

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PROGRESS VALLEY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1100 E 80TH ST City or town, state or province, country, and ZIP or foreign postal code BLOOMINGTON, MN 55420 F Name and address of principal officer: KATE BRENNAN SAME AS C ABOVE	D Employer identification number 41-0979451 E Telephone number 952-374-5540 G Gross receipts \$ 6,124,736. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.PROGRESSVALLEY.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1970 M State of legal domicile: MN

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: PROGRESS VALLEY PROVIDES A CONTINUUM OF RECOVERY SUPPORT SERVICES WHICH ENCOURAGES AND GUIDES		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	78
	6 Total number of volunteers (estimate if necessary)	6	1
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 39	7b	0.
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	23,414.	31,074.
	9 Program service revenue (Part VIII, line 2g)	5,624,791.	5,930,570.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	110,740.	92,693.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,290.	53,050.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,787,235.	6,107,387.
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,356,775.	3,635,632.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 35,991.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,598,529.	1,581,646.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,955,304.	5,217,278.
	19 Revenue less expenses. Subtract line 18 from line 12	831,931.	890,109.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	12,981,049.	14,053,206.
	21 Total liabilities (Part X, line 26)	2,232,572.	1,863,109.
	22 Net assets or fund balances. Subtract line 21 from line 20	10,748,477.	12,190,097.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer KATE BRENNAN, PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name MATT PILLSBURY	Preparer's signature MATT PILLSBURY
	Date 06/08/20	Check <input type="checkbox"/> if self-employed PTIN P01565609
	Firm's name ▶ CARPENTER, EVERT & ASSOCIATES, LTD. Firm's address ▶ 7760 FRANCE AVE S, SUITE 940 BLOOMINGTON, MN 55435	Firm's EIN ▶ 41-1534805 Phone no. (952) 831-0085

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No