

Form **990**
 Department of the Treasury
 Internal Revenue Service

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)

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

OMB No 1545-0047
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PROJECT FOR PRIDE IN LIVING INC		D Employer identification number 23-7232208
	Doing Business As		E Telephone number (612) 455-5100
	Number and street (or P O box if mail is not delivered to street address) 1035 EAST FRANKLIN AVENUE	Room/suite	G Gross receipts \$ 17,053,110
	City or town, state or country, and ZIP + 4 MINNEAPOLIS, MN 554042920		
F Name and address of principal officer JACK KATZMARK 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042920		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates 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.PPL-INC.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 1972	M State of legal domicile MN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO WORK WITH LOWER-INCOME INDIVIDUALS AND FAMILIES TO ACHIEVE GREATER SELF-SUFFICIENCY THROUGH HOUSING, EMPLOYMENT TRAINING, EDUCATION AND SUPPORT SERVICES		
	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	42
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	42
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	211
	6 Total number of volunteers (estimate if necessary)	6	1,612
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	7,392,931	8,957,320
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,819,945	4,933,297
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	135,495	86,245
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-3,049,875	-835,385
		10,298,496	13,141,477
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)	7,143,823	7,396,201
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 626,299		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	5,402,279	6,460,026
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	12,546,102	13,856,227
19 Revenue less expenses Subtract line 18 from line 12	-2,247,606	-714,750	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	40,601,450	39,037,074
	21 Total liabilities (Part X, line 26)	32,169,502	33,084,327
	22 Net assets or fund balances Subtract line 21 from line 20	8,431,948	5,952,747

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	*****		2011-10-13						
	Signature of officer		Date						
Paid Preparer Use Only	Print/Type preparer's name	DANIEL J FLICEK	Preparer's signature	DANIEL J FLICEK	Date	2011-10-13	Check if self-employed <input type="checkbox"/>	PTIN	
	Firm's name	▶ MAHONEYULBRICHCHRISTIANSEN & RUSS PA						Firm's EIN	▶
	Firm's address	▶ 30 EAST PLATO BOULEVARD						Phone no	▶ (651) 227-6695
		SAINT PAUL, MN 551071809							

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission
 TO WORK WITH LOWER-INCOME INDIVIDUALS AND FAMILIES TO ACHIEVE GREATER SELF-SUFFICIENCY THROUGH HOUSING, EMPLOYMENT TRAINING, EDUCATION AND SUPPORT SERVICES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 6,186,447 including grants of \$) (Revenue \$ 3,252,029)
 AFFORDABLE HOUSING AND DEVELOPMENT THE AFFORDABLE HOUSING AND DEVELOPMENT DIVISION PROVIDES FEASIBILITY ANALYSIS, PRE-DEVELOPMENT, DEVELOPMENT, CONSTRUCTION MANAGEMENT OF AFFORDABLE RENTAL AND FOR SALE HOUSING, ASSET MANAGEMENT AND PROPERTY MANAGEMENT OF MULTIFAMILY RESIDENTIAL AND COMMERCIAL PROPERTIES PPL BRINGS AFFORDABLE RENTAL AND FOR-SALE HOUSING TO THE TWIN CITIES MARKET THROUGH CONSTRUCTION, RENOVATION, AND PRESERVATION OVER THE YEARS, PPL HAS BUILT OR RENOVATED NEARLY 1,750 AFFORDABLE HOUSING UNITS AS OF DECEMBER 31, 2010, PPL OWNED AND/OR MANAGED A PORTFOLIO OF ABOUT 960 UNITS IN OVER 90 BUILDINGS ACROSS THE METROPOLITAN AREA TWO HUNDRED SEVENTY SIX (276) UNITS ARE DEDICATED TO SUPPORTIVE HOUSING FOR INDIVIDUALS WITH SPECIAL NEEDS IN 2010, PPL RENOVATED 72 UNITS OF AFFORDABLE RENTAL HOUSING IN THE NEAR NORTH NEIGHBORHOOD OF MINNEAPOLIS THIS REVITALIZATION PROJECT ENCOMPASSED PPL RE-START, PPL'S FIRST SUPPORTIVE HOUSING DEVELOPMENT FOR PERSONS WITH CRIMINAL HISTORIES ALSO IN 2010, PPL OPENED THE FIRST LEED PLATINUM CERTIFIED HOME IN NORTH MINNEAPOLIS WHICH IS PART OF THE LARGE MULTI-YEAR, MULTIFACETED HAWTHORNE ECOVILLAGE PROJECT THE GOAL OF THIS PROJECT IS TO CREATE 50 TO 100 NEW UNITS OF FOR-SALE HOUSING AND 40 TO 50 UNITS OF NEW AFFORDABLE RENTAL HOUSING, ALL DEVELOPED TO A HIGH STANDARD OF SUSTAINABILITY, MAKING GREEN LIVING AFFORDABLE

4b (Code) (Expenses \$ 1,641,757 including grants of \$) (Revenue \$ 208,031)
 EDUCATION THE EDUCATION DIVISION AIMS TO ASSIST PEOPLE TOWARDS SELF-SUFFICIENCY BY OFFERING HIGH QUALITY EDUCATIONAL AND EMPLOYMENT SERVICES IN PARTNERSHIP WITH THE COMMUNITY THE EDUCATION DIVISION OPERATES THE FOLLOWING A PRE-SCHOOL, A MIDDLE SCHOOL AND TWO HIGH SCHOOLS THE EDUCATION DIVISION ALSO MANAGES A SPONSOR RELATIONSHIP WITH PARTNERSHIP ACADEMY, A RICHFIELD, MINNESOTA-BASED CHARTER SCHOOL THE EARLY WONDERS FULL-DAY, YEAR-ROUND LICENSED PRESCHOOL PROGRAM SERVES UP TO 27 CHILDREN IT FEATURES THE RESEARCH-BASED HIGHSOPE CURRICULUM THAT FOCUSES ON THE INTERESTS AND INTERACTIONS OF EACH CHILD, GUIDING AND MOTIVATING THEIR INDIVIDUAL SOCIAL, EMOTIONAL, AND COGNITIVE GROWTH THE PROGRAM IS ACCREDITED THROUGH THE NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN AND HAS BEEN RECOGNIZED AS A HENNEPIN COUNTY "STRONG BEGINNINGS" SITE EARLY WONDERS BELIEVES THAT PARENTS ARE KEY TO CREATING A STRONG PATH TO KINDERGARTEN FOR THEIR CHILDREN AND PROVIDES A FAMILY RESOURCE COORDINATOR TO HELP LOW-INCOME FAMILIES ENGAGE IN AND SUPPORT THEIR CHILDRENS LEARNING THIS HIGH-QUALITY PROGRAM IS STAFFED BY LICENSED TEACHERS AND IS DEDICATED TO HELPING YOUTH AND THEIR FAMILIES PREPARE FOR KINDERGARTEN IN 2010, VOLUNTEERS AND YOUTH GROUPS GAVE OVER 100 HOURS OF SERVICE TO CREATE A NEW PLAYGROUND AT EARLY WONDERS MINNEAPOLIS EMPLOYMENT READINESS CENTER (MERC) IS BOTH AN ALTERNATIVE MIDDLE SCHOOL (GRADES 7 TO 8) AND HIGH SCHOOL (GRADES 9 TO 12) WITH LICENSED STAFF AND SMALL CLASS SIZES MERC ENCOURAGES BUILDING RESPONSIBILITY, ACCOUNTABILITY AND RESPECT, WHILE OFFERING JOB READINESS, STATE ALIGNED ACADEMIC CURRICULUM, COLLEGE PREPARATION, INDIVIDUALIZED INSTRUCTION, AND AN AFTERSCHOOL TUTORING PROGRAM LORING NICOLLET ALTERNATIVE SCHOOL (LNAS), FOUNDED IN 1971, IS AN ALTERNATIVE HIGH SCHOOL FOR YOUTH IN GRADES 9-12 THE SCHOOL VALUES RESPECT FOR INDIVIDUALITY, A MULTICULTURAL AND GENDER FAIR CURRICULUM, AN INFORMAL ATMOSPHERE, PARTICIPATORY DEMOCRACY, OPEN/HONEST COMMUNICATION, MUTUAL TRUST, SPIRITUAL GROWTH, SELF-DISCIPLINE, AND A BALANCE BETWEEN GROUP AND INDIVIDUAL RESPONSIBILITY BOTH MERC AND LNAS WERE RANKED AT THE VERY TOP OF A QUALITY REVIEW OF ALL SCHOOLS IN THE MINNEAPOLIS PUBLIC SCHOOL DISTRICT BY CAMBRIDGE EDUCATION GROUP

4c (Code) (Expenses \$ 3,145,528 including grants of \$) (Revenue \$ 208,913)
 HUMAN SERVICES THE HUMAN SERVICES DIVISION WORKS DIRECTLY WITH FAMILIES AND CHILDREN TO MAKE THE TRANSITION FROM POVERTY AND INSTABILITY TO ECONOMIC INDEPENDENCE AND HEALTHY, INTEGRATED LIVING THE PROGRAMS TAKE A HOLISTIC AND COMPREHENSIVE APPROACH TO ASSISTING FAMILIES WHILE PROVIDING A RANGE OF SUPPORT SERVICES AND LINKS TO COMMUNITY RESOURCES THE HUMAN SERVICES PROGRAM AT PPL OFFERS SERVICES INCLUDING LIFE SKILLS, FINANCIAL AND EMPLOYMENT COACHING, FAMILY HEALTH AND NUTRITION WORKSHOPS AND INDIVIDUALIZED DIRECT SERVICE AND REFERRALS THE PURPOSE OF THE HUMAN SERVICES PROGRAM IS TO CREATE A SAFE, STABLE AND SUPPORTIVE ENVIRONMENT FROM WHICH PEOPLE AND NEIGHBORHOODS CAN THRIVE IN 2010, APPROXIMATELY 2,262 ADULTS RECEIVED FAMILY STABILITY SERVICES THROUGH THIS PROGRAM PPL RE-START OPENED IN AUGUST TO PROVIDE 14 UNITS OF SUPPORTIVE HOUSING FOR PERSONS WITH CRIMINAL HISTORIES RESIDENTS RECEIVE INTENSIVE ONSITE SERVICES TO ENSURE STABILITY, INCREASE QUALITY OF LIFE, FAMILY REUNIFICATION AND POSITIVE RE-ENTRY INTO SOCIETY THE FINANCIAL COACHING SERVICES EXPANDED TO THE SELF-SUFFICIENCY PROGRAM AND THE PPL FINANCIAL LITERACY TOOLKIT IS NOW REGULARLY ACCESSED ONLINE BY STAFF WORKING ONSIDE WITH RESIDENTS A PARTNERSHIP WITH THE UNIVERSITY OF MINNESOTA RECEIVED STIMULUS GRANT TO INCREASE BROADBAND ACCESS, TECHNICAL ASSISTANCE AND COMPUTER INSTRUCTION FOR PPL RESIDENTS IN NORTH MINNEAPOLIS CONNECTIONS TO WORK FAMILY STABILIZATION SERVICES PARTNERS WITH HENNEPIN COUNTY TO HELP MFIP (MINNESOTA FAMILY INVESTMENT PROGRAM) RECIPIENTS FURTHER THEIR EMPLOYMENT GOALS AND STABILIZE THEIR FAMILIES THIS PROGRAM IS SPECIFICALLY DESIGNED TO ASSIST 160 FAMILIES WHO HAVE AT LEAST ONE MEMBER DIAGNOSED WITH A DISABILITY WITH OVER 25-YEARS OF EXPERIENCE IN PROVIDING EMPLOYMENT AND JOB TRAINING OPPORTUNITIES, PPL TAKES MULTIPLE APPROACHES TO HELP LOW-INCOME AREA RESIDENTS ENTER THE WORKFORCE AND ADVANCE IN THEIR CAREERS, ESPECIALLY IN THE CURRENTLY UNSTABLE JOB MARKET JOB TRAINING OPPORTUNITIES INCLUDE TRAINING IN THE CLASSROOM OR ON-THE-JOB IN 2010, 6,750 ADULTS RECEIVED WORK READINESS AND JOB TRAINING PPL OFFERS COMPUTER ACCESS LABS AND ASSOCIATED INSTRUCTION, PARTNERS WITH OTHER COMMUNITY AGENCIES, AND HAS INFUSED ALL PROGRAMMING WITH A CURRICULUM DESIGNED TO MAKE TECHNOLOGY MORE ACCESSIBLE TO THE LOW-INCOME POPULATION THE EMPLOYMENT CLASSES AND WORKSHOPS ARE INFUSED WITH ADULT BASIC EDUCATION INSTRUCTION FOCUSING ON REMEDIAL READING AND MATH SKILLS THAT ARE ESSENTIAL TO BECOMING COMPETITIVE JOB SEEKERS IN 2010, THE EDUCATION FOR LIFE PROGRAM SERVED NEARLY 300 HIV+ INDIVIDUALS, OFFERING THEM AN OPPORTUNITY TO EXPLORE AND PREPARE FOR RETURNING TO WORK IN A POSITIVE AND SUPPORTIVE LEARNING ENVIRONMENT YOUTH DEVELOPMENT PROGRAM PROVIDES HIGH QUALITY AFTERSCHOOL LEARNING ACTIVITIES THAT IS INTENDED TO BUILD A SOLID FOUNDATION FOR SUCCESS IN SCHOOL AND LIFE IN 2010, A COMPREHENSIVE AFTERSCHOOL AND SUMMER PROGRAM WAS LAUNCHED ONSITE AT THE VAN CLEVE DEVELOPMENT PROJECTS IN SOUTHEAST MINNEAPOLIS READY FOR SCHOOL HELPS PRE-K CHILDREN AND THEIR PARENTS PREPARE FOR KINDERGARTEN STAFF AND VOLUNTEERS CREATE AND IMPLEMENT LESSON PLANS TO HELP YOUNG CHILDREN REACH DEVELOPMENTAL MILESTONES AND TO SHOW PARENTS HOW THEY CAN TEACHERS AT HOME

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**
 (Expenses \$ 953,160 including grants of \$) (Revenue \$ 428,939)

4e Total program service expenses \$ 11,926,892

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)? <i>If "Yes," complete Schedule A.</i>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
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? <i>If "Yes," complete Schedule C, Part III.</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	Yes	
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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part VII.</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		No
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 U S? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules *(continued)*

21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . .	21	No
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . .	22	No
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . .	23	Yes
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? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i> . . .	24a	No
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 any tax-exempt bonds? . . .	24c	
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 disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . .	25a	No
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? <i>If "Yes," complete Schedule L, Part I</i> . . .	25b	No
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . .	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . .	27	No
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)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . .	28a	Yes
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . .	28b	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . .	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . .	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . .	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . .	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . .	33	Yes
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . .	34	Yes
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . .	35	No
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . .	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O . . .	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1a	54		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.		
2a	211		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does 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?		No
6b	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).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a 42		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 42		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed MN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization THE ORGANIZATION 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042920 (612) 455-5100

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							470,599	0	30,407	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **4**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a	779,992				
	b Membership dues 1b					
	c Fundraising events 1c	85,426				
	d Related organizations 1d					
	e Government grants (contributions) 1e	4,133,128				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	3,958,774				
	g Noncash contributions included in lines 1a-1f \$	329,884				
	h Total. Add lines 1a-1f		8,957,320			
	Program Service Revenue	2a PROGRAM FEES	900099	2,234,857	2,234,857	
b RENTAL REVENUE		531110	2,048,440	2,048,440		
c LEGAL SETTLEMENT		900099	650,000	650,000		
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f			4,933,297			
Other Revenue		3 Investment income (including dividends, interest and other similar amounts)		86,245		86,245
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 85,426 of contributions reported on line 1c) See Part IV, line 18 a					
		b Less direct expenses b		0		
c Net income or (loss) from fundraising events			0			
9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b		0			
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances a		3,076,248				
	b Less cost of goods sold b	3,911,633				
	c Net income or (loss) from sales of inventory		-835,385	-835,385		
11a Miscellaneous Revenue	Business Code					
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d					
	12 Total revenue. See Instructions		13,141,477	4,097,912	0	86,245

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	601,979	212,115	194,927	194,937
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	5,494,901	4,681,853	607,571	205,477
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	872,872	727,023	103,948	41,901
10	Payroll taxes	426,449	335,950	66,475	24,024
a	Fees for services (non-employees)				
	Management	239,239	239,239		
b	Legal	94,920	39,678	55,242	
c	Accounting	55,050		55,050	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	1,002,965	867,755	97,542	37,668
12	Advertising and promotion	24,983	23,794	1,089	100
13	Office expenses	265,539	116,812	137,785	10,942
14	Information technology				
15	Royalties				
16	Occupancy	737,932	731,016	5,641	1,275
17	Travel	167,638	166,179	1,415	44
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	27,679	4,037	16,874	6,768
20	Interest	538,856	538,773	83	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,232,958	1,232,958		
23	Insurance	148,126	116,664	31,462	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	BAD DEBTS	764,748	764,748		
b	IMPAIRMENT LOSS	635,231	635,231		
c	PROGRAM COSTS - OTHER	379,164	379,164		
d	PROPERTY MAINTENANCE	205,155	205,155		
e	MISCELLANEOUS EXPENSE	145,428	112,412	29,870	3,146
f	All other expenses	-205,585	-203,664	-101,938	100,017
25	Total functional expenses. Add lines 1 through 24f	13,856,227	11,926,892	1,303,036	626,299
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	5,803,376	1	5,268,656
	2 Savings and temporary cash investments	2,193,218	2	2,339,120
	3 Pledges and grants receivable, net	480,600	3	862,500
	4 Accounts receivable, net	2,417,849	4	2,070,709
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	151,235	8	
	9 Prepaid expenses and deferred charges	204,364	9	168,809
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	29,933,413		
	10b Less accumulated depreciation	9,421,794		
		20,543,070	10c	20,511,619
	11 Investments—publicly traded securities	259,404	11	287,349
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	23,961	14	36,849
15 Other assets. See Part IV, line 11	8,524,373	15	7,491,463	
16 Total assets. Add lines 1 through 15 (must equal line 34)	40,601,450	16	39,037,074	
Liabilities	17 Accounts payable and accrued expenses	2,706,816	17	1,939,054
	18 Grants payable		18	
	19 Deferred revenue	1,527,190	19	872,854
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	24,550,230	23	26,936,072
	24 Unsecured notes and loans payable to unrelated third parties	3,225,000	24	3,169,756
	25 Other liabilities. Complete Part X of Schedule D	160,266	25	166,591
	26 Total liabilities. Add lines 17 through 25	32,169,502	26	33,084,327
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,795,689	27	4,819,588
	28 Temporarily restricted net assets	480,600	28	977,500
	29 Permanently restricted net assets	155,659	29	155,659
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	8,431,948	33	5,952,747	
34 Total liabilities and net assets/fund balances	40,601,450	34	39,037,074	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,141,477
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,856,227
3	Revenue less expenses Subtract line 2 from line 1	3	-714,750
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,431,948
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,764,451
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,952,747

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

2010

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
PROJECT FOR PRIDE IN LIVING INC

Employer identification number

23-7232208

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4,657,519	6,479,043	7,632,469	7,392,931	8,957,320	35,119,282
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4,657,519	6,479,043	7,632,469	7,392,931	8,957,320	35,119,282
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,255,224
6 Public Support. Subtract line 5 from line 4						33,864,058

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	4,657,519	6,479,043	7,632,469	7,392,931	8,957,320	35,119,282
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	346,506	392,011	236,783	135,495	86,245	1,197,040
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support (Add lines 7 through 10)						36,316,322
12 Gross receipts from related activities, etc (See instructions)					12	21,145,242

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	93.250 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	90.040 %

16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

--

--

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2010

Open to Public Inspection

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization: PROJECT FOR PRIDE IN LIVING INC
Employer identification number: 23-7232208

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group
B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	5,300													
c	Total lobbying expenditures (add lines 1a and 1b)	5,300													
d	Other exempt purpose expenditures	12,825,672													
e	Total exempt purpose expenditures (add lines 1c and 1d)	12,830,972													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	791,549													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	197,887													
h	Subtract line 1g from line 1a If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount	780,995	919,611	675,355	791,549	3,167,510
b Lobbying ceiling amount (150% of line 2a, column(e))					4,751,265
c Total lobbying expenditures	44,927	56,960	0	5,300	107,187
d Grassroots non-taxable amount	195,249	229,903	168,839	197,887	791,878
e Grassroots ceiling amount (150% of line 2d, column (e))					1,187,817
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1.
Also, complete this part for any additional information

Identifier	Return Reference	Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization PROJECT FOR PRIDE IN LIVING INC

Employer identification number 23-7232208

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	155,659	155,659	89,868		
b Contributions			65,791		
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	155,659	155,659	155,659		

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment
- b** Permanent endowment 100 000 %
- c** Term endowment

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i) Yes	
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,204,793		1,204,793
b Buildings		28,112,686	8,937,109	19,175,577
c Leasehold improvements		615,934	484,685	131,249
d Equipment				
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				20,511,619

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT FUNDS ARE TO BE USED FOR OPERATING SUPPORT
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	PPL IS CLASSIFIED AS A TAX-EXEMPT ORGANIZATION UNDER MINNESOTA STATUTE 290.05 AND SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM PRIVATE FOUNDATION STATUS UNDER SECTION 509(A)(1) OF THE INTERNAL REVENUE CODE AND IS SUBJECT TO INCOME TAXES ONLY ON NET UNRELATED BUSINESS INCOME. MANAGEMENT BELIEVES PPL DID NOT HAVE ANY UNRELATED BUSINESS INCOME IN 2010 OR 2009. FEDERAL AND STATE TAX AUTHORITIES GENERALLY HAVE THE RIGHT TO EXAMINE THE CURRENT AND THREE PREVIOUS YEARS OF INCOME TAX RETURNS. PPL IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization PROJECT FOR PRIDE IN LIVING INC

Employer identification number 23-7232208

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and e-mail solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		BREAKFAST (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	85,426			85,426
	2 Less Charitable contributions	85,426			85,426
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
11 Net income summary Combine lines 3 and 10 in column (d) ▶					

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** 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? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
PROJECT FOR PRIDE IN LIVING INC

Employer identification number

23-7232208

Part I Questions Regarding Compensation

Yes No

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment from the organization or a related organization?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?
If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?
If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)	STEVE CRAMER	(i) 160,000	0	0	0	7,585	167,585	0
	(ii)	0	0	0	0	0	0	0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization PROJECT FOR PRIDE IN LIVING INC

Employer identification number 23-7232208

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MARY JEAN SCOTT	BOARD MEMBER AND BUSINESS OWNER	16,500	EMPLOYMENT RECRUITING FEE		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization PROJECT FOR PRIDE IN LIVING INC

Employer identification number

23-7232208

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining oncash contribution amounts. Rows include Art, Cars, Boats, Real estate, etc.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

Table with 3 columns: Question, Yes, No. Rows include 30a, 31, 32a, 33 regarding contribution reporting and policies.

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

Schedule M (Form 990) 2010

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

PROJECT FOR PRIDE IN LIVING INC

Employer identification number

23-7232208

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE BOARD WAS PROVIDED THE FORM 990 BEFORE IT WAS SIGNED AND FILED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION DISCUSSES AND DISCLOSES CONFLICTS OF INTEREST AS THEY ARISE ANY NEW BOARD MEMBERS ARE REQUIRED TO DISCLOSE CONFLICTS WHEN JOINING AND ANNUALLY THEREAFTER

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE COMMITTEE REVIEWS COMPENSATION AND COMPARES TO OTHER ORGANIZATIONS WITH SIMILAR OPERATIONS KEY OFFICERS WILL BE INCLUDED IN THIS PROCESS IN 2011

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	ALL DOCUMENTS ARE MADE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 63,392 TRANSFERS TO AND FROM UNCONSOLIDATED ENTITIES -1,827,843 TOTAL TO FORM 990, PART XI, LINE 5 - 1,764,451

Identifier	Return Reference	Explanation
	FORM 990, PART XI, LINE 2C	THE PROCESS TO REVIEW THE AUDIT HAS NOT CHANGED FROM THE PRIOR YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
PROJECT FOR PRIDE IN LIVING INC

Employer identification number
23-7232208

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
See Additional Data Table					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) PROJECT FOR PRIDE IN LIVING ENTERPRISES INC 1035 FRANKLIN AVENUE MINNEAPOLIS, MN 55404 23-7098388	ADULT EMPLOYMENT TRAINING	MN	501(C)(3)	7	PROJECT FOR PRIDE IN LIVING INC		No
(2) PPL ON PORTLAND 1035 FRANKLIN AVENUE MINNEAPOLIS, MN 55404 41-1895743	AFFORDABLE HOUSING SALES	MN	501(C)(3)	7	PROJECT FOR PRIDE IN LIVING INC		No

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) PPL SERVICE CORPORATION 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN554042920 41-1518749	AFFORDABLE HOUSING	MN	PROJECT FOR PRIDE IN LIVING INC	C	-3,811	181	100 000 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l		No
1m		No
1n	Yes	
1o		No
1p	Yes	
1q		No
1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) PROJECT FOR PRIDE IN LIVING ENTERPRISES INC	B	289,247	COST
(2) ARMADILLO FLATS LLC	C	-1,538,595	COST
(3) VARIOUS LIMITED PARTNERSHIPS	D	6,905,945	COST
(4) VARIOUS LIMITED PARTNERSHIPS	K	1,372,365	COST
(5)			
(6)			

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
------------	------------------	-------------

Software ID:
Software Version:
EIN: 23-7232208
Name: PROJECT FOR PRIDE IN LIVING INC

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income (\$)	(e) End-of-year assets (\$)	(f) Direct Controlling Entity
ELLIOT PARK COMMONS LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042920 20-2614523	AFFORDABLE RENTAL HOUSING	MN	-72,572	2,558,030	PROJECT FOR PRIDE IN LIVING INC
PPL LINDEN PARK CONDOS LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042920 27-4235225	CONDOMINIUM ASSOCIATION	MN			PROJECT FOR PRIDE IN LIVING INC
PPL ADAIR LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042920 27-4235225	AFFORDABLE RENTAL HOUSING	MN	-23,899	1,425,266	PROJECT FOR PRIDE IN LIVING INC
PPL ADMIN LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042920 20-0182838	ORGANIZATION'S OFFICE BUILDING	MN	-200,678	3,027,003	PROJECT FOR PRIDE IN LIVING INC
PPL BASS LAKE APARTMENTS LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042920 56-2309171	AFFORDABLE RENTAL HOUSING	MN	87,261	984,140	PROJECT FOR PRIDE IN LIVING INC
PPL BETHLEHEM COMMUNITY CENTER LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042920 27-4235225	TRAINING FACILITY	MN	-61,742	754,378	PROJECT FOR PRIDE IN LIVING INC
PPL BOONE AVENUE APARTMENTS LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042920 23-7232208	AFFORDABLE RENTAL HOUSING	MN			PROJECT FOR PRIDE IN LIVING INC
PPL COLLABORATIVE VILLAGE LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042920 20-0082647	AFFORDABLE RENTAL HOUSING	MN			PROJECT FOR PRIDE IN LIVING INC
PPL COLLEGE HOUSE LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042920 20-2613933	PROGRAM FACILITY	MN	-33,363	381,560	PROJECT FOR PRIDE IN LIVING INC
PPL DOUBLE FLATS LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042920 20-3029542	AFFORDABLE RENTAL HOUSING	MN	-17,350	1,168,554	PROJECT FOR PRIDE IN LIVING INC
PPL FREMONT FLATS LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042920 27-4235225	AFFORDABLE RENTAL HOUSING	MN	10,080	1,773,442	PROJECT FOR PRIDE IN LIVING INC
PPL GREEN SPACE LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042920 27-4235225	AFFORDABLE HOUSING SALES	MN			PROJECT FOR PRIDE IN LIVING INC
PPL HAGUE LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042920 27-4235225	AFFORDABLE RENTAL HOUSING	MN			PROJECT FOR PRIDE IN LIVING INC
PPL HOMES LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042920 27-4235225	AFFORDABLE HOUSING SALES	MN			PROJECT FOR PRIDE IN LIVING INC
PPL LEARNING CENTER LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042920 20-2614005	TRAINING FACILITY	MN			PROJECT FOR PRIDE IN LIVING INC
PPL LORING NICOLLET COMMUNITY CENTER LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042920 27-4235225	TRAINING FACILITY	MN	-59,826	202,900	PROJECT FOR PRIDE IN LIVING INC
PPL LOUISIANA COURT LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042920 23-7232208	AFFORDABLE RENTAL HOUSING	MN			PROJECT FOR PRIDE IN LIVING INC
MIDTOWN EXCHANGE CONDOS ON THE GREENWAY LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042920 27-4235225	CONDOMINIUM ASSOCIATION	MN			PROJECT FOR PRIDE IN LIVING INC
PPL PARK CROSSING LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042920 23-7232208	AFFORDABLE RENTAL HOUSING	MN	-32,636	901,578	PROJECT FOR PRIDE IN LIVING INC
PPL RAYMOND AVEUNE LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042920 27-4235225	AFFORDABLE RENTAL HOUSING	MN			PROJECT FOR PRIDE IN LIVING INC
PPL SELBY AVENUE LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042920 27-4235525	AFFORDABLE RENTAL HOUSING	MN	-83,505	2,915,547	PROJECT FOR PRIDE IN LIVING INC
PPL SOUTHSIDE LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042920 26-0432209	AFFORDABLE RENTAL HOUSING	MN			PROJECT FOR PRIDE IN LIVING INC
PPL TOUCHSTONE LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042920 23-7232208	AFFORDABLE HOUSING SALES	MN			PROJECT FOR PRIDE IN LIVING INC
PPL WEST 7TH LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042920 23-7232208	AFFORDABLE RENTAL HOUSING	MN			PROJECT FOR PRIDE IN LIVING INC
PPL WILKINS TOWNHOMES LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042920 42-1603094	AFFORDABLE RENTAL HOUSING	MN	-31,871	1,564,929	PROJECT FOR PRIDE IN LIVING INC
VAN CLEVE COURT DEVELOPMENT LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042920 27-4235225	AFFORDABLE RENTAL HOUSING	MN	-171	368,007	PROJECT FOR PRIDE IN LIVING INC
VILLAGE INVESTMENTS LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042920 41-1972029	AFFORDABLE RENTAL HOUSING	MN	-46,052	1,425,327	PROJECT FOR PRIDE IN LIVING INC
ARMADILLO FLATS LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042920 41-1549219	AFFORDABLE RENTAL HOUSING	MN	-59,479	808,449	PROJECT FOR PRIDE IN LIVING INC
FROGTOWN DEVELOPMENT LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042920 27-4235225	AFFORDABLE RENTAL HOUSING	MN			PROJECT FOR PRIDE IN LIVING INC
GREENLEAF LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042920 27-4235225	AFFORDABLE RENTAL HOUSING	MN	-12,644	237,218	PROJECT FOR PRIDE IN LIVING INC
PPL HAWTHORNE LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042920 27-4235225	AFFORDABLE RENTAL HOUSING	MN			PROJECT FOR PRIDE IN LIVING INC
PPL IRVING COMMONS LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042920 27-4235225	AFFORDABLE RENTAL HOUSING	MN	9,641	11,446	PROJECT FOR PRIDE IN LIVING INC
PPL MARSHALL AVENUE LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042920 27-4235225	AFFORDABLE RENTAL HOUSING	MN			PROJECT FOR PRIDE IN LIVING INC
NEAR NORTH COMMUNITY LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042920 27-4235225	AFFORDABLE RENTAL HOUSING	MN	-18,185	3,904,763	PROJECT FOR PRIDE IN LIVING INC

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ANISHINABE WAKIAGUN LIMITED PARTNERSHIP 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN554042920 41-1809726	AFFORDABLE RENTAL HOUSING	MN	N/A	RELATED	-723	67,349		No		Yes		
BOONE AVENUE APARTMENTS LIMITED PARTNERSHIP 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN554042920 20-1804927	AFFORDABLE RENTAL HOUSING	MN	N/A									
CAMDEN APARTMENTS MINNEAPOLIS LIMITED PARTNERSHIP 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN554042920 20-3716368	AFFORDABLE RENTAL HOUSING	MN	N/A									
CANADIAN TERRACE LIMITED PARTNERSHIP 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN554042920 41-1516988	AFFORDABLE RENTAL HOUSING	MN	N/A									
CENTRAL NEIGHBORHOOD APARTMENTS LIMITED PARTNERSHIP 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN554042920 41-1523520	AFFORDABLE RENTAL HOUSING	MN	N/A	RELATED				No		Yes		
COLLABORATIVE VILLAGE LIMITED PARTNERSHIP 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN554042920 20-0095252	AFFORDABLE RENTAL HOUSING	MN	N/A									
CRESTVIEW COMMUNITIES LIMITED PARTNERSHIP 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN554042920 51-0486683	AFFORDABLE RENTAL HOUSING	MN	N/A									
JOSEPH SELVAGGIO INITIATIVE LIMITED PARTNERSHIP 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN554042920 41-1931835	AFFORDABLE RENTAL HOUSING	MN	N/A	RELATED	-30	1,027,718		No		Yes		

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MERCADO CENTRAL LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN554042920 52-2294499	AFFORDABLE RENTAL HOUSING	MN	N/A	RELATED	-73,021	1,014,182		No		Yes		
MORGAN ARMS APARTMENTS LIMITED PARTNERSHIP 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN554042920 41-1534951	AFFORDABLE RENTAL HOUSING	MN	N/A	RELATED	-8,023	47,501		No		Yes		
NEW AMERICAN HOMELAND HOUSING INITIATIVE PARTNERSHIP LLP 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN554042920 41-1874213	AFFORDABLE RENTAL HOUSING	MN	N/A	RELATED	-21,436	547,906		No		Yes		
PPL-BASS LAKE COURT LIMITED PARTNERSHIP 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN554042920 41-1921157	AFFORDABLE RENTAL HOUSING	MN	N/A	RELATED	-11	343,487		No		Yes		
PPL LOUISIANA COURT LIMITED PARTNERSHIP 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN554042920 41-1972029	AFFORDABLE RENTAL HOUSING	MN	N/A									
PPLCH VAN CLEVE APARTMENTS EAST LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN554042920 20-3395263	AFFORDABLE RENTAL HOUSING	MN	N/A	RELATED	2,637	2,028,521		No		Yes		
PPLNF COMMUNITY LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN554042920 20-0477054	AFFORDABLE RENTAL HOUSING	MN	N/A	RELATED	-10	281,800		No		Yes		
PPLPUC LLC 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN554042920 23-7232208	AFFORDABLE RENTAL HOUSING	MN	N/A	RELATED	-2,099	574,406		No		Yes		

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
PPL WEST SEVENTH HOUSING LIMITED PARTNERSHIP 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN554042920 99-9999999	AFFORDABLE RENTAL HOUSING	MN	N/A									
SOUTHSIDE COMMUNITY LIMITED PARTNERSHIP 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN554042920 26-0432209	AFFORDABLE RENTAL HOUSING	MN	N/A									
THE ELLIOT APARTMENTS A MINNESOTA LIMITED PARTNERSHIP 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN554042920 41-1571163	AFFORDABLE RENTAL HOUSING	MN	N/A	RELATED	-1,160	-133,212	No			Yes		
VAN CLEVE APARTMENTS EAST LIMITED PARTNERSHIP 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN554042920 26-0217283	AFFORDABLE RENTAL HOUSING	MN	N/A									
VAN CLEVE APARTMENTS WEST LIMITED PARTNERSHIP 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN554042920 26-1539922	AFFORDABLE RENTAL HOUSING	MN	N/A									
NORTH SIDE COMMUNITY LIMITED PARTNERSHIP 1035 EAST FRANKLIN AVENUE MINNEAPOLIS, MN554042920 27-1181931	AFFORDABLE RENTAL HOUSING	MN	N/A	RELATED	-15	886,536	No			Yes		

Additional Data

Software ID:
Software Version:
EIN: 23-7232208
Name: PROJECT FOR PRIDE IN LIVING INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MOHAMED ALABARI BOARD	1 00	X						0	0	0
TODD ALDRICH BOARD	1 00	X						0	0	0
PAT AYLWARD BOARD	1 00	X						0	0	0
DAVID BYFIELD BOARD	1 00	X						0	0	0
STEVE CASKEY TREASURER	1 00	X		X				0	0	0
MICHAEL DUCAR BOARD	1 00	X						0	0	0
J FORREST BOARD	1 00	X						0	0	0
LUCY GEROLD BOARD	1 00	X						0	0	0
JOHN GRIEMAN BOARD	1 00	X						0	0	0
JOHN HETTERICK BOARD	1 00	X						0	0	0
CHRISTINE HOBROUGH SECRETARY	1 00	X		X				0	0	0
JAMES HOWARD BOARD	1 00	X						0	0	0
P JAY KIEDROWSKI BOARD	1 00	X						0	0	0
KAREN KRAEMER BOARD	1 00	X						0	0	0
RICHARD MARTENS BOARD	1 00	X						0	0	0
KIM MATHESON BOARD CHAIR	1 00	X		X				0	0	0
DAMU MCCOY BOARD	1 00	X						0	0	0
NEERAJ MEHTA BOARD	1 00	X						0	0	0
JONATHAN PALMER BOARD	1 00	X						0	0	0
JEROME PAQUIN BOARD	1 00	X						0	0	0
BETH PARKHILL BOARD	1 00	X						0	0	0
PAUL PARRISH BOARD	1 00	X						0	0	0
RONALD POOLE BOARD	1 00	X						0	0	0
LAURIE RICE BOARD	1 00	X						0	0	0
WALTER H ROCKENSTEIN II BOARD VICE CHAIR	1 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RACHEL NSUBUGA SAMPONG BOARD	1 00	X						0	0	0
GLEN SKOVHOLT BOARD	1 00	X						0	0	0
RICHARD VOREIS BOARD	1 00	X						0	0	0
WESLEY WALKER BOARD	1 00	X						0	0	0
STEVE CRAMER CEO-EXECUTIVE DIRECTOR	40 00	X		X				160,000	0	7,585
TROY BURTON BOARD	1 00	X						0	0	0
LAURA CROSBY BOARD	1 00	X						0	0	0
MEGHAN ELLIOTT BOARD	1 00	X						0	0	0
LB GUTHRIE BOARD	1 00	X						0	0	0
EARL JOHNSTON BOARD	1 00	X						0	0	0
JEAN KRAUSE BOARD	1 00	X						0	0	0
KENNETH L NELSON BOARD	1 00	X						0	0	0
JEFFREY PETERSON BOARD	1 00	X						0	0	0
JOHN RASMUSSEN BOARD	1 00	X						0	0	0
MARY JEANNE SCOTT BOARD	1 00	X						0	0	0
RICK SMITH BOARD	1 00	X						0	0	0
PAMELA WANDZEL BOARD	1 00	X						0	0	0
SCOTT WILENSKY BOARD	1 00	X						0	0	0
JACK KATZMARK VICE PRESIDENT- CFO	40 00			X				103,530	0	7,585
BARBARA MCCORMICK VICE PRESIDENT	40 00					X		103,530	0	7,652
JULIE BREKKE VICE PRESIDENT	40 00					X		103,539	0	7,585
BRAD LINVILLE VICE PRESIDENT	40 00					X		93,388	0	7,585
LIZ BOVEE DIRECTOR	40 00					X		76,883	0	3,493
CHRIS WILSON DIRECTOR	40 00					X		76,486	0	180
LESLIE ANGEL DIRECTOR	40 00					X		74,308	0	7,652

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PHILIP D CAMPBELL BOARD	1 00						X	0	0	0
MARGARET D PRICE BOARD	1 00						X	0	0	0
WANDA BRACKINS BOARD	1 00						X	0	0	0

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code) (Expenses \$	483,014	including grants of \$ (Revenue \$ 396,623)
PPL OPERATED FURNISH FROM JANUARY THROUGH JUNE 30, 2010, A "SOCIAL ENTERPRISE" BUSINESS THAT PROVIDES JOB TRAINING OPPORTUNITIES FURNISH PROVIDES PAID WAREHOUSE, INVENTORY, CONTRACT, AND RETAIL JOB TRAINING			
(Code) (Expenses \$	470,146	including grants of \$ (Revenue \$ 32,316)
INITIATIVE SMALL PROGRAMS OPERATED BY PPL INCLUDING THE FEDERAL OFFICE OF COMMUNITY SERVICES GRANT, AMONG OTHERS			