0)	10	53,466.
Z		11	Benefits paid to or for members  Salaries, other compensation, and employee benefits  OGDEN, UT	11	
3	8	12	Salaries, other compensation, and employee benefits	12	_
3		13	Professional fees and other payments to independent contractors	13	1,754.
$\widetilde{\mathcal{O}}$	K .	14	Occupancy, rent, utilities, and maintenance See Schedule O	14	1,130.
- 40	ויי	15	Printing, publications, postage, and shipping	15	
		16	Printing, publications, postage, and shipping Other expenses (describe in Schedule 0) See Schedule 0	16	8,211.
_	_	17	Total expenses. Add lines 10 through 16	<b>▶</b> 17	64,561.
3	9	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	32,587.
3	Ž	19	Net assets or fund balances at beginning of year (from line 27, column (A))		
Not Accete	3		(must agree with end-of-year figure reported on prior year's return)	19	17,040.
2		20	Other changes in net assets or fund balances (explain in Schedule 0)	20	0.
_		21	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>▶</b> 21	49,627.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)



	instructions for Part V) Check if the organization used Sch. O to respond to any question in the	is Pa	rt V	X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			İ
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
þ	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	ł		l
	complete applicable parts of Schedule N	36		X
37 <b>a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions		1,000	×:-
	Did the organization file Form 1120-POL for this year?	37b		X
38 <b>a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	126/6		<b>*</b> ~ '
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a	,,,,,,,,	X
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved		101177 14 66 2	w.
39	Section 501(c)(7) organizations. Enter:	<b>1</b> 500 (1000)	***	
	Initiation fees and capital contributions included on line 9		~~~	
þ	Gross receipts, included on line 9, for public use of club facilities	1000°		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	325	1	
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ O .		<b>20</b> ):	10%
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	(m)		1
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?			ĺ
	If "Yes," complete Schedule L, Part I	40b	,,	X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers		2.X.	
	or disqualified persons during the year under sections 4912, 4955, and 4958	P## :: :	J#Y##	11.
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	200	.,,,	100
	organization <b>D</b>		"2\$;	hë?
8	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	1113		/%
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed  SA	- A	727	
42 a	The organization's books are in care of ▶ Organization Telephone no. ▶ 404-47			
	Located at ▶ 941 Prestwyck Court, Alpharetta, GA ZIP+4 ▶ 3	000	4	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			·
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	NO Y
	account)?	42b		X
	If "Yes," enter the name of the foreign country:	(4.5°)		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	7,7,7	700 V	
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u> </u>
	If "Yes," enter the name of the foreign country.			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			ш
	and enter the amount of tax-exempt interest received or accrued during the tax year   43	N/A		
			<b>V</b>	
44-	Diddle acceptable acceptable and the dead of the beautiful and the beautiful acceptable acceptable and the beautiful acceptable acce	l	Yes	
44 Z	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	\$	•	~ۍ
L	Form 990-EZ	44a		X
D	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead		72)	
_	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c	7767.77	X
ū	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation		.2010	<u></u>
4E ~	in Schedule O	44d		v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	/XW:	X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			. 33
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

Form 990-EZ (2	Projects for Progress	, Inc.			26-4045	890		'age 4
46 ' Did the e-	and in the second directly as in directly, in a distinct assessing	an naturitina an habalf a	f an in annaitia	- to condidates for a		7.00	Yes	No
	ganization engage, directly or indirectly, in political campaig omplete Schedule C, Part I					de≓ 1 46	^\	X
Part VI	Section 501(c)(3) organizations only			•				
	All section 501(c)(3) organizations must answer ques							
	Check if the organization used Schedule O to respon	d to any question in	this Part Vi	<del></del>		·····	Yes	
17 Did the er	ganization engage in lobbying activities or have a section 50	)1/h) election in effect (	during the tay w	ar? If "Vac " complete	SON C PORTI	47	res	No X
	anization a school as described in section 170(b)(1)(A)(ii)?	• •			Г	48		X
•	ganization make any transfers to an exempt non-charitable				F	49a		X
	as the related organization a section 527 organization?					49b		
	this table for the organization's five highest compensated e		fficers, director	s, trustees and key en	nployees) who ea	ach red	eived r	nore
than \$100	1,000 of compensation from the organization. If there is non (a) Name and title of each employee		rage hours	(0) 5	(d) Health benefits	.   /0	) Estim	atad
	paid more than \$100,000		devoted to	(C) Reportable compensation (Forms W-2/1099-MISC)	contributions to employee benefit	1000	ount of	
	NONE NONE	po	sition	***-27   USS-14113O)	plane, and deferred compensation	CO	mpensa	ition
					····	+-		
		<del></del>		<del>                                     </del>		+		
						$\perp$		
			- <del></del>					
						_		
		<del> </del>		1				
	on. If there is none, enter "None." NONE address of each independent contractor paid more than \$1	00,000	(b) Type o	of service	(c)	Compa	nsation	 
<del></del>								
	· · · · · · · · · · · · · · · · · · ·	<u>-</u>						
<del></del>		<del></del>						
				<u>_</u> _				
	ber of other independent contractors each receiving over \$		47/-\/4\ ====	<b>.</b> >				
	ganization complete Schedule A? <b>Note:</b> All section 501(c)(3 trusts must attach a completed Schedule A	. •		•	▶ [3	Κ Ve		] No
Under penalties of Declaration of prep	trusts must attach a completed Schedule A  perjury, I declare that I have examined this return, including accompar parer (other than officer) is based/on all information of which preparer h	nying schedules and staten as any knowledge.	nents, and to the bo	est of my knowledge and	belief, it is true, cor	rect, an	d compl	ete.
Sign	P				12/8	13		
Here	Jace Rabe, President Type or print name and title				Date /		-	
	Print/Type preparer's name	gnature	Date	Check	] if PTIN			_
Paid		no li M	2	self- employ				
Preparer Use Only	Earl W. Morrow  Firm's name ▶ Earl W. Morrow, CP		7295010 I		P00'			
COC CIHY	Firm's name ► Earl W. Morrow, CP Firm's address ► 624 Holcomb Bridg		ite 1	Firm's EIN	► 58-167 770 64		13 985!	5
	Roswell, GA 30076	c Rodu, Bu		Phone no.	110 04	<b>.</b> :	<i>,</i> 00:	,
May the IRS dis	cuss this return with the preparer shown above? See instru	ctions			🕨 🛚	Ye	s [	No
				<del> </del>			90-EZ (	

### 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

2012

Open to Public Inspection

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	Bassan		s for Progre			ha Abia aas	4) Ossiss	<u> </u>		6-4045	890	<u>'</u>
Part I			ity Status (All organiz					tructions.				
			because it is: (For lines									
1	•		s, or association of chur			ction 17	U(D)(1)(A)(I	).				
3 🗔			<b>70(b)(1)(A)(ii).</b> (Attach Sc ital service organization			170/5/4	\/A\/iii\					
<b>3</b> H	•	•	operated in conjunction					\/b\/1\/ <b>&amp;</b> \/i	ii) Enter	the hoenite	l'e nar	me
• —	city, and stat	=	operated in conjunction	With a nos	spital desc	IIDGU III S	ection 170	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ii). Eillei	ille llospita	ı Sılalı	110,
5 🗌	•		benefit of a college or u	niversity o	wned or o	perated b	v a covem	mental un	it describ	ned in		
•	_	(b)(1)(A)(iv). (Compl	-	illy or sity o	Willed Or O	Jeiated D	y a govern	inonital un	it describ	JOG 111		
a [			ete i ait ii., ient or governmental uni	it describe	d in eastic	n 170/h\/	41/4164					
7 🗂		_	eives a substantial part					or from the	a general	nublic desc	ribad	in
• —	_	(b)(1)(A)(vi). (Comple	•	or its sopp	)	govonini	Ontal diffe		gonora	public door	,,,,,,,,,	•••
8 🔲			section 170(b)(1)(A)(vi).	(Complete	Part II.)							
• X	•	€	eives: (1) more than 33	•	•	rom conti	ributions, r	nembersh	in fees, a	and aross re	ceints	from
	-	•	nctions - subject to cert		• •		-		•	•	•	
		•	axable income (less sec	-	-	•				-		
		<b>509(a)(2).</b> (Complete	•		- <b>,</b>			, J.			,	. •
10			perated exclusively to te	st for publ	lic safety. S	See <b>secti</b>	on 509(a)(	4).				
11 🔲	-	-	perated exclusively for ti	=	=				y out the	purposes o	of one	or
	_	-	ations described in secti		=				-			
	describes the	e type of supporting	organization and compl	ete lines 1	1e through	11h.						
	a Type	! <b>b</b> 🔲 T	ype II c 🔲 T	ype III - Fu	nctionally	integrated	<b>d</b>	а 🔲 Тур	oe III - No	n-functional	ly inte	grated
• 🗀	By checking	this box, I certify the	at the organization is not	controlled	d directly o	r indirecti	y by one o	r more dis	qualified	persons ot	ner the	an
	foundation n	nanagers and other t	han one or more publich	y supporte	od organiza	ations des	scribed in s	ection 50	9(a)(1) or	section 509	)(a)(2).	
f	If the organiz	zation received a wri	tten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III e				
	supporting o	rganization, check ti	his box									
g	Since Augus	t 17, 2006, has the d	organization accepted a	ny gift or c	ontribution	from any	of the foll	owing per	sons?			
	(i) A perso	on who directly or inc	lirectly controls, either a	lone or tog	ether with	persons	described	in (ii) and (	(iii) below	,	Yes	No
	the gov	eming body of the s	upported organization?							11g(i)		
	(ii) A family	member of a person	n described in (i) above?	·						. 11g(ii)	<u> </u>	ļ
	(iii) A 35%	controlled entity of a	person described in (i)	or (ii) abov	e?					11g(iii)	Ь	
h	Provide the f	following information	about the supported or	ganization	(s).							
				<del>,</del>				<del>,</del>		1		
(I) Name	of supported	(II) EIN	(iii) Type of organization	p r	organization			(vi) is organizați	s the on in col	(vii) Amoun	t of mo	netary
orga	anization		(described on lines 1-9 above or IRC section		sted in your document?		tion in col. Ir support?	(I) organiz	ed in the	sup	port	
			(see instructions))					US		-		
<del></del> -				Yes	No	Yes	No	Yes	No	ļ		
	<del></del>	<del> </del>		ļ <u>-</u>			-					
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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 qualify under the tests listed below please complete Part II.)

Sec	ction A. Public Support	olow, please com	piete r art ii.)				
Cala	ndar year (or fiscal year beginning in),	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and	1	1				
	membership fees received. (Do not						
	include any "unusual grants.")		32,059.	53,842.	74,409.	97,148.	257,458.
2	Gross receipts from admissions, merchandise sold or services per- formed, 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	I	1				
	or expended on its behalf	1					
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5		32,059.	53,842.	74,409.	97,148.	257,458.
	Amounts included on lines 1, 2, and	<del></del>	12,000				
	3 received from disqualified persons						0.
C	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.)			·		7.5.4.	257,458.
	ction B. Total Support		mannanan junc 11	, , , , , ,			<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	(2, 2000	32,059.	53,842.	74,409.	97,148.	257,458.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				•		
b	Unrelated business taxable income	1					
	(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.)		32,059.	53,842.	74,409.	97,148.	257,458.
	First five years. If the Form 990 is for	the organization's		<del> </del>			
					-		<b></b>
Sec	tion C. Computation of Publi						<u></u>
15	Public support percentage for 2012 (li			dumn (fl)		15	100.00 %
	Public support percentage from 2011			***	r	· · · · · · · · · · · · · · · · · · ·	100.00 %
	tion D. Computation of Inves						
17	Investment income percentage for 20			13 column (fl)		17	•00 %
18	Investment income percentage from 2			· ····································		18	<del>100 %</del>
	33 1/3% support tests - 2012. If the						
							/ is not ► X
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2011. If the		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
	line 18 is not more than 33 1/3%, che	=					. —
20	Private foundation. If the organization						▶□

#### 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.

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, Utilitie	es, and Maintenance:
Description of Expenses:	Amount:
Depreciation	895.
Other Expenses	235.
Total to Form 990-EZ, line 14	1,130.
Form 990-EZ, Part I, Line 16, Other Expenses:	
Description of Other Expenses:	Amount:
Bank Fees	1,570.
Supplies	383.
Tax & Registration	51.
Website_	670.
Travel	5,537.
Total to Form 990-EZ, line 16	8,211.
Form 990-EZ, Part II, Line 24, Other Assets:	
Description Beg. o	of Year End of Year
Other Depreciable Assets	888. 1,011.
Form 990-EZ, Part III, Primary Exempt Purpose - Empower	r communities and
individuals with sustainable developmental projects.	
Form 990-EZ, Part III, Line 28, Program Service Accompl	lishments:
Project Dado Orphan Sponsorship: Each month the sponsor	red
children in Project Dado receive a big bag of food fill	led
with rice, pasta, flour, sugar, nutritional soy  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Second	Schedule O (Form 990 or 990-EZ) (2012)

#### 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

supplements, oil and soap. This food not only feeds this child, but benefits the rest of the family as well. Once a child has been 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 Through these medical outreaches we are able nutritional outreaches. 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. 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.

### **SCHEDULE 0**

(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.

2012 Oper to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Projects for Progress, Inc.

Employer identification number 26-4045890

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:
The organization did not, during the year, receive any funds, directly,
or indirectly, to pay premiums on a personal benefit contract.
The organization, did not, during the year, pay any premiums, directly,
or indirectly, on a personal benefit contract.
<del></del>

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

# **Depreciation and Amortization** 990-EZ (Including Information on Listed Property)

See separate instructions.

Attach to your tax return.

OMB No. 1545-0172

Attachment Sequence No. **179** 

Business or activity to which this form relates

Identifying number

******	ojects for Progres			m 990-E			<u> 26-4045890</u>
P	Election To Expense Certain Pro	perty Under Section 17	9 Note: If you have any lis	ted property, c	omplete Part	V before y	
1 N	Maximum amount (see instructions)					1	500,000.
2 1	otal cost of section 179 property p	laced in service (see i	instructions)			2	
	hreshold cost of section 179 prope	•	·			3	2,000,000.
	Reduction in limitation. Subtract line	•				4	
_ `	ollar limitation for tax year. Subtract line 4 from			Instructions		5	
6	(a) Description of		(b) Cost (busin		(c) Electe		
		<u> </u>					
							#78500 (A. 450 P.)
	<del></del>		<del></del>				
7 1	inted property. Enter the assessment for	am line 00		7	<del></del>	<del></del>	
	isted property. Enter the amount fr						Make in Minn
	otal elected cost of section 179 pro						
	entative deduction. Enter the small						<del></del>
	Carryover of disallowed deduction fr						<u> </u>
	susiness income limitation. Enter the					11	<del> </del>
	ection 179 expense deduction. Ad				······· ····· ···	12	**************************************
	Carryover of disallowed deduction to			🕨 13			
	Do not use Part II or Part III below		<del></del>	<del> </del>			<del></del>
Pa			<del></del>	<u>-</u>	· · · · · · · · · · · · · · · · · · ·		<del></del>
14 8	pecial depreciation allowance for q	ualified property (oth	er than listed property) pl	aced in service	during		
						. 14	509.
15 F	roperty subject to section 168(f)(1)	election				15	
OUT OF THE PARTY OF	ther depreciation (including ACRS)	<u> </u>		<u>.</u>		16	<u></u>
Pa	常田 MACRS Depreciation (Do	not include listed pro	pperty.) (See instructions.	)			
			Section A				
17 N	MACRS deductions for assets place	d in service in tax yea	ars beginning before 2012	2		17	273.
18 If	you are electing to group any assets placed in						::
	Section B - Asse	ets Placed in Service	During 2012 Tax Year l	Jsing the Gene	eral Deprecia	ation Syst	em
	(a) Classification of property	(b) Month and year placed in service	<ul><li>(c) Basis for depreciation (business/investment use only - see instructions)</li></ul>	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property		137.	3 Yrs.	HY	200DB	46.
	5-year property		243.	5 Yrs.	HY	200DB	49.
c	7-year property		127.	7 Yrs.	HY	200DB	<del></del>
d	10-year property				<del>                                     </del>		
8	15-year property				<del>                                     </del>		
Ť	20-year property				<del> </del>		
<u> </u>	25-year property			25 yrs.	<del></del>	S/L	· · · · · · · · · · · · · · · · · · ·
		/		27.5 yrs.	MM	S/L	
h	Residential rental property	<del></del>		27.5 yrs.	MM	S/L	<del> </del>
	<del></del>	,			MM		
i	Nonresidential real property			39 yrs.	<del></del>	S/L	
	Section C - Accet	P Discord in Service I	During 2012 Tax Year Us	ing the Altern	MM Doorse	S/L	
20a	Class life		Juling ZUIZ Tax Toal Us	ang the Aitem	ative Debiec		
	<del></del>			40	<del>-</del>	S/L_	<del> </del>
<u>b</u> _	12-year	20000000		12 yrs.	144	S/L	
C	40-year	<del>,                                     </del>		40 yrs.	<u>  MM</u>	S/L	
Pan	<del></del>	<del></del>	<del></del>				<del></del>
	isted property. Enter amount from I					<u>21</u>	<u> </u>
	otal. Add amounts from line 12, line	-					
	nter here and on the appropriate lin			ions - <u>see instr</u>	<u> </u>	. 22	895.
	or assets shown above and placed						
n	ortion of the basis attributable to se	ection 263A costs		23			Barrell of the State of the Sta

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a)

			of Section B, a												
	Section A	<ul> <li>Depreciation</li> </ul>	on and Other I	nforma	tion (Ca	aution: 8	See the	<u>instruc</u>	tions for li	mits for	passeng	ger autoi	mobil <del>e</del> s.	<u> </u>	
248	Do you have evidence to	support the bu	siness/investmer	nt use cl	aimed?	Y	es 🗀	No	24b If "Y	es," is ti	ne evide	nce writ	tten?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	01	(d) Cost or ther basis	/bu	(e) is for depr siness/inve use onl	stment	(f) Recovery period	Me	(g) thod/ rention	Depr	(h) eciation luction	Ele sectio	(i) cted on 179 ost
 25	Special depreciation all	owance for a	ualified listed p	roperty	/ placed	in servi	ce durin	the ta	ax vear an	d					
	used more than 50% in	-			-				-		25				_
26	Property used more that													<u> </u>	
			96									T			
		<del>                                     </del>	96												
_		<del>                                     </del>	96	_						<u> </u>				1	
27	Property used 50% or I	ess in a quali							<u> </u>	1					
		: :	96							S/L ·					1000
		<del>                                     </del>	96	+	-					S/L·		<b>†</b>			
		<del>  • • • •</del>	96	+						S/L·					.2007
28	Add amounts in column	(h), lines 25	· · · · · · · · · · · · · · · · · · ·		e and or	line 21	. page 1				28				ili iiii
	Add amounts in column												29	***************************************	
	THE CAMPONIC IN COLUMN	. ()) 20. 2			B - Info								. ,	<del></del>	
If y	mplete this section for ve ou provided vehicles to y se vehicles.			r the qu	estions	in Secti	on C to		ou meet a	an excer	otion to	complet			
20	Total business/investment	milaa drivan de	uring the		<b>a)</b> niolo	1 -	b)	١,	( <b>c)</b> 'ehicle		d) nicle		(e) biolo	(f	•
30			· · · · · · · · · · · · · · · · · · ·	<u> vei</u>	nicle	Vei	nicle	<u> </u>	emcie	Vei	IICI <del>O</del>	Ve	hicle	Veh	IICIO
21	year (do not include come Total commuting miles					ļ				<u></u>		<del> </del>			
	Total other personal (no	-	_			<del> </del>		<del>                                     </del>		<del>                                     </del>		<del> </del>		<del> </del>	
JZ		_													
22			· ·· · · · · -			<del> </del>		<del>                                     </del>		<del> </del>		<del> </del>		+	
33	Total miles driven during Add lines 30 through 32		ł					ł		}		ł		1	
24	Was the vehicle availab			Yes.	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>-</b>	during off-duty hours?	•		100	140	162	140	105	NO	105	140	105	NO	162	140
35	Was the vehicle used p					1	<del> </del>		+	<del>                                     </del>		<del>                                     </del>	+	<del> </del>	
-	than 5% owner or relate														
36	Is another vehicle availa	-				<b></b>	<u> </u>		<del></del>	<del>                                     </del>		<del>                                     </del>	<del> </del>	<del> </del>	
-	use?	•					ļ		j			1	Į.		
			- Questions fo	r Empl	overs V	Vho Pro	vide Vel	icles 1	for Use by	/ Their I	mploy			<u>L</u>	
Ans	wer these questions to			-	-				-				re not n	nore than	504
	ners or related persons.	JOIOTTIII 10 11 )	oo moor an ox	ooptioi		pioting (	30011011	J (O) V	01110100 00	<b></b> 2, 0,	iipioyoo	.5 WIIO 6		iore triai	070
	Do you maintain a writte employees?		•		ill persor				luding con	nmuting	by you	r		Yes	No
38	Do you maintain a writte								t commut	ina. by v	our				<b>T</b>
	employees? See the ins		-	-											
39	Do you treat all use of v													•	1
	Do you provide more th														
	the use of the vehicles,			-				•						1	
	Do you meet the require										•	• •	•••••	`	
	Note: If your answer to												•		
P	Amortization														
	(a) Description o	f costs	Date an	(b) nortization soins		(C) Amortizat amount	ole		(d) Code section		(e) Amortiza period or per	rtion	Ą	(f) mortization or this year	
<u></u>	Amortization of costs th	at begins du			r:						, <u>u u pu</u>				
			Ţ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	:	<u> </u>			T		$\neg \top$				_	
	<del>-</del>		<del></del>	<del></del> -			<del></del> -, -	_				$\neg \uparrow$		<del>-</del>	
43	Amortization of costs th	at began bef	ore your 2012		<u> </u>					· !		43			
				,						•••	• • • • • •	<del></del>			

## Form **8868**

(Rev. January 2013)

Department of the Treasury

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

File a separate application for each return.

OMB No. 1545-1709

III CEITHAL I VETCI	THE U SUPE	arate app	ioution for each return.			
-	re filing for an <b>Automatic 3-Month Extension, comple</b>	_	•			<b>▼</b>
If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form).		
Do not co	omplete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	sly filed Fo	rm 8868.	
Electronic	c filing <i>(e-file)</i> . You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of tir	ne to file (6	6 months for a	corporation
	o file Form 990-T), or an additional (not automatic) 3-mo					
-	file any of the forms listed in Part I or Part II with the exc					
	Benefit Contracts, which must be sent to the IRS in pap	-				
	irs.gov/efile and click on e-file for Charities & Nonprofits		, · · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •		
Part I			submit original (no copies ne	eded).		
	tion required to file Form 990-T and requesting an autor					
Part I only				complete		▶ □
•	orporations (including 1120-C filers), partnerships, REM		must must use Form 7004 to reques	ot an exten	seion of time	
	orporations (including 1120-C illers), partnerships, new me tax returns.			st ari exteri		
Type or print	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification r	number (EIN) or
File by the	Projects for Progress, Inc.	<u> </u>	26-4045			
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 941 Prestwyck Court	ee instruc	tions.	Social se	curity number (	SSN) 
Instructions.	City, town or post office, state, and ZIP code. For a for Alpharetta, GA 30004	oreign add	ress, see instructions.			
	nipharecoay on 30004		<del></del>			
Enter the I	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Application	on	Return	Application			Return
s For		Code	is For			Code
	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-		02	Form 1041-A			08
	) (individual)	03	Form 4720			09
Form 990-		04	Form 5227			10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069		_	11
		06	Form 8870		<u> </u>	
LOIIII 990-	T (trust other than above) Organization	00	FORTH 8670		<del></del>	12
• The he	oks are in the care of $\triangleright$ 941 Prestwyck (	+יינוסי	- Alpharetta CA	30004		
		JOULL		30004	_	
•	one No. ► 404-477-4737		FAX No. D			<b>.</b> $\Box$
	rganization does not have an office or place of business					
	of for a Group Return, enter the organization's four digit	•	· · · · · · · · · · · · · · · · · · ·			
oox ▶ L	. If it is for part of the group, check this box				ers the extension	on is for.
	uest an automatic 3-month (6 months for a corporation	-				
		t organizat	tion return for the organization name	ed above.	The extension	
	r the organization's return for:					
►L	X calendar year 2012 or					
▶∟	tax year beginning	, an				
2 If the	e tax year entered in line 1 is for less than 12 months, c	heck reaso	on: Initial return	Final retur	n	
	Change in accounting period					
3a If thi	s application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069. e	nter the tentative tax. less any			<del></del>
	refundable credits. See instructions.	_,, G	sile terrative tan, 1665 arry	3a	Ś	0.
			refundable gradite and	- Ja		
· ·	e annication is for Form QQD.DE QQD.T 1/770 AFRARA					
<b>b</b> If thi	s application is for Form 990-PF, 990-T, 4720, or 6069,	-		25	•	n
b If thi	nated tax payments made. Include any prior year overp	ayment al	lowed as a credit.	3b_	\$	0.
b If thi estir c Bala		eayment al	lowed as a credit. h this form, if required,	3b	\$	0.

### Form **8868**

(Rev. January 2013)
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

Form 8868 (Rev. 1-2013)

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		)	► X	
	are filing for an Additional (Not Automatic) 3-Month Ex			this form).	•		
-	complete Part II unless you have already been granted						
Electro	onic filing <i>(e-file).</i> You can electronically file Form 8868 if	you need a	a 3-month automatic extension of tir	ne to file (	6 months for a cor	poration	
require	d to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	ile Form 8	868 to request an	extension	
	to file any of the forms listed in Part I or Part II with the ex						
Person	al Benefit Contracts, which must be sent to the IRS in pag	oer format	(see instructions). For more details	on the elec	ctronic filing of this	form,	
visit wu	w.irs.gov/efile and click on e-file for Charities & Nonprofits	3.					
Part	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).			
A corpo	pration required to file Form 990-T and requesting an auto	matic 6-mo	onth extension - check this box and	complete			
Part I o	nly					▶ □	
	r corporations (including 1120-C filers), partnerships, REN acome tax returns.	fiCs, and t	trusts must use Form 7004 to reques	st an exter	nsion of time		
Type or Name of exempt organization or other filer, see instructions.  Employer identification numbers of exempt organization or other filer, see instructions.							
print File by the	Projects for Progress, Inc				26-40458	90	
due date filling your return. Se	br Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	curity number (SS	N)	
instruction		oreign add	dress, see instructions.				
Enter th	ne Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
		· ·				···· —	
Applica	auon	Return	Application Is For		Return		
Is For	20 av Farra 000 F7	Code				Code	
Form 9	90 or Form 990;EZ	01	Form 990-T (corporation) Form 1041-A		····	07	
	720 (individual)	02	Form 4720			09	
Form 99		04	Form 5227			10	
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
	90-T (trust other than above)	06	Form 8870		<u> </u>	12	
	Organization		11011110070			12	
• The	books are in the care of ▶ 941 Prestwyck (	Court	- Alpharetta, GA	30004			
	phone No. ► 404-477-4737		FAX No. ▶		<del></del>		
	e organization does not have an office or place of business	s in the Ur				▶ □	
	s is for a Group Return, enter the organization's four digit				r the whole group.	check this	
	. If it is for part of the group, check this box						
	request an automatic 3-month (6 months for a corporation						
	August 15, 2013 , to file the exemp	t organiza	tion return for the organization name	ed above.	The extension		
is	for the organization's return for:						
•	X calendar year 2012 or						
•	tax year beginning	, an	d ending		·		
2 If	the tax year entered in line 1 is for less than 12 months, c  Change in accounting period	heck reas	on: Initial return	Final retur	n		
	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any				
	onrefundable credits. See instructions.			3a	\$	<u> </u>	
	this application is for Form 990-PF, 990-T, 4720, or 6069,	=				^	
	stimated tax payments made. Include any prior year overp			3b	\$	0.	
	alance due. Subtract line 3b from line 3a. Include your pa	-				Λ	
	y using EFTPS (Electronic Federal Tax Payment System).			3c	50 for	0.	
<u>vautior</u>	n. If you are going to make an electronic fund withdrawal v	<u>vitn tnis Fo</u>	orm occo, see form 8453-EU and Fo	orm 88/9-	<u>LU for payment ins</u>	structions.	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Internal Revenue Service

**Depreciation and Amortization** 990-EZ

(Including Information on Listed Property) ➤ See separate instructions.

Attach to your tax return.

OMB No. 1545-0172

Name(s) shown on return Business or activity to which this form relates Form 990-EZ Page 1 26-4045890 Projects for Progress, Inc. Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. 1 Maximum amount (see instructions) ...... 2 Total cost of section 179 property placed in service (see instructions) ..... 2,000,000. 3 Threshold cost of section 179 property before reduction in limitation ...... Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (b) Cost (business use only) (a) Description of property 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 \_\_\_\_\_\_ ..... 1.0 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part # Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 509. 14 the tax year .... 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2012 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ..... Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery period (a) Classification of property (e) Convention (a) Depreciation deduction Yrs. 46. 200DB HY 19a 3-year property 243. Yrs. HY 200DB 49. 5-year property b Yrs. 200DB 7-year property C 10-year property 15-year property 20-year property f S/L 25-year property 25 yrs. g 27.5 yrs. MM S/L Residential rental property MM S/L 27.5 yrs. MM S/I 39 yrs. i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L 1 12-year S/L ь 12 yrs. 40-year S/L Fart W Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 895. Enter here and on the appropriate lines of your return. Partnerships and S corporations · see instr.

23

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs.

OITH TOOL	<u> </u>
Part V	Lis

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

24;	Section A	<ul> <li>Depreciation</li> </ul>	on and Other	<u>ntorma</u>	tion (Ca	ution: 3	see ine i	nstruc	tions for li	mits for p	esseng	er auton	nobiles.)		
	Do you have evidence to s	support the bu	siness/investme	nt use cla	imed?		es 🗀	No	24b if 'Y	es," is th	e evide	nce writt	ten?	Yes [	☐ No
	(a) Type of property (list vehicles first )	(b) Date placed in service	(c) Business/ investment use percentag	ati	<b>(d)</b> Cost or her basis		(e) its for depri siness/inve use only	stment	(f) Recovery period	Met	g) hod/ ention	Depre	(h) eciation uction	Elec sectio	(i) cted on 179 ost
<u></u>	Special depreciation alle	owance for q	ualified listed	property	placed i	n servic	e during	the ta	ax year an	d				\$.7. j. j	
	used more than 50% in	a qualified b	usiness use							··· ·· ··· ·	25				
<u> 26</u>	Property used more that	n 50% in a c	ualified busine	ss use:											
		: :	9	6											
			9	6											
			9	6					<u> </u>			L			
<u> 27</u>	Property used 50% or le	ess in a quali	fied business	use:					<del>,</del>	<del>,</del>				FX	********
		1 1	9	6						S/L·					
		<u> </u>	9	6						S/L·					
			9	<u> </u>						S/L -		ļ			
	Add amounts in column	• •-	-										1	<u> </u>	<u> </u>
<u>29</u>	Add amounts in column	(i), line 26. E										<del></del>	. 29		
			S	ection E	3 - Infon	nation	on Use	of Veh	nicles						
	mplete this section for ve														
	ou provided vehicles to	our employe	es, first answe	r the qu	estions i	n Secti	on C to	see if y	ou meet a	an excep	tion to	completi	ng this :	section fo	or
tno	se vehicles.									,					
				(6	2)	(1	b)		(c)	(d	1)	(	e)·	(f	)
30	Total business/investment	miles driven d	uring the	Veh	icle	Vet	nicle	V	ehicle	Vehi	icl <del>e</del>	Vet	nicle	Veh	icle
	year (do not include com	muting miles)													
	Total commuting miles	-	-												
32	Total other personal (no	ncommuting	) miles							:					
	driven														
33	Total miles driven during	g the year.								,					
	Add lines 30 through 32	2										ļ			
34	Was the vehicle availab	le for person	al use	Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
	during off-duty hours?							ļ				<u> </u>			
35	Was the vehicle used p	rimarily by a	more												
	than 5% owner or relate	•					<b></b>								
36	Is another vehicle availa	ble for perso	onal				1		İ						
	use?						]					l	l	] ]	
		Section C	- Questions for	or Empl	oyers W	ho Pro	vide Vel	nicl <b>es</b>	for Use by	y Their E	mploye	es			
An	swer these questions to	determine if y	you meet an ex	ception	to comp	oleting S	Section	B for v	ehicles us	ed by en	ployee	s who a	re not n	nore than	5%
ow	ners or related persons.														1
	Do you maintain a writte	en policy stat	ement that pro	ohibits a	ll person	al use c	of vehicle	es, Incl	luding con	nmuting,	by you	r		Yes	No
	employees?											•••		٠ 🛌	
37	Do you maintain a writte	en policy stat	ement that pro												
37						icare d	liroctore.			owners				٠ 📙	-
37 38	employees? See the ins														
37 38 39	Do you treat all use of v	ehicles by er	mployees as pe	ersonal	use?									٠ 📙	
37 38 39	Do you treat all use of v Do you provide more th	ehicles by er an five vehic	mployees as pe les to your emp	ersonal i oloyees,	use? obtain ii	nformat	 ion from	 your e	 employees	about		·· · ·			
37 38 39 40	Do you treat all use of v Do you provide more th the use of the vehicles,	ehicles by er an five vehicl and retain th	mployees as pe les to your emple information i	ersonal i oloyees, received	use? obtain ii ?	nformat	 ion from	your e		about					
37 38 39 40	Do you treat all use of v Do you provide more th the use of the vehicles, Do you meet the require	ehicles by er an five vehic and retain the ements conc	mployees as pe les to your emp le information i erning qualified	ersonal i oloyees, received d autom	use? obtain in ?obile der	nformat	ion from		employees	about					
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37 38 39 40 41	Do you treat all use of v Do you provide more th the use of the vehicles, Do you meet the require Note: If your answer to Amortization	ehicles by er an five vehic and retain the ements conc	mployees as pe les to your emp le information i erning qualified	ersonal u ployees, received d autom	use? obtain in ?obile der	nformat nonstra	ion from		employees	about					
37 38 39 40 41	Do you treat all use of v Do you provide more th the use of the vehicles, Do you meet the require Note: If your answer to	ehicles by er an five vehic and retain th ements conce 37, 38, 39, 4	mployees as per les to your employees information remaining qualified 0, or 41 is "Yes Date 2"	ersonal upoloyees, received automos, " do no (b) montation	use? obtain ii ?obile der et comple	nformat nonstra ete Sec (c)	ion from ation use		employees	s about	(e) Amoritzz	ion		(1)	
37 38 39 40 41	Do you treat all use of v Do you provide more th the use of the vehicles, Do you meet the require Note: If your answer to The Management of the provided of th	ehicles by er an five vehicle and retain the ements concest, 37, 38, 39, 40	mployees as per les to your emple information in erning qualified 0, or 41 is "Yes	ersonal upoloyees, received automos, " do no (b) uportization pegins	use? obtain ii ? obile der	nformat nonstra ete Sec	ion from ation use		employees	s about	(e)	ion			
37 38 39 40 41	Do you treat all use of v Do you provide more th the use of the vehicles, Do you meet the require Note: If your answer to Amortization (a)	ehicles by er an five vehicle and retain the ements concest, 37, 38, 39, 40	mployees as per les to your emple information in erning qualified 0, or 41 is "Yes	ersonal upoloyees, received automos, " do no (b) uportization pegins	use? obtain ii ? obile der	nformat nonstra ete Sec (c)	ion from ation use		employees	s about	(e) Amoritzz	ion		(1)	
37 38 39 40 41	Do you treat all use of v Do you provide more th the use of the vehicles, Do you meet the require Note: If your answer to The Management of the provided of th	ehicles by er an five vehicle and retain the ements concest, 37, 38, 39, 40	mployees as per les to your emple information in erning qualified 0, or 41 is "Yes	ersonal upoloyees, received automos, " do no (b) uportization pegins	use? obtain ii ? obile der	nformat nonstra ete Sec (c)	ion from ation use		employees	s about	(e) Amoritzz	ion		(1)	
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## Form **8868**

(Rev. January 2013)

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

Form 8868 (Rev. 1-2013)

		<u></u>	<del></del>					
• If you a	are filing for an <b>Automatic 3-Month Extension, comple</b>	te only Pa	art I and check this box			► X		
• If you a	are filing for an <b>Additional (Not Automatic) 3-Month E</b> x	tension,	complete only Part II (on page 2 of	this form)				
	complete Part II unless you have already been granted							
	<b>ic filing (e-file)</b> You can electronically file Form 8868 if y							
	to file Form 990-T), or an additional (not automatic) 3-mo							
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers	Associated With C	ertain		
Personal	Benefit Contracts, which must be sent to the IRS in page	er format	(see instructions). For more details	on the ele	ctronic filing of this	form,		
visit www	.irs.gov/efile and click on e-file for Charities & Nonprofits							
Part I	Automatic 3-Month Extension of Time	e. Only s	<u>submit original (no copies ne</u>	eded).				
A corpora	ation required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete				
Part I only	y					<b>-</b>		
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	IICs, and t	rusts must use Form 7004 to reques	st an exter	nsion of time			
Type or print	Name of exempt organization or other filer, see instru		Employe	r identification nun	nber (EIN) or			
File by the	Projects for Progress, Inc				26-40458			
due date for filing your	Number, street, and room or suite no. If a P.O. box, s 941 Prestwyck Court	ee instruc	tions.	Social se	Social security number (SSN)			
return See Instructions.	City, town or post office, state, and ZIP code. For a fo	oreign add	dress, see instructions.	<u> </u>				
	Alpharetta, GA 30004							
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)	•		0 1		
Application	on	Return	Application		Return			
<u>ls For</u>		Code	is For		Code			
Form 990	or Form 990-EZ	01	Form 990-T (corporation)	07				
Form 990-	·BL	02	Form 1041-A	08				
Form 4720	0 (individual)	03	Form 4720					
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		
	Organization							
	poks are in the care of $\triangleright$ 941 Prestwyck (	Court	- Alpharetta, GA	<u>30004</u>				
Teleph	one No. ► 404-477-4737		FAX No. ▶					
	organization does not have an office or place of business					▶ ∐		
• If this is	s for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	If this is fo	r the whole group,	check this		
box ► L	If it is for part of the group, check this box 🕨	and atta	ch a list with the names and EINs o	<u>f all memb</u>	ers the extension i	s for.		
	quest an automatic 3-month (6 months for a corporation August 15, 2013 , to file the exemp	-	to file Form 990-T) extension of time tion return for the organization name		The extension			
is fo	or the organization's return for:							
▶[	X calendar year 2012 or							
▶[	tax year beginning	, an	d ending		_ ·			
2 If the	e tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	'n			
3a If the	is application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any					
noni	refundable credits. See instructions.			3a	\$	0.		
<b>b</b> If the	is application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and					
estir	mated tax payments made. Include any prior year overp	ayment al	lowed as a credit.	3b	\$	0.		
	ance due. Subtract line 3b from line 3a. Include your pa	-		20	•	0.		
	using EFTPS (Electronic Federal Tax Payment System). S			3c	EO for payment in-			
vaution. f	<u>If you are going to make an electronic fund withdrawal w</u>	<u>viun unis Po</u>	<u>Jim occo, see Form 5453-EU and Fo</u>	<u>лпп оо/У-</u>	⊑∪ ior payment ins	uructions.		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.