

Return of Organization Exempt From Income Tax

2015

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.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning , 2015, and ending

<p>B Check if applicable:</p> <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	<p>C PROGRESS VALLEY, INC. 1100 E 80TH ST BLOOMINGTON, MN 55420</p>	<p>D Employer identification number 41-0979451</p>	<p>E Telephone number 952-374-5540</p>
<p>F Name and address of principal officer: MICHELLE CULLIGAN SAME AS C ABOVE</p>		<p>G Gross receipts \$ 4,667,092.</p>	
<p>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</p>		<p>H(a) Is this a group return for subsidiaries? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subsidiaries included? If 'No,' attach a list. (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>J Website: ▶ WWW.PROGRESSVALLEY.ORG</p>		<p>M(c) Group exemption number ▶</p>	
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		<p>L Year of formation: 1970 M State of legal domicile: MN</p>	

Part I Summary

1	Briefly describe the organization's mission or most significant activities:	<p>PROGRESS VALLEY PROVIDES A CONTINUUM OF RECOVERY SUPPORT SERVICES WHICH ENCOURAGES AND GUIDES INDIVIDUALS TO LEAD RESPONSIBLE, FULFILLING, CHEMICAL-FREE LIVES</p>																		
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 9																		
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 9																		
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5 48																		
6	Total number of volunteers (estimate if necessary)	6 0																		
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.																		
7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.																		
8	Contributions and grants (Part VIII, line 1h)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;"></th> <th style="width:35%;">Prior Year</th> <th style="width:35%;">Current Year</th> </tr> <tr> <td>8</td> <td style="text-align: right;">44,905.</td> <td style="text-align: right;">37,605.</td> </tr> <tr> <td>9</td> <td style="text-align: right;">3,223,623.</td> <td style="text-align: right;">3,473,334.</td> </tr> <tr> <td>10</td> <td style="text-align: right;">56,218.</td> <td style="text-align: right;">81,410.</td> </tr> <tr> <td>11</td> <td style="text-align: right;">108,101.</td> <td style="text-align: right;">167,110.</td> </tr> <tr> <td>12</td> <td style="text-align: right;">3,432,847.</td> <td style="text-align: right;">3,759,459.</td> </tr> </table>		Prior Year	Current Year	8	44,905.	37,605.	9	3,223,623.	3,473,334.	10	56,218.	81,410.	11	108,101.	167,110.	12	3,432,847.	3,759,459.
	Prior Year	Current Year																		
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11	108,101.	167,110.																		
12	3,432,847.	3,759,459.																		
9	Program service revenue (Part VIII, line 2g)																			
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)																			
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)																			
12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)																			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)																			
14	Benefits paid to or for members (Part IX, column (A), line 4)																			
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,965,148. 1,928,636.																		
16a	Professional fundraising fees (Part IX, column (A), line 11e)																			
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 72,722.																			
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	720,964. 1,094,747.																		
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,686,112. 3,023,383.																		
19	Revenue less expenses. Subtract line 18 from line 12	746,735. 736,076.																		
20	Total assets (Part X, line 16)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;"></th> <th style="width:35%;">Beginning of Current Year</th> <th style="width:35%;">End of Year</th> </tr> <tr> <td>20</td> <td style="text-align: right;">7,673,624.</td> <td style="text-align: right;">9,116,740.</td> </tr> <tr> <td>21</td> <td style="text-align: right;">193,494.</td> <td style="text-align: right;">980,672.</td> </tr> <tr> <td>22</td> <td style="text-align: right;">7,480,130.</td> <td style="text-align: right;">8,136,068.</td> </tr> </table>		Beginning of Current Year	End of Year	20	7,673,624.	9,116,740.	21	193,494.	980,672.	22	7,480,130.	8,136,068.						
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20	7,673,624.	9,116,740.																		
21	193,494.	980,672.																		
22	7,480,130.	8,136,068.																		
21	Total liabilities (Part X, line 26)																			
22	Net assets or fund balances. Subtract line 21 from line 20																			

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	<p>Signature of officer: _____ Date _____</p> <p>MICHELLE CULLIGAN PRESIDENT</p> <p>Type or print name and title.</p>
Paid Preparer Use Only	<p>Print/Type preparer's name: MATT PILLSBURY Preparer's signature: <i>Matt Pillsbury</i> Date: 5/24/16</p> <p>Firm's name: ▶ CARPENTER EVERT & ASSOCIATES Check <input type="checkbox"/> if self-employed PTIN: P01565609</p> <p>Firm's address: ▶ 7760 FRANCE AVE. S. #940 BLOOMINGTON, MN 55435 Firm's EIN ▶ 41-1534805 Phone no. (952) 831-0085</p>

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