WEGNER CPAS, LLP 2110 LUANN LN MADISON, WI 53713-3074

PROGRESSIVES UNITED, INC. PO BOX 620533 MIDDLETON, WI 53562-0533

** PUBLIC DISCLOSURE COPY **

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)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

AF	for the	2012 calendar year, or tax year beginning and	enanig		
В	Check II pplicabl	C Name of organization		D Employer identifi	cation number
	Addre	PROGRESSIVES UNITED, INC.		45.0	24 22 22
	Name chang	Doing Business As	,		317777
	Inilial return Termir ated	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 620533	Room/suite		r 831-7877
<u></u>	-Jated	FO BOX 020333	<u> </u>	G Gross receipts \$	1,053,931.
<u> </u>	Amen	City, town, or post office, state, and ZIP code			
<u></u>	Applic lion pendi	MIDDLETON, WI 53562-0533		H(a) is this a group re	Yes X No
	<i>p</i> 0	F Name and address of principal officer:COLD LIBITITIES		for affiliates?	
		SAME AS C ABOVE		H(b) Are all affiliates inc	
1 1	fax-ex	empt status: 501(c)(3) X 501(c)(4) (insert no.) 4947(a)(1)	or 52	7 If "No," attach a	list, (see instructions)
JI	Vebsi	e: ► WWW.PROGRESSIVESUNITED.ORG		H(c) Group exemption	n number 🕨
K	orm of	organization: X Corporation Trust Association Other	L Yea	r of formation: 2011 N	∧ State of legal domicile; WI
	324	Summant			
4	1	Briefly describe the organization's mission or most significant activities: OUR	MISSI	ON IS TO STA	ND UP TO
Governance		THE EXPLODING CORPORATE INFLUENCE IN OUR	POLIT	LICAL SISTEM	THROUGH
Ë		Check this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of mor		ssets.
õ	3			3	<u>5</u>
ص د		Number of independent voting members of the governing body (Part VI, line 1b)			$\frac{3}{12}$
S	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	
Ä	6	Total number of volunteers (estimate if necessary)		6	8
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	(****************		0.
۷.	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
	1		L	Prior Year	Current Year
a)	8	Contributions and grants (Part VIII, line 1h)	,,,,,,,,,	755,837.	1,053,715.
Revenue	1	Program service revenue (Part VIII, line 2g)		1,560.	156.
ķ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	60.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		757,397.	1,053,931.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		178,135.	441,362.
Expenses	16.	Oxertancianal fundamining face (Part IV column (A) line 11e)	*******	206,415.	272,656.
ĕ	Ioa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 503,5	01.		
ă	1.0	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	KARAY	227,044.	335,173.
				611,594.	1,049,191.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		145,803.	4,740.
<u>_</u> 0	19	Revenue less expenses. Subtract line 18 from line 12		eginning of Current Year	End of Year
at Assets or and Balances				145,803.	138,888.
SSe	20	Total assets (Part X, line 16)		0.	29,392.
ad A	21	Total fiabilities (Part X, line 26)	1	145,803.	109,496.
		Net assets or fund balances. Subtract line 21 from line 20		<u> </u>	
	art II	Signature Block Ities of perjury, I declare that I have examined this return, including accompanying schedule	on and atatas	nonic and to the heet of m	ei ti teilad has anhalwand y
Und	er pena	ities of perjury, a deciare that a have examined this return, including accompanying schedule	iblah aranara	richts, titti to tito post of til v bac anu knowladna	y anomouge and coron in to
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	mon prepare	a nas any knowledge.	
		Signature of officer		Date	
Sig					
Her	'е	COLE LEYSTRA, EXECUTIVE DIRECTOR Type or print name and title			
			Т	Date Check	PIM
Dal	4	The state of the s		11	P00086726
Paid				self-employ Firm's EIN	39-0974031
	parer			19111 0 681	
USB	Only	Firm's address > 2110 LUANN LN MADISON, WI 53713-3074		Phone no. 6	08-274-4020
				1, 1000 10. 0	X Yes I No
	y the II	RS discuss this return with the preparer shown above? (see instructions)	ions.		Form 990 (2012)
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4d Othe	er program services (Describe	e in Schedule C).)						
(Expo	ansos \$	including	grants of \$	106		Revenue \$	······································)	
4e Tota	al program service expense	s▶	441,	00.				FA	rm 990 (
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PROGRESSIVES UNITED, INC. 45-2317777 Page 3 Form 990 (2012) PROGRESSIVES
Part IV 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)?	1		Х
	If "Yes," complete Schedule A	2	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?			
3	Did the organization engage in direct or Indirect political campaign activities on behalf of or in opposition to candidates for	3		х
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		
	during the tax year? If "Yes," complete Schedule C, Part II			
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 98-19? If "Yes," complete Schedule C, Part III	5		х
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		<u> </u>	
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
_	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8	Schedule D, Part III	88		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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.			100
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	<u></u>	X
b	Did the organization report an amount for investments - other securities 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
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			٧,,
	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 reported in			٠,,
	Part X line 16? If "Yes." complete Schedule D, Part IX	11d	ļ	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	ļ	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	l		100
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	115	<u> </u>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		х	
	Schedule D. Parts XI and XII	12a		-
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-	ĺ	х
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	140		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		x
	or more? If "Yes," complete Schedule F, Parts I and IV	-: <u>-:</u>		 -
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	15		х
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	۳	 	
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
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
	column (A), lines 6 and 11e? If "Yes," complete Scriedule G, Fait 1. Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		T	1
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
**	1c and 8a? If "Yes," complete Schedule G, Fart II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
19	complete Schedule G, Part III	19		Х
00-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
zva	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
<u> </u>	II 100 to line and did viga many i many a very in a second	Form	990	(2012)

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the X United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, Х 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 employees? If "Yes," complete Х 23 Schedule J ______ 24a 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 Х 24a Schedule K. If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a Х disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b Schedule L, Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified Х person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 27 Dld the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х 27 of any of these persons? If "Yes," complete Schedule L, Part III 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): X a 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 Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, 28c director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 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 Х 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? Х 31 If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х 32 Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 Part V, line 1 X 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, 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 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note. All Form 990 filers are required to complete Schedule O Form 990 (2012)

Senter the number reported in Box 3 of Form 1096. Enter -0 if not applicable 1a 8 8 1b 0 0 1b 0 0 1b 0 0 0 0 0 0 0 0 0	Par	tvi 3	Statements Regarding Other IRS Filings and Tax Compilance Check if Schedule O contains a response to any question in this Part V					Γ
to the function of Forms W-GS included in line 1s. Enter-0 in not applicable Did the organization correctly with beckup withholding rules for reportable payments to vendors and reportable gamining (gambling) withnings to prize withnings? Enter the number of employees reported on Form W-S, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If all teast one is reported on line 2a, did the organization lise all required federal employment tax returns? 2b If a teast one is reported on line 2a, did the organization lise all required federal employment tax returns? 2b If a teast one is reported on line 2a, did the organization lise all required federal employment tax returns? 2c If a teast one is reported on line 2a, did the organization is a separation or sections of the organization is a bank account, securities account, or other rise actions and account organization and a set of the organization have an inferred in, or a signature or other authority over, a financial account in a foreign country (put has a bank account, accounting or other rise action account)? 4a A ray time during the calendar year, did the organization have an inferred in, or a signature or other authority over, a financial account in a foreign country (put has a bank account, accounting account, or other rise actions account)? 4b If "Yes," enter the name of the foreign country in the organization and account or other rise actions account in a foreign country (put has a bank account, accounting account, or other rise accounts.) 5c If "Yes," in the fact of the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ware not tax deductibles or information solicit than accountry and accountry and accountry and accountry any contributions that ware not tax deductibles or information accountr			Check a Suredule O contents a response to any queedon in the care.	********	***************************************	<i></i>	Yes	No
be Enter the number of Forms W2G included in line 1a. Enter 0-8 not expelicable	1a	Enter th	be number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	8	3(3) (4)		
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Gambling) winnings to prize winnors? Each Enter the number of employees reported on Form W3, Transmittal of Wege and Tax Statements, filed for the calendar year ending with or within the year covered by this return It sets on the separated on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1 and 2a is groater than 250, you may be required to e-file (see instructions) By the organization have unrelated business gross income of \$1,000 or more during the year? 3b Dut the organization have unrelated business gross income of \$1,000 or more during the year? 3c A vary time during the calendar year, did the organization have an intenset in, or a signature or other authority over, a financial account in a foreign country (evuch as a bank account, securities account, or other financial accountry? 4c A vary time during the calendar year, did the organization have an intenset in, or a signature or other authority over, a financial accountry (evuch as a bank account, securities account, or other financial accountry? 4c A vary time during the calendar year, did the organization have an intenset in, or a signature or other authority over, a financial Accounts. 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5d Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of them 898-01? 5c If "Yes," indicate the number of forms 898 as estartable contributions? 6d Did the organization receive a payment in excess of \$75 made party sa a contribution and party for goods and services provided to the payor? 5d If "Yes," indicate the number of Forms 8928 filed during the year 5d If "Yes," indicate the number of Forms 8928 filed during the year 5d If the organization receive any winds, directly or i	c	Did the	organization comply with backup withholding rules for reportable payments to vendors and re-	eporta	able gaming			
22 Enter the number of employees reported on Form W.S. Transmittat of Wage and Tax Statements. Bed of the talendar year ending with or within the year covered by this return filed for the calendar year ending with or within the year covered by this return. Note. If the sum of lines 1a and 2a is greater than 250, you may be treated to the (see Instructions) 3a				·····	······	1c		
fillod for the calendary year ending with nor within the year covered by this return Secondary Se	2a	Enter th	ne number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					56976 T 6 1- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
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1	За	Did the	organization have unrelated business gross income of \$1,000 or more during the year?			-		X
financial account in a foreign country (such as a bank account, securities account, or other financial account)? 1 if Yes,* enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. 5 if Yes,* to lime of the fire organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 if Yes,* to lime 5a or 5b. did the organization file Form 8886-T7 6 if Yes,* to lime 5a or 5b. did the organization file Form 8886-T7 6 if Yes,* to lime 5a or 5b. did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5 if Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 if Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 bit if Yes,* did the organization notity the donor of the value of the goods or services provided? 9 bit the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to tile Form 6282? 1 if Yes,* indicate the number of Forms 8282 filed during the year 1 bid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 if the organization received an contribution of cars, boats, sirplense, or other vehicles, did the organization in the form 1098 or any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 9 Sponsoring organization make any taxable distributions under section 4968? 9 Sponsoring organization make any taxable distributions under section 4968? 9 Sponsoring organizations maintaining donor advised funds. 1 initiation fees and capital contributions included on Part Vili, line 12 1 initiation fees and capital contri	b	If "Yes,"	" has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		.,.,	3b		
b if "Yes," enter the name of the foreign country? See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 50 bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 51 bid any taxable party notify the organization file Form 8986-7? 52 colors 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 as charitable contributions? 53 bif "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 54 bif "Yes," did the organization include with every solicitation and party for goods and services provided to the payor? 55 bif "Yes," did the organization include with every solicitation and party for goods and services provided to the payor? 56 bif the organization start may receive deductible contributions under section 170(c). 56 bif the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 57 bif the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 58 bif the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 59 color to organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 70 color the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 71 bif the organization received a contribution of cars, boats, airplenes, or other vehicles, did the organization file a Form 1098-07 to file the organization, or a donor advised fund maintained by a sponsoring organization. Before 8899 as required? 59 Sponsori	4a	At any t	time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			3,7
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bill damy taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? bill damy taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? bill damy taxable party notify the organization file Form 8896-T7 Does the organization are received from the are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? bill "Yes," did the organization incide with every solicitation an express statement that such contributions or gifts were not tax deductible? organizations that may receive deductible contributions under section 170cl. bill the organization receive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? bill "Yes," indicate the number of Horms 8292 filed during the year cill the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? for lift he organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? for lift he organization received a contribution of qualified intellectual property, did the organization in file Form 8899 as required? for lift he organization received a contribution of qualified intellectual property, did the organizations. Did he supporting organizations maintaining doner advised funds and section 599(s)(s) supporting organizations. Did he supporting organizations maintaining doner advised funds and section 599(s)(s) supporting organizations. Did he supporting organization make any taxable distributions under section 49867 bill the organization make a distribution to a donor, donor advisor, or related person? Socious 501(c)(12) organizations. Enter: a Gross income from members or shareholders bill 1101 Socious from them sources (Do not net amounts due or pold to other sources against amounts due or received from them). 122 Sectio		See ins	tructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	ints.			V
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Form 990 (2012) PROGRESSIVES UNITED, INC. 45-2317777 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI				LX			
Sec	tion A. Governing Body and Management	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		т				
		1 1	- G-33-33-	Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	_5					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			N.V.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5	3.77	AV.			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other		18				
	officer, director, trustee, or key employee?		. 2	<u> </u>	X			
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision						
~	of officers, directors, or trustees, or key employees to a management company or other person?		. 3	<u>. </u>	X			
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	. 4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		Х			
6	Did the organization have members or stockholders?		. 6		Х			
70	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
70	more members of the governing body?							
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or	·	<u> </u>	***************************************			
D			7b		Х			
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by the following:		1881/08				
8			- fi _ i	X	2-2-2-2-4			
a	The governing body? Each committee with authority to act on behalf of the governing body?	***************************************	··	Х	····			
	Each committee with authority to act on benall of the governing body?	ohad at the	·		l			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be really the respective of the section A.	ached at the	. 9		х			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	overus Cada I	. 1 .	_				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	everue Code.)		Yes	No			
			100	165	X			
10a	Did the organization have local chapters, branches, or affiliates?		. <u>10a</u>	ļ				
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	napters, attiliates,	400					
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	X				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the form?	11a	A BOOK	50480			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		1999	逐級	MATE.			
12a				X	<u> </u>			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conflicts?	12b	Х				
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	/es," describe		.,				
	in Schedule O how this was done		. 120	X				
13	Did the organization have a written whistleblower policy?		. 13	X				
14	Did the organization have a written document retention and destruction policy?		. 14	X				
15	Did the process for determining compensation of the following persons include a review and approv	al by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•						
а	The organization's CEO, Executive Director, or top management official		. 15a	<u> </u>	Х			
	Other officers or key employees of the organization		. 15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			W 100				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a		400				
	taxable entity during the year?		16a		Х			
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ite its participation	SOUCH NOONA	705.06	0000 Vest 10000 Vest			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organical statements and take steps to safeguard the organical statement of the step statement of the statement of th	nization's						
	exempt status with respect to such arrangements?		16b					
Sec	tion C. Disclosure							
	List the states with which a copy of this Form 990 is required to be filed NONE							
17 1Ω	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990.	T (Section 501(c)(3)s onl	y) availal	ole				
18	for public inspection. Indicate how you made these available. Check all that apply.	. , , , ,						
	Own website Another's website X Upon request Other (explain	in Schedule O)						
40	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or		and fina	nciał				
19								
^^	statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books a	ind records of the organ	ization: 🗎	-				
20	CHRISTOPHER LOUDERBACK - 608-831-7877							
	PO BOX 620533, MIDDLETON, WI 53562-0533							
232001			Forn	1990	(2012)			

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

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 the 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.

Check this box if neither the organiz	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	100	Position one than one) Than	one	Reportable	Reportable	Estimated
	hours per	box	, unlo	85 P8	noar	le bot	h an	compensation	compensation	amount of
	week	-	officer and a direc			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		from the	from related organizations	other compensation
	(list any hours for	Bustee or director						organization	(W-2/1099-MISC)	from the
	related	10 33	3255			asses		(W-2/1099-MISC)	,	organization
	organizations	E SAS	nai tru		33.65	omo:				and related
	woled	Indiregual s	nstitutional trustee	Officer	Key employee	Highest compensated emptoyee	100			organizations
	line) 1.00	133	E	8	32	美倉	Σ			
(1) TREVOR MILLER	1.00	X						0.	0.	0.
DIRECTOR (2) ZACH LOWE	1,00	<u>^</u>	-			-			<u>``</u>	
DIRECTOR	1.00	X						0.	0.	0.
(3) MARC WEISS	1.00	 ^``		├─	 	╁				
DIRECTOR	2,00	x						0.	0.	0.
(4) MICHELLE MURRAY	1.00	 		-	 	-				
DIRECTOR		x						0.	0.	0.
(5) BETTY COHEN	1.00	 								
DIRECTOR		X						0.	0.	0.
(6) COLE LEYSTRA	20.00								_	
EXECUTIVE DIRECTOR		<u> </u>		X				36,000.	0.	768.
(7) RUSS FEINGOLD	10.00						ŀ		_	
PRESIDENT	2 2 2 2			Х			<u> </u>	30,000.	0.	0.
(8) MARY IRVINE	20.00						ŀ	CO 400	0.	0.
VICE PRESIDENT		_		X				62,400.	V.	0.
(9) CHRIS LOUDERBACK	20.00	1		x				25,000.	0.	4,186.
SECRETARY		├		^	_		<u> </u>	23,000.	0.	4,100.
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232007 12-10-12

Form 990 (2012)

Par	Section A. Officers, Directors, Trus	tees, Key Em (B)	ploy I	ees		<u>d HI</u> 2)	ghe:	st C	(D)	es (continuea) (E)			(F)	
	(A) Name and title	Average hours per	box	not c	Pos heck ss pe	itior more	than is bot or/trus	ı an	Reportable compensation	Reportable	Reportable compensation		timateo ount c other	
		week (list any hours for related organizations below line)	ndividual trustee or director	institutional trustee	Ĭ	<u> </u>	Highest compensated employee		from the organization (W-2/1099·MISC)	organizations (W-2/1099-MIS	3	comp fro orga and	pensat pensat om the anization f relate nization	on ed
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1b	Sub-total	,					>		153,400.		0.		4,95	$\frac{04}{0}$
	Total from continuation sheets to Part V Total (add lines 1b and 1c)					.	•		153,400.		0.		4,9	54.
2	Total number of individuals (including but r	not limited to th	ose	liste	ed a	bov	e) wi	10 r	eceived more than \$100	,000 of reportabl	е			0
	compensation from the organization			·····							.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	such individual							.,,.,,	,		3		X
4	For any individual listed on line 1a, is the si and related organizations greater than \$15	um of reportab	le c	omp	ens	atio	n and Adul	to b	her compensation from	the organization	ŀ	4	1847.08	X
5	Did any person listed on line 1a receive or	accrue compe	nsa	tion	from	ı an	y uni	ela	ted organization or Indiv	idual for services	[83339	
	rendered to the organization? If "Yes," con	nplete Schedu	e J	for s	uch	per	son .	110.50				5	1	Х
1	tion B. Independent Contractors Complete this table for your five highest or	ompensated in	dep	ende	ent o	cont	racto	ors	that received more than	\$100,000 of con	pens	ation f	rom	***************************************
	the organization. Report compensation for	the calendar y	ear/	end	ìng v	with	or w	ithi	n the organization's tax (B)	year.		(C	:}	
	(A) Name and business								Description of s	services	C	omper		1
	KUS DIRECT, 2101 PARKS RGINIA BEACH, VA 23451		E	60	0,				DIRECT MAIL FUNDRAISING			20	0,28	33.
	GINIA BEACH, VA Z3431	-4177							. 0.110.1			***************************************		
														
	Total number of independent contractors (including but	ant i	imite	ad to	the	ose li	ster	d above) who received r	nore than	viers			18.18.19 19.48.19
2	\$100,000 of compensation from the organ			.,.,,,,			1						200	
												Form!	ふみひ (5	U12)

Total, Add inse 2e2f All other program service revenue	Pa	rt VII	5425				•		المستما
1			Check if Schedule O conta	ains a response	to any question	(A)	Related or	Unrelated	(D) Revenue excluded from tax unger
1				skie kuning juli kunin Žulju Europi kuningti					sections 512, 513, or 514
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Business Code 2 a MERCHANDISE SALES Business Code 454111 156. 1	š.	е	Government grants (contributi	ions) 1e					
Business Code 2 a MERCHANDISE SALES Business Code 454111 156. 1	5 P	#		ts, and	000 010				
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Business Code 2 a MERCHANDISE SALES Business Code 454111 156. 1	ont nd (g	Noncash contributions Included in lines	1a-1f: \$		1 053 715			
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9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS REVENUE 900099 60. 60. 40 All other revenue Total. Add lines 11a-11d Total rovenue. See instructions. 1 a Dotal solutions	₹			*******				Maken Bak Aster Brothers out	Are a konor i utilizarilere
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c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a MISCELLANEOUS REVENUE 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		h							
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and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS REVENUE 900099 60. 60. d All other revenue Total. Add lines 11a-11d Total revenue. See instructions. 1,053,931. 0.0. 216.									
b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS REVENUE 900099 60. 60. b c d All other revenue e Total. Add lines 11a-11d		1							
Miscellaneous Revenue Business Code		b							
11 a MISCELLANEOUS REVENUE 900099 60. 60. 60. b c d All other revenue 60. 60.		С	Net income or (loss) from sale	s of inventory		Services of the photographic distinction of	William Street William Street Street	an National Nation of the White Section of	
b c d All other revenue e Total. Add lines 11a-11d		<u></u>	Miscellaneous Revenu	le				\$ 10 PERSONAL PROPERTY OF STREET	60
c d All other revenue e Total. Add lines 11a·11d ► 60. 12 Total revenue. Spe instructions. ► 1,053,931. 0. 0. 216.		1	MISCELLANEOUS R	(EVENUE	900099	60.			00.
d All other revenue e Total. Add lines 11a-11d 12 Total revenue. Spe instructions. 1 1,053,931. 1 0. 1 2,16.		l							
e Total. Add lines 11a-11d 12 Total revenue. See instructions. 1,053,931. 0. 216.		C	A It with any name of the						
12 Total revenue. See instructions. 1,053,931. 0. 0. 216.		ء ا			<u> </u>	60.			
							0.	0.	216.
	23200								Form 990 (2012)

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	<u></u>
	Check if Schedule O contains a respor	nso to any question in th	is Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundralsing expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	······			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			07 000	44 500
	trustees, and key employees	158,354.	85,943.	27,908.	44,503
6	Compensation not included above, to disqualified		,		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	243,907.	132,373.	42,986.	68,548
8	Pension plan accruals and contributions (Include			200	400
	section 401(k) and 403(b) employer contributions)	1,702. 8,527.	924.	300.	478 2,396
9	Other employee benefits		4,628.	1,503.	2,396
10	Payroll taxes	28,872.	15,669.	5,089.	8,114
11	Fees for services (non-employees):				
а	Management				
b	Legal	5,649.		5,649.	
C	Accounting	6,416.		6,416.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	272,656.			272,656
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch O.)	107,639.	107,639.		
12	Advertising and promotion	13,222.	13,222.		
13	Office expenses	97,695.	17,214.	6,701.	73,780
14	Information technology				
15	Royalties				
16	Occupancy	35,835.	23,142.	5,258.	7,435
17	Travel	66,543.	40,952.		25,591
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,174.		2,174.	
24	Other expenses, Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а				······································	
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,049,191.	441,706.	103,984.	503,501
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				<u> </u>
23201	0 12-10-12				Form 990 (2012)

	Check if Schedule O contains a response to any qu	uestion in this Part X		*******	[/p\
			(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	***************************************	145,803.	1	126,675.
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net			3	10,000.
4	Accounts receivable, net			4	
5	Loans and other receivables from current and form	er officers, directors,		Sama	
*	trustees, key employees, and highest compensate	d employees. Complete			
	Part II of Schedule L			5	
6	Loans and other receivables from other disqualified	d persons (as defined under			
	section 4958(f)(1)), persons described in section 49	958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section	501(c)(9) voluntary		No.	
	employees' beneficiary organizations (see instr). Co	omplete Part II of Sch L.		6	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	2,213.
10a		1			
''"	basis. Complete Part VI of Schedule D1	0a			
þ		ОБ		10c	
11	Investments - publicly traded securities			11	
12	Investments - other securities. See Part IV, line 11			12	
13	Investments - program-related. See Part IV, line 11			13	
14	Intangible assets			14	
15	Other assets. See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equal I		145,803.	16	138,888.
17	Accounts payable and accrued expenses			17	29,392.
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities		20		
21	Escrow or custodial account liability. Complete Pa	rt IV of Schedule D		21	
22	Loans and other payables to current and former of				
1	key employees, highest compensated employees,	and disqualified persons.			
	Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrelate			23	
24	Unsecured notes and loans payable to unrelated t	hird parties		24	
25	Other liabilities (including federal income tax, paya	bles to related third		ŀ	
	parties, and other liabilities not included on lines 1	7-24). Complete Part X of			
1	Schedule D			25	
26	Total liabilities. Add lines 17 through 25		0.	26	29,392.
	Organizations that follow SFAS 117 (ASC 958),	check here 🕨 🐰 and			
	complete lines 27 through 29, and lines 33 and			16. 6	
27	Unrestricted net assets		145,803.	27	104,496.
28	Temporarily restricted net assets			28	5,000.
29	, ,			29	
	Organizations that do not follow SFAS 117 (ASC	C 958), check here 🕨 📖			
	and complete lines 30 through 34.			1000	建
30	Capital stock or trust principal, or current funds	***************************************	***************************************	30	
31	Paid-in or capital surplus, or land, building, or equi			31	
32	Retained earnings, endowment, accumulated inco	me, or other funds		32	
33	Total net assets or fund balances		145,803.	33	109,496.
1	Total liabilities and net assets/fund balances		145,803.	34	138,888

Form 990 (2012)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Employer identification number Name of the organization 45-2317777 PROGRESSIVES UNITED, Organization type (check one): Section: Filers of: X 501(c)(4) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule To an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filling Form 990 or 990 EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990 EZ or on Part I, line 2 of its Form 990 PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

PROGRESSIVES	UNITED,	INC

PROGRI	ESSIVES UNITED, INC.	45	-2317777
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000.	Person X Payroll Noncash (Complete Part If if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 4	Name, address, and Zir 7 *	\$ 10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$.	Person X Payroil Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
223452 12-2	1.10	Schedule B (Form	990, 990-EZ, or 990-PF) (2012

PROGRESSIVES	UNITED.	INC.	

45-2317777

PROGRI	RESTARS ONTERD, INC.	4.7	231////
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 10,000.	Person X Payroll Noncash (Complete Part II If there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		s10,000.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		s <u>10,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		s10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
223452 12-21	I-12	Schedule B (Form	990, 990-EZ, or 990-PF) (2012)

Name of org	ganization		
PROGRESSIVES UNITED, INC.			45-2317777
Part I	Contributors (see instructions). Use duplicate copies of Part I i	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
13		\$ 10,0	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) is Type of contribution
14		\$5,0	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
15		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
<u>16</u>		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
17		s 5,0	Person X Payrol! Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
18		\$10,0	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

223452 12-21-12

PROGRES	SIVES UNITED, INC.	4.5	5-2317777
· · · · · · · · · · · · · · · · · · ·	Contributors (see instructions). Use duplicate copies of Part I If	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$ 5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2012)

PROGRESSIVES UNITED, INC.

45-2317777

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		Ψ	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see Instructions)	(d) Date received

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I			
			390, 990-EZ, or 990-PF) (201

	IVES UNITED, INC.	vidual analyihuliane ta saeban ku VeV7	45-2317777			
t III - F	xclusively - teligious, charitable, etc., indi ear. Complete columns (a) through (e) and t	he following line entry. For organizations), (8), or (10) organizations that total more than \$1,000 to completing Part III, enter a year-(Enterthis information onco.) \$			
tì	ne total of exclusively religious, charitable, el Use duplicate coples of Part III if addition	c., contributions of \$1,000 or less for the	9 year- (Enterthis information onco.) - \$			
10.	ise duplicate copies of Part III II addition					
m t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
**						
	(e) Transfer of gift					
			Relationship of transferor to transferee			
-	Transferee's name, address, a	na ZIP + 4	Netationality of transferor to transfero			
]						
lo. m		(a) the of gift	(d) Description of how gift is held			
m t i	(b) Purpose of gift	(c) Use of gift	(a) Description of float give to the			
	*,					
ļ	· · · · · · · · · · · · · · · · · · ·	(e) Transfer of gift				
		(e) transfer of gift				
	Transferee's name, address, a	and 7IP + 4	Relationship of transferor to transferee			
	Transferee a flame, audi coo; c	177				
-						
		<u>, </u>				
Vo. m	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
41	***					
t!		1				
		(e) Transfer of gift				
		(e) Transfer of gift				
	Transferee's name, address, a		Relationship of transferor to transferee			
	Transferee's name, address, a		Relationship of transferor to transferee			
	Transferee's name, address, a		Relationship of transferor to transferee			
	Transferee's name, address, a		Relationship of transferor to transferee			
	Transferee's name, address, a	and ZIP + 4				
	Transferee's name, address, a		Relationship of transferor to transferee (d) Description of how gift is held			
		and ZIP + 4				
		and ZIP + 4				
		and ZIP + 4				
		(c) Use of gift				
No. m		and ZIP + 4				
	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held			
		(c) Use of gift (e) Transfer of gift				
	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held			
	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1645-0047 Open to Public Inspection

Name of the organization

Employer identification number 45-2317777

<u></u>	PROGRESSIVES UNITED,	Eunda or Other Cimilar Eunda	or Accounts Complete if the
Par			Of Moodiffusiontiblete it the
	organization answered "Yes" to Form 990, Part IV, line 6		(b) Funds and other accounts
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wri	ting that the assets held in donor advis	ed funds
_	are the organization's property, subject to the organization's ex	clusive legal control?	Yes L No
6	Did the organization inform all grantees, donors, and donor adv	isors in writing that grant funds can be	used only
•	for charitable purposes and not for the benefit of the donor or o	lonor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pai		nization answered "Yes" to Form 990, F	Part IV, line 7.
	Purpose(s) of conservation easements held by the organization		
1	Preservation of land for public use (e.g., recreation or edu	ecation) Preservation of an his	torically important land area
	Protection of natural habitat		ified historic structure
		1,1000,121121,070,070	***************************************
_	L Preservation of open space Complete lines 2a through 2d if the organization held a qualified	d concorration contribution in the form	of a conservation easement on the last
2		CONSERVATION CONTINUENCY IN THE TOWN	V. 4 001,001 01,001
	day of the tax year.		Held at the End of the Tax Year
			<u> </u>
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic struc	ture included in (a)	
d	Number of conservation easements included in (c) acquired aft		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ised, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ment is located -	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	r
	violations, and enforcement of the conservation easements it h	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ar	nd enforcing conservation easements o	uning the year
7	Amount of expenses incurred in monitoring, inspecting, and en	forcing conservation easements during	the year > \$
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170/h\/4\/B\/@?		YesNo
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizatio	n's financial statements that describes	the organization's accounting for
Pa	till Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form 99	30, Part IV, line 8.	
1a	If the graphization elected, as nemitted under SFAS 116 (ASC	958), not to report in its revenue states	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	itlon, education, or research in furthera	ince of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.	
h	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statemen	t and balance sheet works of art, historical
N	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X	***************************************	▶ \$
_	If the organization received or held works of art, historical treas	ures, or other similar assets for financia	al gain, provide
2	if the organization received or neig works of art, historical treas	s (ASC 058) relating to these items	
	the following amounts required to be reported under SFAS 116		▶ \$
a	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		> \$
b	Assets Included in Form 990, Part X	***************************************	
			0-1-4-1-D (F-* 000) 0010

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

Schedule D (Form 990) 2012

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate Instructions.

2012

Open To Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

DOODECCTIVE INTOFF T

Employer identification number

	SIVES UNITED, INC				45~2317	
Part Fundraising Activities required to complete this part	 Complete if the organization answ t. 	ered "Ye	es" to	Form 990, Part IV, I	ne 17. Form 990·EZ	filers are not
1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	e Solicité f Solicité g Special or oral agreement with any individual orart VII) or entity in connection with lividuals or entities (fundraisers) pur	ation of r ation of o al fundrai al (includ professi	non∙g gover islng ling o onal t	overnment grants nment grants events fficers, directors, true undraising services?	stees or XYes	☐ No ⊃e
(i) Name and address of Individual or entity (fundralser)	(ii) Activity	(III) fundre have cu or contribu	Did alser estody rol of slons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundralser listed in col. (i)	(vi) Amount paid to (or retained by) organization
NEXUS DIRECT - 2101 PARKS AVE		Yes	No			
STE 600, VIRGINIA BEACH, VA	DIRECT MAIL FUNDRAISING		X	459,495.	200,283.	259,212.
TRILOGY INTERACTIVE, LLC - 724 LYTTON AVE, PALO ALTO, CA	ONLINE FUNDRAISING		х	274,703.	54,692.	220,011.
				734 198	254,975.	479,223.
Total	is a state and as tigonand to polici	t contrib	ution	734,198.	L	
3 List all states in which the organization flicensing. AL, AK, AZ, AR, CA, CO, CT, MT, NE, NV, NH, NJ, NM, NY,	DE EL CA HT ID II.	.TN.	TA.	KS.KY.LA.M	E.MD.MA.MI	.MN,MS,MO

Schedule G (Form 990 or 990-EZ) 2012

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

232082 01-07-13

11	edute G (Form 990 or 990 EZ) 2012 PROGRESSIVES UNITED, INC. 45-		
12	Does the organization operate gaming activities with nonmembers?	Yes	N
	is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	LJ Yes	ll N
3	Indicate the percentage of garning activity operated in:	13a	
a	The organization's facility	13b	
b ₄	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	التنتيبا	
144	Enter the name and address of the person who properted the organization of gamma-special		
	Name >		
	Address >		
<u>ا</u>	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	
þ	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
¢	If "Yes," enter name and address of the third party:		
	Name ►		
	PER P		
	Address >		
10	Cambian manager information:		
16	Gaming manager information:		
	Name >		·
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to	∏ Yes	
a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming ficense?	Yes	
а	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	Yes	
a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **TEV* Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (in the explanations required by Part I, line 2b, columns (in the explanations required by Part I, line 2b, columns (in the explanations required by Part I, line 2b, columns (in the explanations required by Part I, line 2b, columns (in the explanations required by Part I, line 2b, columns (in the explanations required by Part I, line 2b, columns (in the explanations required by Part I, line 2b, columns (in the explanations required by Part I, line 2b, columns (in the explanations required by Part I, line 2b, columns (in the explanations required by Part I, line 2b, columns (in the explanations required by Part I, line 2b, columns (in the explanations required by Part I, line 2b, columns (in the explanations required by Part I, line 2b, columns (in the explanations required by Part I, line 2b, columns (in the explanations required by Part I, line 2b, columns (in the explanation) required by Part I, line 2b, columns (in the explanation) required by Part I, line 2b, columns (in the explanation) required by Part I, line 2b, columns (in the explanation) required by Part I, line 2b, columns (in the explanation) required by Part I, line 2b, columns (in the explanation) required by Part I, line 2b, columns (in the explanation) required by Part I, line 2b, columns (in the explanation) required by Part I, line 2b, columns (in the explanation) required by Part I, line 2b, columns (in the explanation) required by Part I, line 2b, columns (in the explanation) required by Part I, line 2b, columns (in the explanation) required by Part I, line 2b, columns (in the expla	ii) and (v), and	i Part II
a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ii) and (v), and	i Part II
a b Pa	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (I lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional informatic	ii) and (v), and on (see instru	i Part II
a b Pa	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **TEV* Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (in the explanations required by Part I, line 2b, columns (in the explanations required by Part I, line 2b, columns (in the explanations required by Part I, line 2b, columns (in the explanations required by Part I, line 2b, columns (in the explanations required by Part I, line 2b, columns (in the explanations required by Part I, line 2b, columns (in the explanations required by Part I, line 2b, columns (in the explanations required by Part I, line 2b, columns (in the explanations required by Part I, line 2b, columns (in the explanations required by Part I, line 2b, columns (in the explanations required by Part I, line 2b, columns (in the explanations required by Part I, line 2b, columns (in the explanations required by Part I, line 2b, columns (in the explanations required by Part I, line 2b, columns (in the explanations required by Part I, line 2b, columns (in the explanation) required by Part I, line 2b, columns (in the explanation) required by Part I, line 2b, columns (in the explanation) required by Part I, line 2b, columns (in the explanation) required by Part I, line 2b, columns (in the explanation) required by Part I, line 2b, columns (in the explanation) required by Part I, line 2b, columns (in the explanation) required by Part I, line 2b, columns (in the explanation) required by Part I, line 2b, columns (in the explanation) required by Part I, line 2b, columns (in the explanation) required by Part I, line 2b, columns (in the explanation) required by Part I, line 2b, columns (in the explanation) required by Part I, line 2b, columns (in the expla	ii) and (v), and on (see instru	i Part II
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a b Pa	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ **TELY Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (I lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information. **HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE*	ii) and (v), and on (see instru	i Part II
a b Pa SC	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ **TELY Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (I lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information.** HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE **NAME OF FUNDRAISER: NEXUS DIRECT**	ii) and (v), and on (see instru	i Part II
a b Pa	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ **********************************	ii) and (v), and on (see instru	i Part II
Pa BC	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ **TELY Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (I lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information.** HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE **NAME OF FUNDRAISER: NEXUS DIRECT** ADDRESS OF FUNDRAISER:	ii) and (v), and on (see instru	i Part II
a b Pa GC	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ **TELY Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (I lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information.** HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE **NAME OF FUNDRAISER: NEXUS DIRECT**	ii) and (v), and on (see instru	i Part II
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Pa Pa SC (I (I	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ ***TELV** Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (ines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information. HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE ***) NAME OF FUNDRAISER: NEXUS DIRECT** **) ADDRESS OF FUNDRAISER: **O1 PARKS AVE STE 600, VIRGINIA BEACH, VA 23451-4135* **) NAME OF FUNDRAISER: TRILOGY INTERACTIVE, LLC	ii) and (v), and on (see instru RS:	i Part II
(I (Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ ***TELV** Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (ines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information. HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE ***) NAME OF FUNDRAISER: NEXUS DIRECT** **) ADDRESS OF FUNDRAISER: **O1 PARKS AVE STE 600, VIRGINIA BEACH, VA 23451-4135* **) NAME OF FUNDRAISER: TRILOGY INTERACTIVE, LLC	ii) and (v), and on (see instru RS:	i Part II ctions).
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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
2012
Open to Public Inspection

Oppartment of the Treasury Internal Revenue Service

232211

Name of the organization

Employer identification number 45-2317777

PROGRESSIVES UNITED, INC. 45-2517777
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
GRASSROOTS LOBBYING BY ORGANIZING AND AMPLIFYING THE VOICES OF THOSE
WHO BELIEVE THAT CORPORATIONS HAVE TOO MUCH POWER.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND DEMOCRATIC PRINCIPLES ARE UPHELD TO THE HIGHEST STANDARDS, EVEN IN
THE FACE OF THE LAWLESS CITIZENS UNITED SUPREME COURT DECISION.
FORM 990, PART VI, SECTION B, LINE 11: THE PREPARED FORM 990 IS REVIEWED
AND APPROVED BY EACH MEMBER OF THE GOVERNING BODY BEFORE THE RETURN IS
FILED WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY ALL DIRECTORS, OFFICERS,
AND EMPLOYEES COMPLETE AND SIGN A STATEMENT THAT PROVIDES INFORMATION
REGARDING THEIR INTERESTS AND THOSE OF THEIR FAMILY MEMBERS THAT COULD GIVE
RISE TO CONFLICTS. THE MEMBERS OF THE GOVERNING BODY AND MANAGEMENT MAKE
DETERMINATIONS OF WHETHER A CONFLICT EXISTS AND REVIEW ACTUAL CONFLICTS.
ANY PERSON WITH A CONFLICT IS PROHIBITED FROM PARTICIPATING IN THE
GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE TRANSACTION.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:
CONSULTING FEES: Like For Paragraph Poduction Act Notice see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990 EZ) (2012)	Page 2 Employer identification number
Name of the organization PROGRESSIVES UNITED, INC.	45-2317777
PROGRAM SERVICE EXPENSES	107,639.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	107,639.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	107,639.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN OVERALL METHOD OF ACCOUNTING	-41,047.
FORM 990, PART XII, LINE 1, ACCOUNTING METHOD CHANGE:	
PROGRESSIVES UNITED, INC. CHANGED ITS OVERALL METHOD OF	ACCOUNTING FROM
THE CASH RECEIPTS AND DISBURSEMENTS METHOD OF ACCOUNTING	TO THE ACCRUAL
METHOD OF ACCOUNTING EFFECTIVE JANUARY 1, 2012.	
	•