



**Applicant/Program:**

Neighborhood House - Dreamer's Academy

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

**Council Member Signature and Amount**

District 1 \_\_\_\_\_ \$ \_\_\_\_\_

District 2 \_\_\_\_\_ \$ \_\_\_\_\_

District 3 \_\_\_\_\_ \$ \_\_\_\_\_

District 4 Barbara Gordon Smith \$ \$3500 -

District 5 Cheri B. Hamilton \$ \$20,000

District 6 \_\_\_\_\_ \$ \_\_\_\_\_

District 7 \_\_\_\_\_ \$ \_\_\_\_\_

District 8 \_\_\_\_\_ \$ \_\_\_\_\_

District 9 \_\_\_\_\_ \$ \_\_\_\_\_

District 10 \_\_\_\_\_ \$ \_\_\_\_\_

District 11 \_\_\_\_\_ \$ \_\_\_\_\_

District 12 \_\_\_\_\_ \$ \_\_\_\_\_

District 13 \_\_\_\_\_ \$ \_\_\_\_\_

District 14 \_\_\_\_\_ \$ \_\_\_\_\_

District 15 \_\_\_\_\_ \$ \_\_\_\_\_

**Applicant/Program:**

Neighborhood House- Dreamer's Academy

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

District 16 \_\_\_\_\_ \$ \_\_\_\_\_

District 17 \_\_\_\_\_ \$ \_\_\_\_\_

District 18 \_\_\_\_\_ \$ \_\_\_\_\_

District 19 \_\_\_\_\_ \$ \_\_\_\_\_

District 20 \_\_\_\_\_ \$ \_\_\_\_\_

District 21 \_\_\_\_\_ \$ \_\_\_\_\_

District 22 \_\_\_\_\_ \$ \_\_\_\_\_

District 23 \_\_\_\_\_ \$ \_\_\_\_\_

District 24 \_\_\_\_\_ \$ \_\_\_\_\_

District 25 \_\_\_\_\_ \$ \_\_\_\_\_

District 26 \_\_\_\_\_ \$ \_\_\_\_\_

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 1 – APPLICANT INFORMATION**

**Legal Name of Applicant Organization:** Neighborhood House, Inc.  
*(as listed on: <http://www.sos.ky.gov/business/records>)*

**Main Office Street & Mailing Address:** 201 N 25th Street Louisville, KY 40212

**Website:** www.nhky.org

<b>Applicant Contact:</b>	Pam Rice	<b>Title:</b>	Pam Rice
<b>Phone:</b>	50-774-2322	<b>Email:</b>	price@nhky.org
<b>Financial Contact:</b>	Beverly Jones	<b>Title:</b>	Finance Director
<b>Phone:</b>	502-774-2322	<b>Email:</b>	bjones@nhky.org

**Organization’s Representative who attended NDF Training:** Joshua Swetnam

**GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED**

**Program Facility Location(s):** Portland neighborhood

**Council District(s):** 5      **Zip Code(s):** 40212

**SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION**

**PROGRAM/PROJECT NAME:** Dreamers' Academy

<b>Total Request: (\$)</b>	\$30,000	<b>Total Metro Award (this program) in previous year: (\$)</b>	na
----------------------------	----------	--	----

**Purpose of Request (check all that apply):**

- Operating Funds (generally cannot exceed 33% of agency’s total operating budget)
- Programming/services/events for direct benefit to community or qualified individuals
- Capital Project of the organization (equipment, furnishing, building, etc)

**The Following are Required Attachments:**


<ul style="list-style-type: none"> <li>■ IRS Exempt Status Determination Letter</li> <li>■ Current year projected budget</li> <li>■ Current financial statement</li> <li>■ Most recent IRS Form 990 or 1120-H</li> <li>■ Articles of Incorporation (current &amp; signed)</li> </ul> <p>Cost estimates from proposed vendor if request is for capital expense</p>	<ul style="list-style-type: none"> <li>■ Signed lease if rent costs are being requested</li> <li>■ IRS Form W9</li> <li>■ Evaluation forms if used in the proposed program</li> <li>■ Annual audit (if required by organization)</li> <li>■ Faith Based Organization Certification Form, if applicable</li> </ul>
---	---

**For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.**

<b>Source:</b>	EAF - Youth	<b>Amount: (\$)</b>	\$36,000
<b>Source:</b>	EAF - Seniors	<b>Amount: (\$)</b>	\$13,000
<b>Source:</b>	EAF - Arts	<b>Amount: (\$)</b>	\$5,000

Has the applicant contacted the BBB Charity Review for participation?  Yes  No

Has the applicant met the BBB Charity Review Standards?  Yes  No

Applicant’s Initials 

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

#### **Describe Agency's Vision, Mission and Services:**

The vision of Neighborhood House is to break the cycle of poverty for our children and families through an education focus. Our mission is to provide individuals with opportunities to enhance the quality of their lives.

Neighborhood House was established in 1896 as the first settlement house in Kentucky. Over 120 years later, we are a community center that serves infants through senior adults, Monday - Saturday, in Portland and surrounding neighborhoods. Our agency operates three core educationally-focused programs, serving approximately 200 individuals each day through our Child Development Center, our Youth Development Program and our Family Services Department.

Our Youth Development Program (YDP) provides a safe, enriching and structured out-of-school time environment in which children and teens develop the academic and developmental skills needed for success in college, work and life. We are a qualified BLOCStar ([www.louisvilleblocs.org](http://www.louisvilleblocs.org)).

In addition, we are meeting vital life needs through Kids Cafe which served over 11,200 nutritious meals to children last year. Our YDP offers a variety of activities with an educational approach. We know that achieving in school is more than academics. Social-emotional skills, problem solving, conflict resolution skills, self confidence, etc. are as important as getting homework done. We provide homework help and tutoring in addition to activities and interventions to build those developmental assets that are required for youth to succeed. We provide Cheers for Careers, a job skills training program where teens can also earn money. A variety of activities are offered that can include debate club, step team, basketball, cheerleading, Boys to Men, Girls to Women, Leadership Council, art classes, music, etc. in addition to recreation, field trips and college tours. Metro Government has been a significant supporter to these after-school programs for our youth.

In addition to the after-school program, we provide a full day program during the summer (Dreamers' Academy) and in 2017 we opened regular Saturday programs. For youth, Saturdays have provided Kids Cafe (the only Kids Cafe on Saturdays) and Saturday Academy (a pilot remedial education during the school year).

Our summer Dreamers' Academy is the program for which we are requesting additional support. This is a fun, literacy-based, full day program which helps our youth dream and work on steps that would lead to achieving their dreams. As a part of this theme, our focus is to help children and teens avoid the summer learning gap that is common to those in low income neighborhoods. We use a literacy focus to help our children continue to build on reading skills. Our goal is to help youth be ready to succeed when they go back to school by building on the skills they have learned and the structure and nurturing they have received over the summer through Dreamers' Academy.

If enough funding is raised, we will provide programs Monday through Friday 8a.m. - 6p.m. and four hours each Saturday, serving first - 12th graders. We will provide 3 meals/ day during the week and field trips every Friday. Teens will have the opportunity to go on five college tours. Youth will be in a safe, supervised, nurturing environment where they are learning skills and developing assets to help them start school in the fall, ready to succeed.

See additional page for more information (Page 2b)

Neighborhood House services parents and their children, ages six weeks through 12 years old, through our licensed Child Development Center (CDC). Our Center is a part of the elite Stars for Kids Now program and the Excellence Academy. We provide a rich early learning center for preschoolers. 100% of our non-special needs have graduated kindergarten-ready over the last 12 years. (This is compared to 55% of preschoolers throughout Jefferson County.) We provide additional academic support and child-care services to parents for elementary-age children, which includes meals, transportation, homework help on school days and full services on non-school days.

In order to strengthen the impact we have on our children, we development our Family Services Department. While this includes programs for some of our city's most vulnerable senior adults, an emergency food bank, intergenerational activities, and we also provide opportunities for rich parent-child engagement (i.e. family cooking classes, family fitness classes, holiday events and celebrations) and services specific to young adults and parents. Our adult services includes for crisis intervention, individual coaching to overcome obstacles and achieve dreams, and Saturday "Parent Cafes" that provide leadership development, workshops and support groups for parents. We have Parent Councils for both our Youth Development Program and our Child Development Center, where parents provide leadership for the programs and support to our staff.

Neighborhood House also hosts a myriad of activities for our community including such things as health screenings, the neighborhood association meetings, community meetings and workshops.

A small, handwritten mark or signature in the bottom right corner of the page, consisting of a few loops and a tail.

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF**

Board Member	Term End Date
Kevin Fuqua	12-31-2018
Celia Manlove	12-31-2017
Debbie Held	12-31-2018
Vicki Hines-Martin	12-31-2017
Kelly Bryant	12-31-2018
Jim Rogers	12-31-2018
Peter Thurman	12-31-2017
Hollis Smith	12-31-2017
Mike LaVera	12-31-2017
Nancy Johnson	12-31-2017
Wendy Dowd	12-31-2019
Kathi Stearman	12-31-2019
Craig Ashley	12-31-2018
Rob Givens	12-31-2017
Christi Lanier-Robinson	12-31-2017
Carol Coldiron	12-31-2018
Ted Nixon	12-31-2018

**Describe the Board term limit policy:**

B. The terms of office for each Director shall be three (3) years beginning in January of the calendar year in which he or she is elected. No Director shall serve more than three (3) consecutive terms (nine years).

Three Highest Paid Staff Names	Annual Salary
Executive Director - Pam Rice	81,000
Director of Finance - open	63,000
Director of Development - Shannon Kisselbaugh	63,000

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 5 – PROGRAM/PROJECT NARRATIVE

**A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):**

See additional pages (4b) for program details.

Our neighborhood is one of the most economically disadvantaged communities in our city where families and children are dealing with the impact of poverty on a daily basis. Census data (2010) reveals that poverty among our families (45%) and children (55%) exceeds both the national average and the rates in the poorest counties in Kentucky. Research shows that children living in low socio-economic communities typically experience summer learning loss (SLL) while their middle-class peers either tend to hold or improve their educational skills. The cumulative impact of SLL for low socio-economic status (SES) youth contributes significantly to academic achievement gaps. By the end of the 6th grade, the reading skills of low-SES youth are almost three years behind those of middle income students. Given that reading is an integral skill to most subjects studied in school, the trend negatively impacts the overall academic achievement of low-SES students. In addition to the loss of academic skills, youth from low SES experience loss of "soft skills" over the summer, such as communication, self-regulation, behavior management and leadership. These youth are at greater risk for dangerous and unhealthy behaviors when there is no alternative to spending summer months unsupervised at home or on the streets (<http://www.rif.org/us/literacy-resources/articles/primer-on-summer-reading-loss.htm>).

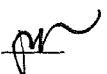
**B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):**

Funding will be used to help to hire the staff and support the operating and activity costs the summer Dreamers' Academy through June of our nine week program.

Staffing costs will include personnel costs and benefits of staff to run and support the program, including costs for training/ program planning and program implementation for the first weeks of the summer program (through deadline of expending grant funds - June 30th). (Program Directors (2.5 FTE), Education Coordinator, Teen Coordinator, and six additional program staff.)

Funding will support partial costs of utilities to operate the program (phone, water, Internet, LG&E).

Funding will support program materials that will include include snacks, field trips, paper products, incentives, educational materials including books, Moby Max and SEARS Assessment.





## DREAMERS' ACADEMY 2017 PROPOSAL

### PROGRAM BACKGROUND/OVERVIEW

Dreamers' Academy is the summer segment of our Youth Development Program. The goal is to provide a fun, safe learning environment for at-risk youth in grades 1-12 in which:

- they are **INSPIRED TO "DREAM"**;
- they **LEARN** the **LIFE SKILLS** necessary for realizing their dreams;
- they **DEVELOP AN ACTION PLAN** for realizing their dreams;
- they **DEVELOP INTERNAL ASSETS**; and
- they **INCREASE THEIR ACADEMIC KNOWLEDGE** in order to succeed in the upcoming year

The 2017 Dreamers' Academy theme of "lifelong learners," which will be incorporated throughout the program, including

- learning activities focused on literacy; and
- activities exposing our youth to new experiences in the arts, cultural events, athletics, career exploration, and community engagement.

Our 2017 program will use a research-based learning software known as MobyMax. The Education Coordinator will take the lead on the pre and post assessments of our participants as well as the design of additional activities that complement JCPS school-year programming and evaluation practices.

If sufficient funding is secured, the goal is to serve children and youth for nine weeks during the summer: June 5 – Aug 4. Our hours will be Monday - Friday 8:00 a.m. to 6:00 p.m. and Saturdays 10 a.m. to 2 p.m. This will allow us to serve breakfast, lunch and dinner on weekdays and continue the city's first Kids Café on Saturdays.

Monday through Thursday, children and youth will participate in educational programming on a rotating basis throughout the day. Fridays will feature field trips lasting most of the day that will be open to members who have: 1) attended throughout the week, and 2) completed the required educational enrichment activities. On some Fridays, the program will maintain extended hours to allow for special field trips and activities for our teen members.

**NEEDS TO BE ADDRESSED:** Research continues to show that children living in low socio-economic communities typically experience "summer learning loss" while middle-income peers tend to hold or improve their educational skills. Summer learning loss contributes significantly to academic achievement gaps. By the end of sixth grade, the reading skills of students from low-SES (socio-economic status) backgrounds are almost three years behind those of middle-income students, which in turn, directly impacts overall academic success.

Only half of the students in low-income communities graduate from high school by the age of 18, and those who do graduate, frequently perform at an eighth grade level. Only one in ten students from low SES backgrounds will graduate from college. Illiteracy rates are directly tied to higher rates of teenage pregnancy, poor health, crime and generational poverty. Two thirds of students who cannot read proficiently by the end of the 4<sup>th</sup> grade will end up in jail (<http://policeabc.ca>) or on welfare. Low literacy costs \$73 million per year in terms of direct health care costs. ([www.begintoread.com](http://www.begintoread.com))

In addition to the loss of academic skills, low SES youth experience loss of “soft skills” over the summer, such as communication, self-regulation, behavior management and leadership. Typically lacking the environment and circumstances to practice these skills, impoverished youth are at greater risk for dangerous and unhealthy behaviors when there is no alternative to spending summer months unsupervised at home or on the streets (<http://www.rif.org/us/literacy-resources/articles/primer-on-summer-reading-loss.htm>).

These are the higher-level needs that our program will address. In addition, we are providing vital basic needs for our children and families that includes food and a safe, nurturing, affordable environment for our children during the summer.

Reading Buddies –a volunteer is paired with a (primarily) elementary-age child for one-on-one support

### **PROJECT STRATEGY/APPROACH**

The 2017 Dreamers’ Academy is designed to: 1) challenge children and teens to think about their futures (to help them dream!), 2) build goals and action steps toward those dreams, and 3) develop the skills needed to achieve their dreams. Incorporated throughout that is a reading focus to combat “summer learning dip”.

Dreamers’ Academy, which is entering its sixth year, serves youth from low-income families that are unable to pay more than a nominal fee for a quality summer program. Dreamers’ Academy helps ensure that children and teens have a safe summer environment and produces positive outcomes in our youths’ readiness for the fall semester of school (avoiding the “summer learning dip”), as well as for college, work, and life. The program is a key component in our efforts to meet the needs of low-income families and create positive change in our community.

Youth Program Quality Assessment – Along with other local youth program providers, we are committed to structuring all of our programming so it meets the standards set forth by the David P. Weikart Center for Youth Program Quality. In accordance with their Youth Program Quality Assessment (YPQA) standards, the 2017 Dreamers’ Academy will:

- Provide planned, structured activities
- Have a purpose for each activity (nothing is random or disorganized)
- Obtain input from the participants
- Encourage participants to take leadership roles
- Identify learning objectives for activities
- Encourage all participants to play an active role (and provide opportunities to do so)
- Process/Debrief after each activity
- Obtain feedback from participants, and
- Use feedback to provide activities that are more interesting and effective.

**Projected Program Details**

**Dates:** June 5 to August 4

**Hours:**

Monday – Friday: 8:00 a.m. – 6:00 p.m.

Saturday: 10:00 a.m. – 2:00 p.m. (light breakfast, lunch and recreational activities)

**Number of Youth Participants:** Target enrollment is 105 youth.

**Staffing:** The program will be led by Norman Martin, Director of Youth Development; Julie Anderson, Assistant Director of Youth Development; and Maria Childers, Education Coordinator; Stephan Shannon, Teen Coordinator. Additional staff will include an intern from the Yale Bulldog program and a 5 additional staff/ Youth Leaders.

**2017 Daily Schedule:**

**Monday-Thursday**

8:00-9:00 Breakfast

9:00-12:00 Academic rotations (reading, planned lessons, MobyMax, etc.)

9:00-12:00 “Members’ choice” rotations (youth not engaged in academic work chose from activities scheduled for that day for their age group; will include recreation, arts, games)

12:00-12:30 Lunch

12:30-3:30 Academic rotations continue

12:30-3:30 Enrichment rotations focused on a weekly theme (art, cultural activities, etc.) for elementary; academics, college and career readiness, enrichment activities for middle/high

3:30-4:30 Age-specific recreation, art, games

4:30-5:00 Processing and de-briefing time (members discuss what they have learned, provide feedback, etc.)

5:00-5:30 Dinner (Kids Café)

5:30-6:00 Closing

**Fridays**

8:00-9:00 Breakfast

9:00-10:00 Age-specific recreation, art, games

10:00-3:00 Field Trip (Lunch served during this time)

3:00-3:30 Processing and de-briefing time

3:30-5:00 “Members’ choice” rotations

5:00-5:30 Dinner

5:30-6:00 Closing

**Saturdays**

10:00-10:30 Light breakfast and drop off

10:30-12:00 Members’ choice rotations

12:00-12:30 Lunch

12:30-1:30 Planned, age-appropriate activities (recreation, art, games) 1:30 – 2:00 closing

**LITERACY SKILLS:** Each age group will participate in academics and program electives that support enhancement of literacy skills. Instruction will be delivered by age-appropriate methods outlined below and reinforced through program electives.

#### Elementary 1<sup>st</sup>-2<sup>nd</sup> Grade

- 60 minutes every day M-TH spent in reading rotations
- Lessons developed by the Education Coordinator based on the JCPS curriculum framework for grade level.
- Lessons will follow weekly theme and be disguised as “fun”.

#### Elementary 3<sup>rd</sup>-5<sup>th</sup> Grade

- 60 minutes every day M-TH spent in reading rotations.
- Youth will spend time weekly on MobyMax activities identified in individual plans.
- Youth will complete lessons following JCPS framework for subject.

#### Middle School

- 3 or more hours weekly spent on academic software (e.g. MobyMax) focused on literacy.
- Reading will be incorporated into college and career readiness lesson plans (resume building, journaling, study skills, career exploration).

#### High School

- 3 or more hours weekly spent on academic software (e.g. MobyMax) focused on literacy.
- Academic time will be focused on college, career and life readiness (job applications, interview skills, college applications, ACT/SAT/PSAT test prep).
- Project-based experiential learning (college trips, trade and other job skills, Life Skill Project).

Math skills will be reinforced through participation in the “House Economy”. Youth can earn “House Bucks” daily that can be used to purchase items in the “House Store”. Each child and teen will tally their balance at the end of each day and exercise math skills while learning how to budget and save for future purchases.

**LEADERSHIP AND CIVIC ENGAGEMENT:** Leadership and civic engagement are core principles interwoven throughout all of our Youth Development programming including Dreamers’ Academy. Program electives and activities will teach the principles of leadership. The activities listed below will provide opportunities to practice these leadership skills:

- House Store – teens will help manage
- Youth Leadership Council
- Cheers for Careers (job skills training for teens).

**CAREER AND COLLEGE EXPLORATION:** Youth will explore education and career options. They will set short- and long-term goals with small steps to accomplish in order to achieve their dreams. Youth will have the opportunity to tour trade schools and colleges, visit various local companies to learn about career opportunities, and meet and engage with adults who have cast a vision and achieved their dreams.

**PROBLEM-SOLVING:** Our youth will learn problem solving, critical thinking, self-regulation and solution-focused skills. Teens will participate in activities focused on problem-solving and learn how to assess issues and explore solutions using their problem-solving and critical-thinking skills.

**FIELD TRIPS:** Field trips will support the goal of education and broadening our youth's horizons. Tentatively identified destinations (pending funding) include:

Elementary

- Fishing/Nature exploration trips
- Cincinnati Children's Museum
- Belle of Louisville
- Louisville Science Center
- Indianapolis Children's Museum
- Newport Aquarium

Middle/High

- Muhammad Ali Center
- Speed Art Museum
- College tours
- Out of state trips
- College/professional sporting events
- Team-building retreats
- Fishing with Coach Crum

There may also be celebration trips based on attendance and outstanding achievement.

# DREAMERS' ACADEMY 2017



**Neighborhood House**  
Serving Families Since 1896

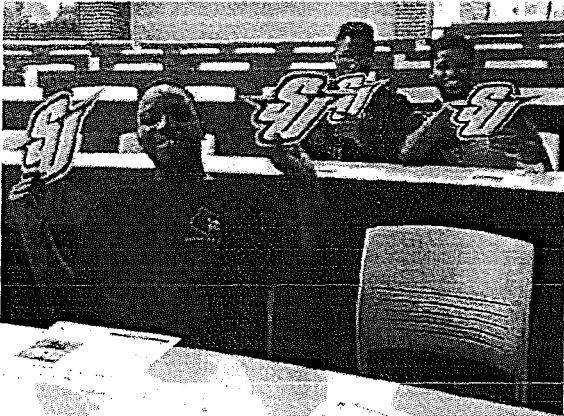
June 5th-August 4th, 2017  
(Closed July 1st-4th)

Monday-Friday 9am-6pm, Sat. 10am-2pm

\*8am early drop off available (see below)\*

201 N. 25<sup>TH</sup> STREET LOUISVILLE, KY 40212 P: 502-774-2322 Contact: Julie Anderson

Sign-Up Dates: April 3rd-14th (Current Youth Members, who attend at least 3 times or more a week since August 2016); April 17th-April 30th (Any current youth member); May 1st and on (any eligible youth may sign up). Youth must have been signed up prior to April 1st to be considered a current youth member.



Cost: \$30.00

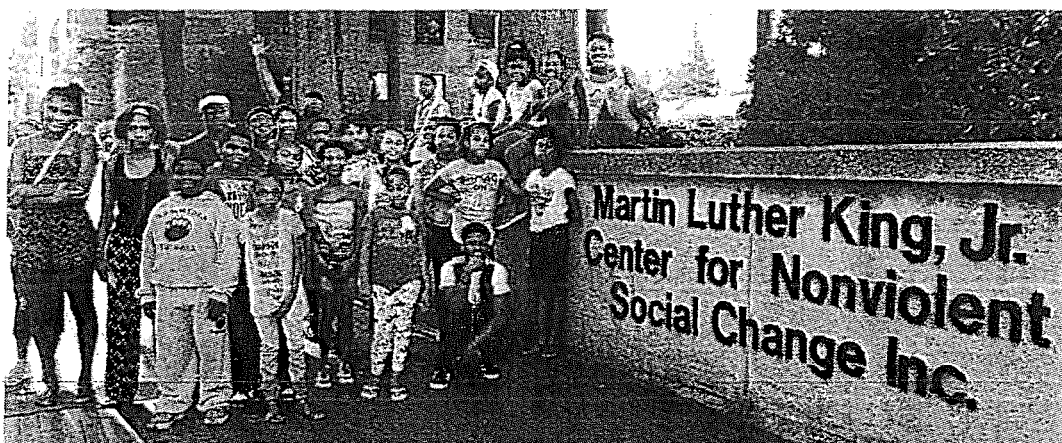
Includes the 9-week summer program, t-shirt, drawstring backpack, and water bottle.

\*8am Early Drop-Off is available Monday through Friday. There is an additional fee of \$45.00 per youth to access this service. This fee allows a youth to be dropped off beginning at 8am for the entire summer.

**BREAKFAST, LUNCH, SNACK, AND DINNER PROVIDED!**

**ACADEMIC ENRICHMENT FOR ALL AGES!**

**WEEKLY FIELD TRIPS, COLLEGE TOURS, JOB READINESS WORKSHOPS, AND MORE!**



All parents and/or guardians must attend a mandatory orientation with their youth(s). Orientations are offered at the following dates and times: April 29th at 10am, May 11th at 6pm, or May 12th at 6pm.

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**C: If this request is a fundraiser, please detail how the proceeds will be spent:**

NIA

**D: For Expenditure Reimbursement Only** – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

- The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
  - ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

- Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):
  - ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
  - ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:**

### PROGRAM GOALS, ACTIVITIES AND OUTCOMES

Goal 1: Dreamers' Academy will prevent summer learning loss and provide learning gains.

Goal 2: Dreamers' Academy will help improve youths' social and emotional well-being.

Goal 3: Dreamers' Academy will help youth explore college and career options and establish related goals.

Please see additional pages to page 6 for complete details.

**F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.**


Neighborhood House works with several agencies and programs to supplement and/or expand opportunities to enhance our capacity for serving for our youth.

We are a partner agency of BLOCS which provides support in a number of ways, including training and best practices which are incorporated in our Youth Development Program/ Dreamers' Academy.

We work with the University of Louisville for program assessment, evaluation and planning as well as having collage interns (who bring additional direct program support). We also collaborate with Maryhurst for training, partnership in activities, and consultation for our programs and special needs youth.

We partner with the Boys & Girls Clubs of Kentuckiana for the basketball and the Louisville Central Community Center for art and STEM-related projects. Peace Education provides workshops for our youth and parents. We partner with the mayor's SummerWorks program for job opportunities for teens. We partner with the River City Drum Corps, the Tim Faulkner Gallery and DORK for their expertise on music and art programming.

We rely on the great collaborative efforts with Dare to Care Food Bank to provide the majority of the meals for our children and teens, saving us thousands of dollars every year.





## ADDITIONAL PAGES 6 PROGRAM BENEFITS, TRACKING, OUTCOMES

Page 6 b

### PROJECT ASSESSMENT/EVALUATION

Evaluations will be conducted at the beginning and end of the program using the SEARS and MobyMax assessment tools (on line assessments tools, under the leadership of our Education Coordinator).

We will use MobyMax to determine if our children and youth make gains in their reading levels and other academic indicators. This is a researched based tool used by JCPS.

We will use the SEARS (Social Emotional Assets and Resilience Scales) assessment tool to evaluate our participants' social and emotional well-being. SEARS is a widely used tool that is statistically valid and reliable and was supported for our use through our work with U of L. The SEARS tool will be used to determine if the overall social and emotional well-being of our participants improves during the course of the program.

All youth will complete a survey at the end of the summer to gauge their overall satisfaction with the program. The survey for teens will also explore attitudes and perceptions related to college and career readiness.

Youth participants will be scanned in each day using KidTrax.

### PROGRAM GOALS, ACTIVITIES AND OUTCOMES

**Goal 1:** Dreamers' Academy will prevent summer learning loss and provide learning gains.

Activity 1: Youth in grades 3 and older will be assessed using the MobyMax software tool to establish their starting literacy levels and establish a learning plan. We will assess students in grades 1 and 2 using a comparable tool.

Activity 2: Youth will participate in a variety of structured activities and student-directed activities as part of their learning plans.

Activity 3: Youth will be assessed at the end of the sessions to measure achieved literacy levels. Students will also self-report their assessment of summer learning.

Outcomes: 80% of participants who attend 3 or more days each week for at least seven weeks will demonstrate an increase in their interest in reading as evidenced by survey data; 40% of participants who attend 3 or more days each week for at least seven weeks will demonstrate improvement in their reading levels.

**Goal 2:** Dreamers' Academy will help improve youths' social and emotional well-being, which will improve academic achievement and goal attainment.

Activity 1: Participants will complete the SEARS (Social Emotional Assets and Resilience Scales) survey at both the beginning and end of the program. The SEARS measures social and emotional well-being as well as resilience.

Activity 2: Participants will engage in a variety of enrichment activities including art projects, recreation, field trips, and support groups.

Outcome: 80% of participants who attend 3 or more days each week for at least seven weeks will demonstrate improvement in social/emotional well-being or will maintain a high level of social/emotional wellness.

**Goal 3:** Dreamers' Academy will help youth explore college and career options and establish related goals.

Activity 1: Participants will complete surveys measuring knowledge of and interest in college and career opportunities at both the beginning and conclusion of the program.

Activity 2: Participants will attend workshops and field trips to learn about college and career opportunities.

Outcome: 75% of middle and high school participants who attend 3 or more days each week for at least seven weeks will increase their knowledge of career options and the benefits of a college education for achieving career goals.

#### **PROVEN RESULTS - 2016 Outcomes:**

Reading: 110 pre-assessments; 70 post-assessments.

Of the 70 youth who participated in 80% of academic programming, 60 maintained or improved their reading scores. This equaled 85%, exceeding our goal of 80%.

Math: 110 pre-assessments; 70 post-assessments.

Of the 70 youth who participated in 80% of academic programming, 63 maintained or improved their math scores. This equaled 90%, exceeding our goal of 80%.

Developmental Assets: 112 pre-assessments; 86 post-assessments

Of the 86 youth who attended 3 or more times per week, 68 reported an increase in self-esteem, conflict resolution skills and their ability to control their emotions. This equaled 79%-slightly below our goal of 80%.

College and career readiness: 30 pre-assessments; 30 post-assessments

Twenty-six, or 88%, of teens who attended three or more times per week reported increased understanding of the importance of education, having a career goal and feeling prepared to get a good job. One-hundred percent of the 30 teens assessed reported having a better understanding of college options. Combined, the two scores give us an average score of 94%, exceeding our goal of 90%.

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>	25,600	39,923	65,523
<b>B: Rent/Utilities</b>	2,000	5,019	7019
<b>C: Office Supplies</b>			
<b>D: Telephone</b>			
<b>E: In-town Travel</b>	400	14,600	15,000 (Field Trip)
<b>F: Client Assistance</b> (See Detailed List on Page 8)			0
<b>G: Professional Service Contracts</b>	0	19,270	19,720
<b>H: Program Materials</b>	2,000	3,000	5,000
<b>I: Community Events &amp; Festivals</b> (See Detailed List on Page 8)			
<b>J: Machinery &amp; Equipment</b>			0
<b>K: Capital Project</b>			0
<b>L: Other Expenses</b> (See Detailed List on Page 8)			
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	30,000	81,812	111,812
% of Program Budget	%	%	<b>100%</b>

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	
United Way	4,000
Private Contributions (do not include individual donor names)	24,000
Fees Collected from Program Participants	1,000
Other (please specify)	54,270 (Foundations)
Total Revenue for Columns 2 Expenses **	83,270

\*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

\*\*Must equal or exceed total in column 2.

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
N/A			
<b>Total</b>			

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**Detail of In-Kind Contributions for this PROGRAM only:** Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

<b>Donor* /Type of Contribution</b>	<b>Value of Contribution</b>	<b>Method of Valuation</b>
Volunteers for Summer	TBD	state rate
Meals donated by Dare to Care	TBD	Dare to Care
<i>Total Value of In-Kind</i> <i>(to match Program Budget Line Item.</i> Volunteer Contribution & Other In Kind)		

**\* DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK**

**Agency Fiscal Year Start Date:** July 1, 2017

**Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year?** NO  YES

**If YES, please explain:**

Metro United Way - 15 - 24% reduction of programs (Approx. 24% to Youth Development Program)

J&L Foundation. Donors died, leaving no funds for the agencies they had been supporting (loss of annual \$35,000)

Humana Foundation - loss of \$30,000

Lift a Life - Multi-year funding at highest level (\$100,000), therefore not eligible to repeat

Increase in Expenses:

Added Saturday programs for children, teens, families (now 6 vs. 5 days a week in past year)

Our building is 13 years old and capital expenses are increasing

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 7 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

#### Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

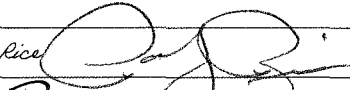
#### Standard Certifications

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

**Relationship Disclosure:** List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

### SECTION 8 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

<b>Signature of Legal Signatory:</b>	<i>Pam Rice</i> 	<b>Date:</b>	05/09/2017
<b>Legal Signatory: (please print):</b>	Pam Rice <i>Pam J Rice</i>	<b>Title:</b>	Executive Director
<b>Phone:</b>	502-774-2322	<b>Extension:</b>	222
<b>Email:</b>	Price@NHKY.org		

2016 -2017

**NEIGHBORHOOD HOUSE FY17 BUDGET**

ACCRUAL BASIS

Revenue & Support	
Contributions	\$ 324,000
Rental Income	70,508
Special Events	
Golf Scramble Revenue	26,500
Golf Scramble Expenses	7,000
Race for Success Income	137,700
Race for Success Expenses	43,117
Special Events - Other	-
Total Special Events	<u>114,083</u>
Grants	
Unrestricted Grants	137,500
Restricted Grants	85,500
Total Grants	<u>223,000</u>
Program Revenue	
Tuition CDC	407,757
MUW-Programs	201,842
MUW - Excellence	25,000
MUW - Other	-
Nutrition Reimbursement	68,000
STARS	3,672
Promise Neighborhoods	-
Memberships / Fees	4,000
Total Program Revenue	<u>710,271</u>
Other Revenue	
Staff Support	1,000
Interest Income	96
Vending	360
Fundraising - Program	-
Misc Income	-
Total Other Revenue	<u>1,456</u>
<b>Total Revenue &amp; Support</b>	<b><u>\$ 1,443,318</u></b>
Expense	
Gross Wages	\$ 1,043,786
Management Fee	100,000
FICA/Medicare	79,850
Food	70,725
Contract Labor	30,270
Repair & Maintenance	35,000
Health Insurance	37,453

Professional Fees/Dues	29,785
Professional Development	7,150
Utilities	31,600
Telephone	11,000
Program Supplies	25,072
P&C Insurance	27,032
Program Events/Activities	31,946
Simple IRA	13,359
Legal & Accounting	11,000
Child/Family Support	17,532
Building & Grounds Supplies	9,780
Worker's Comp	8,743
Cheers for Careers	9,000
Hiring Recruiting	3,500
Staffing Expenses	3,130



Nutrition Supplies	5,000
Program Incentives	2,200
Unemployment Ins	-
Office Supplies	4,705
IT Maintenance & Support	8,000
Payroll Fees	4,521
Printing	9,800
Marketing & Advertising	3,000
Vehicle & Transportation	5,300
Postage	1,895
Fundraising - Process Fees	1,425
Mileage Reimbursement	1,458
Donor Development	5,700
Program Events Expense	-
Board Expenses	300
Finance & Interest Expense	120

<b>Total Expense</b>	<b>\$ 1,690,137</b>
----------------------	---------------------

<b>Change in Net Assets</b>	<b>\$ (246,819)</b>
-----------------------------	---------------------

Other Income/Expense	
Insurance Proceeds	-

<b>Total Change in Net Assets</b>	<b>\$ (246,819)</b>
-----------------------------------	---------------------

<b>Portion of Restricted Grants booked LY not yet released that will be spent TY</b>	<b>\$ 294,100</b>
--	-------------------

<b>Difference</b>	<b>\$ 47,281</b>
-------------------	------------------

<b>Less CAPEX Purchases</b>	<b>-</b>
-----------------------------	----------

<b>Total</b>	<b>\$ 47,281</b>
--------------	------------------

**CASH NEEDS FOR CAPEX RESERVE: \$22,700/yr - \$1,892/mo.  
\$35,000 in reserve as of 5/31/16**



Department of the Treasury  
Internal Revenue Service

Cincinnati Service Center  
CINCINNATI OH 45999-0038

In reply refer to: 0752161033

Feb. 11, 2013 LTR 4168C 0

000000 00

00014734

BODC: TE

NEIGHBORHOOD HOUSE  
201 N 25TH ST  
LOUISVILLE KY 40212

Employer Identification Number: [REDACTED]  
Person to Contact: Mr. Perkins  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 31, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in October 1972.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

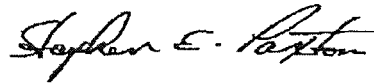
Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0702101000  
Feb. 11, 2013 LTR 4168C 0  
[REDACTED] 000000 00  
00014735

NEIGHBORHOOD HOUSE  
201 N 25TH ST  
LOUISVILLE KY 40212

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,



Stephen E. Paxton  
Operations Manager, AM Operations 3

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2015 calendar year, or tax year beginning **07/01/15**, and ending **06/30/16**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p style="text-align: center;"><b>Neighborhood House, Inc.</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p><b>201 N. 25th St.</b></p> City or town, state or province, country, and ZIP or foreign postal code <p><b>Louisville KY 40212</b></p>	<b>D</b> Employer identification number <div style="background-color: black; width: 100px; height: 20px;"></div> <b>E</b> Telephone number <p><b>502-774-2322</b></p>
<b>F</b> Name and address of principal officer: <p><b>Pam Rice</b> <b>201 N. 25th St.</b> <b>Louisville KY 40212</b></p>		<b>G</b> Gross receipts \$ <b>1,658,718</b>  H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> 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		<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>www.nhky.org</b>		<b>L</b> Year of formation: <b>1896</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>M</b> State of legal domicile: <b>KY</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;"><b>The mission of Neighborhood House is to provide individuals with opportunities to enhance the quality of their lives.</b></p>																			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																			
	3 Number of voting members of the governing body (Part VI, line 1a)	<b>3 15</b>																		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4 15</b>																		
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5 60</b>																		
	6 Total number of volunteers (estimate if necessary)	<b>6 675</b>																		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a 0</b>																		
	b Net unrelated business taxable income from Form 990-T, line 34	<b>7b 0</b>																		
<b>Revenue</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;"><b>948,509</b></td> <td style="text-align: right;"><b>1,051,876</b></td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;"><b>413,753</b></td> <td style="text-align: right;"><b>404,143</b></td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;"><b>83</b></td> <td style="text-align: right;"><b>1,448</b></td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;"><b>109,395</b></td> <td style="text-align: right;"><b>169,173</b></td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;"><b>1,471,740</b></td> <td style="text-align: right;"><b>1,626,640</b></td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	<b>948,509</b>	<b>1,051,876</b>	9 Program service revenue (Part VIII, line 2g)	<b>413,753</b>	<b>404,143</b>	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>83</b>	<b>1,448</b>	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>109,395</b>	<b>169,173</b>	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,471,740</b>	<b>1,626,640</b>
	Prior Year	Current Year																		
8 Contributions and grants (Part VIII, line 1h)	<b>948,509</b>	<b>1,051,876</b>																		
9 Program service revenue (Part VIII, line 2g)	<b>413,753</b>	<b>404,143</b>																		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>83</b>	<b>1,448</b>																		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>109,395</b>	<b>169,173</b>																		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,471,740</b>	<b>1,626,640</b>																		
<b>Expenses</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td style="text-align: right;"><b>0</b></td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;"><b>0</b></td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td style="text-align: right;"><b>937,966</b></td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;"><b>0</b></td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>195,572</b></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td style="text-align: right;"><b>759,587</b></td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;"><b>1,697,553</b></td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;"><b>-225,813</b></td> </tr> </tbody> </table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0</b>	14 Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>937,966</b>	16a Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>195,572</b>		17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>759,587</b>	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,697,553</b>	19 Revenue less expenses. Subtract line 18 from line 12	<b>-225,813</b>		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0</b>																			
14 Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>																			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>937,966</b>																			
16a Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>																			
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>195,572</b>																				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>759,587</b>																			
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,697,553</b>																			
19 Revenue less expenses. Subtract line 18 from line 12	<b>-225,813</b>																			
<b>Net Assets or Fund Balances</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning of Current Year</th> <th style="text-align: center;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;"><b>2,760,811</b></td> <td style="text-align: right;"><b>2,559,672</b></td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;"><b>99,722</b></td> <td style="text-align: right;"><b>95,456</b></td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;"><b>2,661,089</b></td> <td style="text-align: right;"><b>2,464,216</b></td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	<b>2,760,811</b>	<b>2,559,672</b>	21 Total liabilities (Part X, line 26)	<b>99,722</b>	<b>95,456</b>	22 Net assets or fund balances. Subtract line 21 from line 20	<b>2,661,089</b>	<b>2,464,216</b>						
	Beginning of Current Year	End of Year																		
20 Total assets (Part X, line 16)	<b>2,760,811</b>	<b>2,559,672</b>																		
21 Total liabilities (Part X, line 26)	<b>99,722</b>	<b>95,456</b>																		
22 Net assets or fund balances. Subtract line 21 from line 20	<b>2,661,089</b>	<b>2,464,216</b>																		

**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.

<b>Sign Here</b>	Signature of officer <p style="text-align: center;"><b>Pam Rice</b></p> Type or print name and title	Date <p style="text-align: center;"><b>Executive Director</b></p>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <p><b>Barbara Lasky</b></p> Preparer's signature <p><b>Barbara Lasky</b></p> Date <p><b>12/22/16</b></p> Check <input type="checkbox"/> if self-employed PTIN <p><b>P00015280</b></p>	Firm's name ▶ <b>Baldwin CPAs, PLLC</b> Firm's EIN ▶ <b>20-1416603</b> Firm's address ▶ <b>943 S 1st Street</b> <p style="text-align: center;"><b>Louisville, KY 40203</b></p> Phone no. <b>502-584-9793</b>

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 or note to any line in this Part III

1 Briefly describe the organization's mission:

**See Schedule O**

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ **782,071** including grants of\$ ) (Revenue \$ )

**Our Child Development Center makes a lifelong difference by impacting children the first five years of their lives as well as engaging their parents. Our children can continue with us through age 12 in out-of-school time class or they can transition to our Youth Development Program. Our focus is to ensure children meet their developmental milestones, are ready to success when they start kindergarten and develop a lifelong love for learning. We strengthen the impact for our children by engaging their parents in the learning process, recognizing parents are the first teacher for their children. Our Center is a part of the elite Excellence Academy and Stars for Kids Now program.**

4b (Code: ) (Expenses \$ **436,133** including grants of\$ ) (Revenue \$ )

**Our Youth Development Program provides activities to 1st - 12th graders to help them succeed in school and life. We provide academic support, character development and life skills training, cultural and recreational activities, and college and career readiness services. Parents provide leadership and support for our program through their Council, helping them support their children and provide additional family engagement activities. We provide nutritious meals 6 days/ week and a safe, nurturing learning focused environment to help our youth learn to dream, to set goals and to develop the skills and self-esteem to achieve their dreams.**

4c (Code: ) (Expenses \$ **30,839** including grants of\$ ) (Revenue \$ )

**Our Family Services Department engages with many other community partners to provide a variety of services to our community including young adults, college students, parents and senior citizens. We know that strengthening the entire family and community is key to having a great impact on the future of their children. Four Seasons provides senior adults with supports, workshops, physical and recreational activities, and meals to address their physical, social and emotional well-being and improve the quality of their lives. Our Emergency Food Bank provides for immediate, basic needs as well as providing referrals for other services. Partner agencies help provide health services, workshops and basic needs. Parents and young adults can participate in financial workshops, life coaching,**

4d Other program services (Describe in Schedule O.)

(Expenses \$ **168,058** including grants of\$ ) (Revenue \$ )

4e Total program service expenses **1,417,101**

**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)? If "Yes," complete Schedule A	<b>X</b>	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>X</b>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<b>X</b>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		<b>X</b>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		<b>X</b>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<b>X</b>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<b>X</b>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<b>X</b>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		<b>X</b>
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? If "Yes," complete Schedule D, Part VI	<b>X</b>	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		<b>X</b>
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? If "Yes," complete Schedule D, Part VIII		<b>X</b>
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? If "Yes," complete Schedule D, Part IX		<b>X</b>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<b>X</b>
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)? If "Yes," complete Schedule D, Part X	<b>X</b>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>X</b>	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		<b>X</b>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		<b>X</b>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		<b>X</b>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		<b>X</b>
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? If "Yes," complete Schedule G, Part I (see instructions)		<b>X</b>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>X</b>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<b>X</b>

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>20b</b>			
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<b>X</b>
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<b>X</b>
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		<b>X</b>
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		<b>X</b>
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24b</b>			
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24c</b>			
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>24d</b>			
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>25b</b>			
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		<b>X</b>
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		<b>X</b>
<b>28</b>	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):		
<b>a</b>	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>28a</b>			
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>28b</b>			
<b>c</b>	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? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>28c</b>			
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>X</b>	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<b>X</b>
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		<b>X</b>
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
<b>35b</b>			
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b>	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? If "Yes," complete Schedule R, Part VI		<b>X</b>
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>X</b>	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>▶</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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 as charitable contributions?		<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?	<b>X</b>	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>X</b>	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<b>X</b>
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	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		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		<b>X</b>
<b>14b</b>	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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>15</b>	
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent	<b>15</b>	
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<b>X</b>
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **► KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **►**  
**Neighborhood House, Inc.** 201 N. 25th St.  
**Louisville** **KY 40212** **502-774-2322**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) Kevin Fuqua	2.00									
President	0.00	X		X			0	0	0	
(2) Kelly Bryant	1.00									
Vice-President	0.00	X		X			0	0	0	
(3) Jill Wilcox	1.00									
Treasurer	0.00	X		X			0	0	0	
(4) Celia Manlove	1.00									
Secretary	0.00	X		X			0	0	0	
(5) Vicki Hines-Martin	1.00									
At Large	0.00	X		X			0	0	0	
(6) Jim Rogers	1.00									
Past President	0.00	X		X			0	0	0	
(7) Peter Thurman, Jr.	1.00									
Board Member	0.00	X					0	0	0	
(8) Hollis Smith	1.00									
Board Member	0.00	X					0	0	0	
(9) Mike LaVera	1.00									
Board Member	0.00	X					0	0	0	
(10) Nancy Johnson	1.00									
Board Member	0.00	X					0	0	0	
(11) Wendy Dowd	1.00									
Board Member	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(12) <b>Kathi Stearman</b>	1.00									
Board Member	0.00	X					0	0	0	
(13) <b>Craig Ashley</b>	1.00									
Board Member	0.00	X					0	0	0	
(14) <b>Rob Givens</b>	1.00									
Board Member	0.00	X					0	0	0	
(15) <b>Judy Riendeau</b>	1.00									
Board Member	0.00	X					0	0	0	
(16) <b>Christi Lanier-Robinson</b>	1.00									
Board Member	0.00	X					0	0	0	
(17) <b>Carol Coldiron</b>	1.00									
Board Member	0.00	X					0	0	0	
(18) <b>Pam Rice</b>	40.00									
Executive Director	0.00			X			0	81,938	6,211	
<b>1b Sub-total</b>								<b>81,938</b>	<b>6,211</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>81,938</b>	<b>6,211</b>	

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		<b>X</b>
<b>4</b> 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? If "Yes," complete Schedule J for such individual		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		<b>X</b>

**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. Report compensation for the calendar year ending with or within the organization's tax year.

(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 of compensation from the organization **0**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b> 201,840					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b> 13,387					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 836,649					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	206,703					
	<b>h Total.</b> Add lines 1a-1f	▶					1,051,876
<b>Program Service Revenue</b>	Busn. Code						
	<b>2a</b> Day Care Client Fees		342,518	342,518			
	<b>b</b> Food Program Fees		53,523	53,523			
	<b>c</b> Other program fees		8,102	8,102			
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f	▶	404,143					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	▶	1,448			1,448	
	<b>4</b> Income from investment of tax-exempt bond proceeds	▶					
	<b>5</b> Royalties	▶					
	<b>6a</b> Gross rents	(i) Real	70,308				
		(ii) Personal					
		<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)	70,308					
	<b>d</b> Net rental income or (loss)	▶	70,308				70,308
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis & sales exps.					
		<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)	▶					
	<b>8a</b> Gross income from fundraising events (not including \$ 13,387 of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	114,427				
		<b>b</b> Less: direct expenses	32,078				
<b>c</b> Net income or (loss) from fundraising events		▶	82,349				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities	▶					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory	▶					
Miscellaneous Revenue		Busn. Code					
<b>11a</b> Other Income			16,516	16,516			
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d	▶		16,516				
<b>12 Total revenue.</b> See instructions.	▶		1,626,640	420,659	0	71,756	

**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).

Check if Schedule O contains a response or note to any line in this Part IX

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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	875,879	686,302	91,110	98,467
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,913	6,741	2,875	297
9 Other employee benefits	22,104	15,031	6,410	663
10 Payroll taxes	67,707	52,726	7,253	7,728
11 Fees for services (non-employees):				
a Management	100,000	35,000	35,000	30,000
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	22,633	3,150	12,344	7,139
12 Advertising and promotion	4,485		4,139	346
13 Office expenses	13,118	8,275	2,549	2,294
14 Information technology	11,301	1,357	5,198	4,746
15 Royalties				
16 Occupancy	89,206	69,723	9,082	10,401
17 Travel	6,267	2,854	3,096	317
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,715	4,398	2,314	1,003
20 Interest	1,688	1,323	175	190
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	153,832	120,536	16,002	17,294
23 Insurance	31,070	23,427	4,881	2,762
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>Program Events &amp; Support</b>	328,692	328,692		
b <b>Contract Labor</b>	36,805	36,465	100	240
c <b>Child/Family Support</b>	14,104	3,667	5,360	5,077
d <b>Telephone</b>	14,064	11,020	1,463	1,581
e All other expenses	12,930	6,414	1,489	5,027
25 <b>Total functional expenses.</b> Add lines 1 through 24e	1,823,513	1,417,101	210,840	195,572
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	162,677	1	135,185
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	412,906	3	355,561
	4	Accounts receivable, net	20,593	4	39,878
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other 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). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,096,140		
	b	Less: accumulated depreciation	2,108,843	10c	1,987,297
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	51,739	15	41,751
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	2,760,811	16	2,559,672	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	48,918	17	82,152
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other 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	50,804	23	13,304
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	99,722	26	95,456
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	2,069,922	27	1,948,799
	28	Temporarily restricted net assets	591,167	28	515,417
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	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	<b>Total net assets or fund balances</b>	2,661,089	33	2,464,216	
34	<b>Total liabilities and net assets/fund balances</b>	2,760,811	34	2,559,672	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,626,640
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,823,513
3	Revenue less expenses. Subtract line 2 from line 1	3	-196,873
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,661,089
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,464,216

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
c If "Yes" to line 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.	<b>X</b>	
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?		<b>X</b>
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.		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization

**Neighborhood House, Inc.**

Employer identification number

[REDACTED]

**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 (Form 990 or 990-EZ).)
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						



**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,001,701	956,775	1,238,565	922,469	1,051,876	5,171,386
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	1,001,701	956,775	1,238,565	922,469	1,051,876	5,171,386
<b>5</b> 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)						259,540
<b>6 Public support.</b> Subtract line 5 from line 4.						4,911,846

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4	1,001,701	956,775	1,238,565	922,469	1,051,876	5,171,386
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	57,032	71,604	71,066	71,749	71,756	343,207
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	69,087	38,552	30,698	37,729	82,349	258,415
<b>11 Total support.</b> Add lines 7 through 10						5,773,008
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	535,086
<b>13 First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	85.08 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14	<b>15</b>	89.34 %
<b>16a 33 1/3% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2015.** 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—2014.** 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 Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations** (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
  - b** A family member of a person described in (a) above?
  - c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a**  The organization satisfied the Activities Test. Complete **line 2** below.
  - b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.
  - c**  The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

**2** Activities Test. **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
  - b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3** Parent of Supported Organizations. **Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
  - b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b>	Amounts paid to acquire exempt-use assets	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)	
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b>	Distributable amount for 2015 from Section C, line 6	
<b>10</b>	Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013 .....			
<b>e</b> From 2014 .....			
<b>f</b> <b>Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7</b> <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013 .....			
<b>d</b> Excess from 2014 .....			
<b>e</b> Excess from 2015 .....			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Part II, Line 10 - Other Income Detail**

**Special events revenue** \$ **258,415**





SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number

Neighborhood House, Inc.

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 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 can 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" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)?, 9 In Part XIII, 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" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on 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 (ASC 958) relating to these items: a Revenue included on 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 acquisition, 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 XIII.

**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" on 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 XIII and complete the following table:

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment  %
- b** Permanent endowment  %
- c** Temporarily restricted endowment  %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		<b>525,193</b>		<b>525,193</b>
<b>b</b> Buildings		<b>3,177,100</b>	<b>1,803,339</b>	<b>1,373,761</b>
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other		<b>393,848</b>	<b>305,505</b>	<b>88,343</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>1,987,297</b>

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>1,626,640</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines 2a through 2d		<b>2e</b>	
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	<b>1,626,640</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b		<b>4c</b>	
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>1,626,640</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>1,823,513</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines 2a through 2d		<b>2e</b>	
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	<b>1,823,513</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b		<b>4c</b>	
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>1,823,513</b>

**Part XIII Supplemental Information.**

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part X - FIN 48 Footnote**

The Organization is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. In addition, the Organization qualifies for the charitable contribution deduction under Section 170(b)(1)(A) and has been classified as an organization other than a private foundation under Section 509(a)(2).

Management has concluded that any tax positions that would not meet the more-likely-than-not criterion of FASB ASC 740-10 would be immaterial to the financial statements taken as a whole. Accordingly, the accompanying financial statements do not include any provision for uncertain tax positions, and no related interest or penalties have been recorded in the

**Part XIII Supplemental Information** (continued)

statement of activities or accrued in the statement of financial position



**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2015**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on 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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Name of the organization

**Neighborhood House, Inc.**

Employer identification number

[REDACTED]

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email 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 (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

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

.....

.....

.....

.....

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Race for Success</u> (event type)	<u>Golf Scramble</u> (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	104,955	22,859	127,814
	2	Less: Contributions	6,475	6,912	13,387
	3	Gross income (line 1 minus line 2)	98,480	15,947	114,427
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs		4,025	4,025
	7	Food and beverages	6,405	1,625	8,030
	8	Entertainment			
	9	Other direct expenses	19,010	1,013	20,023
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				82,349

**Part III Gaming.** Complete if the organization answered "Yes" on 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				
Direct Expenses	2	Cash prizes				
	3	Noncash 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. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct 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 conduct 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 conducted in:

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

14 Enter 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 of the third party:

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶\$

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

.....

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**Neighborhood House, Inc.**

Employer identification number

**Part I Types of Property**

	(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 noncash contribution amounts
1 Art— Works of art				
2 Art— Historical treasures				
3 Art— Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	<b>X</b>		<b>169,423</b>	<b>Fair market value</b>
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (Other )	<b>X</b>	<b>5</b>	<b>37,280</b>	<b>Fair market value</b>
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		<b>X</b>

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31		<b>X</b>
----	--	----------

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		<b>X</b>
-----	--	----------

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

[Dotted lines for supplemental information]

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**Neighborhood House, Inc.**

Employer identification number

[REDACTED]

**Form 990 - Organization's Mission**

The mission of Neighborhood House is to provide individuals with opportunities to enhance the quality of their lives. Our vision is to break the cycle of poverty for the children and families with whom we serve. We know the key is through education and that by strengthening the parents/ family leaders, we have a greater impact on the child. So our programs are educationally focused, which is broader than just the academic component. And our work is to engage the parents/ grandparents in order to strengthen the future for our children. We serve infants through senior adults, approximately 200 people/ day in Portland and surrounding areas of West Louisville. We work toward our mission and vision by addressing daily needs as well as making a lifelong impact in meeting Life Needs, teaching Life Skills and inspiring Life Dreams for our children and families.

**Form 990, Part III, Line 4c - Third Accomplishment**

parenting support and leadership training. We also provide family and intergenerational activities such as cultural events, cooking and exercise classes, and recreation and holiday activities.

**Form 990, Part III, Line 4d - All Other Accomplishment**

Our Four Seasons Senior Adult Program improves the quality of life for some of our City's most vulnerable citizens. Our seniors receive a nutritious lunch each day as well as recreation, socialization and opportunities for developing new skills and engaging in new activities they wouldn't have otherwise. Activities vary including exercise and cooking classes, field

Name of the organization

Neighborhood House, Inc.

Employer identification number

trips, holiday events, health screenings and intergenerational opportunities.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The 990 tax return is prepared by an independent CPA firm based on the information obtained from the audit and inquiries of management. Before the return is filed, a draft of the return is reviewed by the Finance Committee. The Finance Committee reports their approval to the Board of Directors. A copy is provided to all board members, then the tax return is filed with the IRS.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

On an annual basis each member of the board of directors are required to sign a conflict of interest form. If the form indicates a possible conflict of interest, the incident is thoroughly investigated. If there is a perceived conflict, the member will not be able to participate (including serving on a committee) on any decision relating to the conflict. If a major conflict is noted the Board Member will be asked to resign.

Periodically throughout the year possible conflicts are investigated and resolved as necessary.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The salary of the Executive Director is reviewed annually and approved by the President/CEO of Maryhurst, Inc. The review includes a number of factors such as performance, compensation as compared to peers, and the financial condition of Neighborhood House, Inc. After determining the

Name of the organization

Employer identification number

Neighborhood House, Inc.



compensation, the President/CEO of Maryhurst, Inc. meets with the Chairman of the Board of Neighborhood House, Inc. to discuss the compensation.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation  
Governing documents are available upon request. The Form 990 is available via Guidestar's website or upon request.

**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Name(s) shown on return

**Neighborhood House, Inc.**

Identifying number

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	▶ 13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	153,832
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	0

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

**Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		0	0.0			0
c 7-year property						
d 10-year property		0	0.0			0
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	153,832
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.





**Federal Statements**

FYE: 6/30/2016

**Cash - EOY**

<u>Description</u>	<u>Amount</u>
PNC	\$ 2,986
Charitable Gaming-Stock Yards	4,830
Stock Yards Bank	91,888
Money Market-Stock Yards	35,257
Petty cash	224
Total	<u>\$ 135,185</u>

**Accounts receivable - EOY**

<u>Description</u>	<u>Amount</u>
Accounts receivable	\$ 39,878
Total	<u>\$ 39,878</u>

**Accounts payable - EOY**

<u>Description</u>	<u>Amount</u>
Accrued Payroll	\$ 45,195
Accrued Vacation	13,236
Accounts payable	23,156
FSA WH	167
Vision Insurance WH	119
Short Term Disability WH	95
Gap Insurance WH	17
Critical Illness Ins WH	12
United Way WH	155
Total	<u>\$ 82,152</u>



## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Neighborhood House Inc</b>		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <b>D03686</b> Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) <b>201 N. 25th Street</b>		Requester's name and address (optional)
	6 City, state, and ZIP code <b>Louisville, KY 40212</b>		
	7 List account number(s) here (optional)		
	<b>501 (c) (3)</b>		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%;"></td> <td style="width: 15%; text-align: center;">-</td> <td style="width: 15%;"></td> <td style="width: 15%; text-align: center;">-</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>			-		-					
		-		-						
<b>or</b>										
<b>Employer identification number</b>										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>										

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>05/01/2015</b>
------------------	----------------------------	--------------------------

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

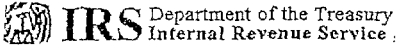
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



Department of the Treasury  
Internal Revenue Service

Cincinnati Service Center  
CINCINNATI OH 45999-0038

In reply refer to: 0752161033  
Feb. 11, 2013 LTR 4168C 0  
[REDACTED] 000000 00

00014734

BODC: TE

NEIGHBORHOOD HOUSE  
201 N 25TH ST  
LOUISVILLE KY 40212

46127

Employer Identification Number: [REDACTED]  
Person to Contact: Mr. Perkins  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 31, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in October 1972.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

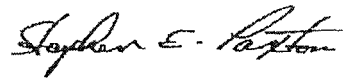
Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0752161033  
Feb. 11, 2013 LTR 4168C 0  
[REDACTED] 000000 00  
00014735

NEIGHBORHOOD HOUSE  
201 N 25TH ST  
LOUISVILLE KY 40212

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,



Stephen E. Paxton  
Operations Manager, AM Operations 3

AMENDED ARTICLES OF INCORPORATION.

The undersigned, Lucy Belknap, Melchon B. Barrat, Bertha K. Sachs, Emily F. Minnigerode, Emil S. Tachau, Henry Klauber, Lafon Allen, Edward Sachs, Bernard Flexner, Leon P. Lewis, Bernard Selligman and Percy E. Booth, being all of the members of the Board of Trustees or Managers of "Neighborhood House," a corporation heretofore established in conformity to section 879 of the Kentucky Statutes, do hereby amend their articles of incorporation which have been filed in the office of the County Clerk of Jefferson County and in the office of the Secretary of State of Kentucky by adding thereto the following provisions and by giving said corporation the additional powers hereinafter enumerated.

Said corporate body shall have power to borrow money with which to pay for property obtained by purchase or with which to carry on its purposes generally and shall have power to pledge or mortgage its property, real or personal, to secure the payment of the money so borrowed or to secure the fulfillment of any of its contracts. No pledgee or mortgagee or other creditor of said corporation shall be bound to look to the application of the proceeds of any loan made to said corporation. The corporators above named and their associates and successors shall be and remain the Board of Trustees of Neighborhood House.

In witness of these purposes we have affixed our signatures to these articles of incorporation in duplicate on this 19th day of January, 1913, that they may be filed in the office

of the Secretary of State of Kentucky and recorded in the office of the County Clerk of Jefferson County.

Lucy Bellknapp  
Melchen B. Barret  
Bertha E. Sachs  
Emily R. Minnigerode  
Emil S. Edchan  
Henry Klauber  
Lafon Allen  
Bernard Selligman  
Leon P. Lewis  
Edward Sachs  
Bernard Selligman  
Leon P. Lewis  
Bernard Selligman  
Percy N. Booth

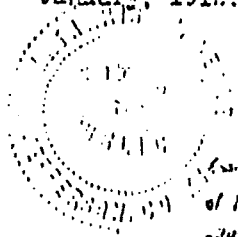
STATE OF KENTUCKY : SCT.  
COUNTY OF JEFFERSON :

I, Tatherine M. Neale, a notary public in and for the county and state aforesaid, do certify that the foregoing instrument of writing was on the 18th day of January, 1912, produced to me in my office and acknowledged and delivered by Lucy Bellknapp, Melchen B. Barret, Bertha E. Sachs, Emily R. Minnigerode, Emil S. Edchan, Henry Klauber, Lafon Allen, Bernard Selligman, Leon P. Lewis, Bernard Selligman and Percy N. Booth, parties thereto, to be their act and deed and the act and deed of each of them, and that said instrument of writing was also produced to me in my office on the 20th day of January, 1912, and acknowledged and delivered by Edward Sachs, party thereto, to be his act and deed.

My commission expires on the 18th day of March 1912.  
Witness my hand and notarial seal this 20th day of

January, 1912.

Tatherine M. Neale  
N. P. J. C., Ky.



I, P. S. Ray, Clerk of the County Court of Jefferson County in the State of Kentucky, do certify that on this day at 10:50 o'clock <sup>amended</sup> A.M. the foregoing <sup>articles</sup> of incorporation were produced to me in my Office and that I have recorded them. This and the foregoing certificate in my said office.

Witness my hand this 20th day of Jan 1912  
P. S. Ray Clerk

A Copy Attest  
P. S. Ray Clerk  
By Lee R. Simons ADE

A M E N D M E N T  
TO  
ARTICLES OF INCORPORATION  
OF  
NEIGHBORHOOD HOUSE

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned, MARSHALL P. ELDRED, MRS. THOMAS A. BALLANTINE, WILLIAM M. COTTON, MRS. CARL BERG, MRS. KERVIN BULLITT, MRS. GEORGE COHN, MRS. J. DONALD DINNING, ASA W. FULLER, A. READ HENRY, RUTH HIGGINS, WILLIAM H. LANGLEY, FRANCIS J. PEAK, F. EUGENE SANFORD and MRS. HUGH SHWAB, JR., being members of the Board of Trustees of NEIGHBORHOOD HOUSE, 428 South First Street, Louisville, Kentucky, a charitable corporation heretofore organized under the laws of the Commonwealth of Kentucky, do hereby amend the Articles of Incorporation of said NEIGHBORHOOD HOUSE in the following particular, to-wit:

The affairs of this Corporation shall be conducted by a Board of Directors which shall consist of not less than seven (7) nor more than twenty-five (25), to be determined in the discretion of said Board. Said Board of Directors shall have the power and authority heretofore vested in the Board of Trustees or Board of Managers of the said NEIGHBORHOOD HOUSE, together with such other power and authority as may be given by law.

IN WITNESS WHEREOF, the undersigned have set their hands this 21 day of March, 1955

Marshall P. Eldred  
Marshall P. Eldred

Mrs. Thomas A. Ballantine  
Mrs. Thomas A. Ballantine

William M. Cotton  
William M. Cotton

Mrs. Carl Berg  
Mrs. Carl Berg



Mrs. Kervin Bullitt  
Mrs. Kervin Bullitt

Mrs. George Cohn  
Mrs. George Cohn

Mrs. J. Donald Dinning  
Mrs. J. Donald Dinning

Asa W. Fuller  
Asa W. Fuller

A. Read Henry  
A. Read Henry

Ruth Higgins  
Ruth Higgins

(R.W.) William H. Langley  
William H. Langley

Francis J. Peak  
Francis J. Peak

F. Eugene Sanford  
F. Eugene Sanford

Mrs. Hugh Shwab, Jr.  
Mrs. Hugh Shwab, Jr.

COMMONWEALTH OF KENTUCKY  
: SS  
COUNTY OF JEFFERSON

I, the undersigned Notary Public in and for the State and County aforesaid, do hereby certify that the foregoing AMENDMENT TO ARTICLES OF INCORPORATION of NEIGHBORHOOD HOUSE was this day produced before me in my county by MARSHALL P. ELDRED, MRS. THOMAS A. BALLANTINE, WILLIAM M. COTTON, MRS. CARL BERG, MRS. KERVIN BULLITT, MRS. GEORGE COHN, MRS. J. DONALD DINNING, ASA W. FULLER, A. READ HENRY, RUTH HIGGINS, WILLIAM H. LANGLEY, FRANCIS J. PEAK, F. EUGENE SANFORD and MRS. HUGH SHWAB, JR., who acknowledged same to be their true act and deed for the uses and purposes therein set out.

WITNESS my hand and notarial seal, this 21 day of March, 1955.

My commission expires Feb 4 - 1958

ORIGINAL COPY  
FILED AND RECORDED

OCT 3 - 1955

Elizabeth M. Reiss  
Notary Public  
Jefferson County  
Kentucky

Charles R. ...  
Raymond ...

ARTICLES OF AMENDMENT  
TO  
THE ARTICLES OF INCORPORATION  
OF  
NEIGHBORHOOD HOUSE

SECRETARY OF STATE  
RECEIVED  
SEP 28 1973  
CK 4.00  
Commonwealth of Kentucky

THIS AMENDMENT, dated 26 September 1972, to the Articles of  
Incorporation of Neighborhood House,

WITNESSETH:

WHEREAS, it has become necessary and proper to amend the  
Articles of Incorporation of Neighborhood House, a charitable and educational  
corporation of Louisville, Kentucky, in the manner hereinafter set forth, and

WHEREAS, there are no shareholders in the corporation and no members  
entitled to vote upon such amendments;

NOW, THEREFORE, we, the President and Secretary, respectively,  
of Neighborhood House, do hereby certify that by a vote of and by resolution of  
the majority of the directors in office at their regular meeting held on 19 September  
1972, Neighborhood House duly amended its Articles of Incorporation in the follow-  
ing respects:

1. The word, "exclusively," is added to the description of the purposes  
of the corporation, so that they now read "... form a corporation for charitable  
and educational purposes exclusively...";

2. A new paragraph is added to the said Articles, which provides:  
Upon dissolution or liquidation of the corporation, the directors  
shall, after paying or making provision for the payment of all the liabilities of  
the corporation, dispose of all of the assets of the corporation exclusively for  
the purposes of the corporation and in such a manner or to such organization(s)  
as shall at the time qualify as exempt under section 501(c)(3) of the Internal  
Revenue Code of 1954 (or the corresponding provision of any future United States'  
Internal Revenue Law). Any assets not so disposed of shall be disposed of by  
any court having proper jurisdiction in accordance with the purposes of the  
corporation and exclusively to such organizations as are described in the pre-  
ceding sentence.

IN TESTIMONY WHEREOF, the President and Secretary of Neighbor-  
hood House have hereunto signed their names; and Neighborhood House has caused  
these Articles of Amendment to be signed by its President and Secretary, all this  
28<sup>th</sup> day of September 1972.

John E. H. Lawrence  
President

Ruth C. Higgins  
Secretary

NEIGHBORHOOD HOUSE  
By John E. H. Lawrence  
President

Attest: Ruth C. Higgins  
Secretary

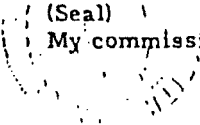
COMMONWEALTH OF KENTUCKY )

COUNTY OF Jefferson ) SS

I, Mary M. Keith, a Notary Public in and for the County and Commonwealth aforesaid, do hereby certify that the foregoing Articles of Amendment to the Articles of Incorporation of Neighborhood House were produced before me in the County and Commonwealth aforesaid by John St. Lawrence and Ruth Higgins, President and Secretary, respectively, of Neighborhood House, and were acknowledged by them to be their act and deed; and to be the act and deed of Neighborhood House.

Witness, my hand and seal, this 20 day of September, 1972.

Mary M. Keith  
Notary Public  
Jefferson County, Kentucky



(Seal)  
My commission expires: August 12, 1974

ORIGINAL COPY  
FILED  
SECRETARY OF STATE OF KENTUCKY

MAY 18 1973

Thomas L. Howell  
SECRETARY OF STATE  
LH

This document was prepared by Charles M. Hassett, Attorney at Law, whose address is 2114 Edgehill Road, Louisville, Kentucky 40205.

Charles M. Hassett  
Charles M. Hassett

BUNDLE *12*

BOX *15*

*Jefferson* County

Amended Articles of Incorporation

OF

*Franklin Bank*

Increasing its Capital Stock from

*Twenty Thousand Dollars*

Organization to conform to

Statute and Certificate issued *24th* day of

*April* 19*08*

Recording Office, *Franklin* Pa.

**C. BRECKENRIDGE**

Secy of State

By *[Signature]*  
CHIEF CLERK CORPORATION DEPT.

Recorded in Corporation

Book No. *46* Page *408*

Recorded *[Signature]* *[Signature]* *[Signature]*

Form **990**

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 Do not enter social security numbers on this form as it may be made public.  
 Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047  
**2015**  
 Open to Public Inspection

**A For the 2015 calendar year, or tax year beginning 07/01/15, and ending 06/30/16**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **Neighborhood House, Inc.**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**201 N. 25th St.**  
 City or town, state or province, country, and ZIP or foreign postal code  
**Louisville KY 40212**

**D** Employer identification number: [REDACTED]  
**E** Telephone number: **502-774-2322**  
**G** Gross receipts: **1,658,718**

**F** Name and address of principal officer:  
**Pam Rice**  
**201 N. 25th St.**  
**Louisville KY 40212**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **www.nhky.org**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1896** **M** State of legal domicile: **KY**

**H(c)** Group exemption number: [REDACTED]

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>The mission of Neighborhood House is to provide individuals with opportunities to enhance the quality of their lives.</b>			
	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)	15	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	15	
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	60	
	6	Total number of volunteers (estimate if necessary)	675	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b	Net unrelated business taxable income from Form 990-T, line 34	0		
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	948,509	1,051,876
	9	Program service revenue (Part VIII, line 2g)	413,753	404,143
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	83	1,448
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	109,395	169,173
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,471,740	1,626,640
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	937,966	975,603
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	16b	Total fundraising expenses (Part IX, column (D), line 25)	195,572	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	759,587	847,910	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,697,553	1,823,513	
19	Revenue less expenses. Subtract line 18 from line 12	-225,813	-196,873	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	2,760,811	2,559,672
	21	Total liabilities (Part X, line 26)	99,722	95,456
	22	Net assets or fund balances. Subtract line 21 from line 20	2,661,089	2,464,216

**Part II Signature Block**

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

**Sign Here**

Signature of officer: **Pam Rice** Date: [REDACTED]  
 Type or print name and title: **Executive Director**

**Paid Preparer Use Only**

Print/Type preparer's name: **Barbara Lasky** Preparer's signature: **Barbara Lasky** Date: **12/22/16** Check  if self-employed  if [REDACTED]

Firm's name: **Baldwin CPAs, PLLC** Firm's EIN: [REDACTED]  
 Firm's address: **943 S 1st Street, Louisville, KY 40203** Phone no.: **502-584-9793**

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 or note to any line in this Part III

1 Briefly describe the organization's mission:

See Schedule O

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ **782,071** including grants of\$ ) (Revenue \$ )

Our Child Development Center makes a lifelong difference by impacting children the first five years of their lives as well as engaging their parents. Our children can continue with us through age 12 in out-of-school time class or they can transition to our Youth Development Program. Our focus is to ensure children meet their developmental milestones, are ready to success when they start kindergarten and develop a lifelong love for learning. We strengthen the impact for our children by engaging their parents in the learning process, recognizing parents are the first teachers for their children. Our Center is a part of the elite Excellence Academy and Stars for Kids Now program.

4b (Code: ) (Expenses \$ **436,133** including grants of\$ ) (Revenue \$ )

Our Youth Development Program provides activities to 1st - 12th graders to help them succeed in school and life. We provide academic support, character development and life skills training, cultural and recreational activities, and college and career readiness services. Parents provide leadership and support for our program through their Council, helping them support their children and provide additional family engagement activities. We provide nutritious meals 6 days/ week and a safe, nurturing learning focused environment to help our youth learn to dream, to set goals and to develop the skills and self-esteem to achieve their dreams.

4c (Code: ) (Expenses \$ **30,839** including grants of\$ ) (Revenue \$ )

Our Family Services Department engages with many other community partners to provide a variety of services to our community including young adults, college students, parents and senior citizens. We know that strengthening the entire family and community is key to having a great impact on the future of their children. Four Seasons provides senior adults with supports, workshops, physical and recreational activities, and meals to address their physical, social and emotional well-being and improve the quality of their lives. Our Emergency Food Bank provides for immediate, basic needs as well as providing referrals for other services. Partner agencies help provide health services, workshops and basic needs. Parents and young adults can participate in financial workshops, life coaching,

4d Other program services (Describe in Schedule O.)

(Expenses \$ **168,058** including grants of\$ ) (Revenue \$ )

4e Total program service expenses **1,417,101**

**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)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
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? If "Yes," complete Schedule D, Part VIII		X
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? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
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)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
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? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
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? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
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? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	



**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>X</b>	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>▶</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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 as charitable contributions?		<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?	<b>X</b>	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>X</b>	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<b>X</b>
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	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		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		<b>X</b>
<b>14b</b>	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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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?		X
16b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **KY**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**

**Neighborhood House, Inc.**  
**Louisville**

**201 N. 25th St.**

**KY 40212**

**502-774-2322**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) Kevin Fuqua President	2.00 0.00	X		X				0	0	0
(2) Kelly Bryant Vice-President	1.00 0.00	X		X				0	0	0
(3) Jill Wilcox Treasurer	1.00 0.00	X		X				0	0	0
(4) Celia Manlove Secretary	1.00 0.00	X		X				0	0	0
(5) Vicki Hines-Martin At Large	1.00 0.00	X		X				0	0	0
(6) Jim Rogers Past President	1.00 0.00	X		X				0	0	0
(7) Peter Thurman, Jr. Board Member	1.00 0.00	X						0	0	0
(8) Hollis Smith Board Member	1.00 0.00	X						0	0	0
(9) Mike LaVera Board Member	1.00 0.00	X						0	0	0
(10) Nancy Johnson Board Member	1.00 0.00	X						0	0	0
(11) Wendy Dowd Board Member	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(12) Kathi Stearman	1.00									
Board Member	0.00	X						0	0	0
(13) Craig Ashley	1.00									
Board Member	0.00	X						0	0	0
(14) Rob Givens	1.00									
Board Member	0.00	X						0	0	0
(15) Judy Riendeau	1.00									
Board Member	0.00	X						0	0	0
(16) Christi Lanier-Robinson	1.00									
Board Member	0.00	X						0	0	0
(17) Carol Coldiron	1.00									
Board Member	0.00	X						0	0	0
(18) Pam Rice	40.00									
Executive Director	0.00			X				0	81,938	6,211
<b>1b Sub-total</b>									<b>81,938</b>	<b>6,211</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>									<b>81,938</b>	<b>6,211</b>

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

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		<b>X</b>
<b>4</b> 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? If "Yes," complete Schedule J for such individual		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		<b>X</b>

**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. Report compensation for the calendar year ending with or within the organization's tax year.

(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 of compensation from the organization **0**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>	<b>201,840</b>				
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	<b>13,387</b>				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>836,649</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		<b>206,703</b>				
	<b>h Total.</b> Add lines 1a-1f			<b>1,051,876</b>			
<b>Program Service Revenue</b>	<b>2a</b> Day Care Client Fees	Busn. Code	<b>342,518</b>	<b>342,518</b>			
	<b>b</b> Food Program Fees		<b>53,523</b>	<b>53,523</b>			
	<b>c</b> Other program fees		<b>8,102</b>	<b>8,102</b>			
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			<b>404,143</b>			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		<b>1,448</b>			<b>1,448</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	(i) Real	<b>70,308</b>				
		(ii) Personal					
	<b>b</b> Less: rental exps.						
	<b>c</b> Rental inc. or (loss)		<b>70,308</b>				
	<b>d</b> Net rental income or (loss)			<b>70,308</b>		<b>70,308</b>	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
	<b>b</b> Less: cost or other basis & sales exps.						
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss)						
	<b>8a</b> Gross income from fundraising events (not including \$ <b>13,387</b> of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	<b>114,427</b>				
		<b>b</b> Less: direct expenses	<b>32,078</b>				
<b>c</b> Net income or (loss) from fundraising events			<b>82,349</b>				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code					
<b>11a</b> Other Income			<b>16,516</b>	<b>16,516</b>			
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d			<b>16,516</b>				
<b>12 Total revenue.</b> See instructions.			<b>1,626,640</b>	<b>420,659</b>	<b>0</b>	<b>71,756</b>	

**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).

Check if Schedule O contains a response or note to any line in this Part IX

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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	875,879	686,302	91,110	98,467
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,913	6,741	2,875	297
9 Other employee benefits	22,104	15,031	6,410	663
10 Payroll taxes	67,707	52,726	7,253	7,728
11 Fees for services (non-employees):				
a Management	100,000	35,000	35,000	30,000
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	22,633	3,150	12,344	7,139
12 Advertising and promotion	4,485		4,139	346
13 Office expenses	13,118	8,275	2,549	2,294
14 Information technology	11,301	1,357	5,198	4,746
15 Royalties				
16 Occupancy	89,206	69,723	9,082	10,401
17 Travel	6,267	2,854	3,096	317
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,715	4,398	2,314	1,003
20 Interest	1,688	1,323	175	190
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	153,832	120,536	16,002	17,294
23 Insurance	31,070	23,427	4,881	2,762
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>Program Events &amp; Support</b>	328,692	328,692		
b <b>Contract Labor</b>	36,805	36,465	100	240
c <b>Child/Family Support</b>	14,104	3,667	5,360	5,077
d <b>Telephone</b>	14,064	11,020	1,463	1,581
e All other expenses	12,930	6,414	1,489	5,027
<b>25 Total functional expenses. Add lines 1 through 24e</b>	<b>1,823,513</b>	<b>1,417,101</b>	<b>210,840</b>	<b>195,572</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing	162,677	1	135,185
	<b>2</b> Savings and temporary cash investments		2	
	<b>3</b> Pledges and grants receivable, net	412,906	3	355,561
	<b>4</b> Accounts receivable, net	20,593	4	39,878
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	<b>6</b> Loans and other 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). Complete Part II of Schedule L		6	
	<b>7</b> Notes and loans receivable, net		7	
	<b>8</b> Inventories for sale or use		8	
	<b>9</b> Prepaid expenses and deferred charges		9	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,096,140		
	<b>b</b> Less: accumulated depreciation	10b 2,108,843	2,112,896	10c 1,987,297
	<b>11</b> Investments—publicly traded securities		11	
	<b>12</b> Investments—other securities. See Part IV, line 11		12	
	<b>13</b> Investments—program-related. See Part IV, line 11		13	
	<b>14</b> Intangible assets		14	
	<b>15</b> Other assets. See Part IV, line 11		51,739	15 41,751
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)		2,760,811	16 2,559,672	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	48,918	17	82,152
	<b>18</b> Grants payable		18	
	<b>19</b> Deferred revenue		19	
	<b>20</b> Tax-exempt bond liabilities		20	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	50,804	23	13,304
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		24	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	<b>26 Total liabilities.</b> Add lines 17 through 25		99,722	26 95,456
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	2,069,922	27	1,948,799
	<b>28</b> Temporarily restricted net assets	591,167	28	515,417
	<b>29</b> Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		30	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		31	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		32	
<b>33 Total net assets or fund balances</b>		2,661,089	33 2,464,216	
<b>34 Total liabilities and net assets/fund balances</b>		2,760,811	34 2,559,672	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,626,640
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,823,513
3	Revenue less expenses. Subtract line 2 from line 1	3	-196,873
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,661,089
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,464,216

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 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.	X	
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?		X
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.		



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Neighborhood House, Inc.**

Employer identification number

**61-0445842**

**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 (Form 990 or 990-EZ).)
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,001,701	956,775	1,238,565	922,469	1,051,876	5,171,386
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 <b>Total.</b> Add lines 1 through 3	1,001,701	956,775	1,238,565	922,469	1,051,876	5,171,386
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)						259,540
6 <b>Public support.</b> Subtract line 5 from line 4.						4,911,846

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	1,001,701	956,775	1,238,565	922,469	1,051,876	5,171,386
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	57,032	71,604	71,066	71,749	71,756	343,207
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 VI.)	69,087	38,552	30,698	37,729	82,349	258,415
11 <b>Total support.</b> Add lines 7 through 10						5,773,008

12 Gross receipts from related activities, etc. (see instructions) 12 535,086

13 **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**

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	85.08%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	89.34%

16a **33 1/3% support test—2015.** 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—2014.** If the organization did not check a 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—2015.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b **10%-facts-and-circumstances test—2014.** 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 VI 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2015.** 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—2014.** 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 Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations** (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
  - b** A family member of a person described in (a) above?
  - c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
  - a** The organization satisfied the Activities Test. Complete **line 2** below.
  - b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
  - c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

**2** Activities Test. Answer (a) and (b) below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

	Yes	No
<b>2a</b>		
<b>2b</b>		

**3** Parent of Supported Organizations. Answer (a) and (b) below.

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
<b>3a</b>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Part II, Line 10 - Other Income Detail**

**Special events revenue** \$ **258,415**



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

Employer identification number

Neighborhood House, Inc.

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, Revenue included on Form 990, Part VIII, line 1, Assets included in Form 990, Part X. Includes questions 1a-2 regarding collections of art and historical treasures.

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

- 3 Using the organization's acquisition, 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 XIII.
- 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" on 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 XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ ..... %
- b Permanent endowment ▶ ..... %
- c Temporarily restricted endowment ▶ ..... %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		525,193		525,193
b Buildings		3,177,100	1,803,339	1,373,761
c Leasehold improvements				
d Equipment				
e Other		393,848	305,505	88,343
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>1,987,297</b>

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,626,640
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,626,640
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 XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,626,640

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,823,513
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 XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,823,513
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 XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,823,513

**Part XIII Supplemental Information.**

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part X - FIN 48 Footnote**

The Organization is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. In addition, the Organization qualifies for the charitable contribution deduction under Section 170(b)(1)(A) and has been classified as an organization other than a private foundation under Section 509(a)(2).

Management has concluded that any tax positions that would not meet the more-likely-than-not criterion of FASB ASC 740-10 would be immaterial to the financial statements taken as a whole. Accordingly, the accompanying financial statements do not include any provision for uncertain tax positions, and no related interest or penalties have been recorded in the



**Part XIII** Supplemental Information (continued)

statement of activities or accrued in the statement of financial position.

**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2015**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on 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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Name of the organization

**Neighborhood House, Inc.**

Employer identification number

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email 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 (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

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

.....

.....

.....

.....

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Race for Success</u> (event type)	<u>Golf Scramble</u> (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	104,955	22,859	127,814
	2	Less: Contributions	6,475	6,912	13,387
	3	Gross income (line 1 minus line 2)	98,480	15,947	114,427
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs		4,025	4,025
	7	Food and beverages	6,405	1,625	8,030
	8	Entertainment			
	9	Other direct expenses	19,010	1,013	20,023
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				82,349

**Part III Gaming.** Complete if the organization answered "Yes" on 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			
Direct Expenses	2	Cash prizes			
	3	Noncash 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. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct 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: \_\_\_\_\_  
 \_\_\_\_\_





**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Noncash Contributions**

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open To Public  
Inspection**

**Neighborhood House, Inc.**

number  
[REDACTED]

**Part I Types of Property**

	(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 noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X		169,423	Fair market value
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Other )	X	5	37,280	Fair market value
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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	29
----	----

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II.
- 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X



**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service

Name of the organization

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015****Open to Public  
Inspection**

Employer identification number

Neighborhood House, Inc.

**Form 990 - Organization's Mission**

The mission of Neighborhood House is to provide individuals with opportunities to enhance the quality of their lives. Our vision is to break the cycle of poverty for the children and families with whom we serve. We know the key is through education and that by strengthening the parents/ family leaders, we have a greater impact on the child. So our programs are educationally focused, which is broader than just the academic component. And our work is to engage the parents/ grandparents in order to strengthen the future for our children. We serve infants through senior adults, approximately 200 people/ day in Portland and surrounding areas of West Louisville. We work toward our mission and vision by addressing daily needs as well as making a lifelong impact in meeting Life Needs, teaching Life Skills and inspiring Life Dreams for our children and families.

**Form 990, Part III, Line 4c - Third Accomplishment**

parenting support and leadership training. We also provide family and intergenerational activities such as cultural events, cooking and exercise classes, and recreation and holiday activities.

**Form 990, Part III, Line 4d - All Other Accomplishment**

Our Four Seasons Senior Adult Program improves the quality of life for some of our City's most vulnerable citizens. Our seniors receive a nutritious lunch each day as well as recreation, socialization and opportunities for developing new skills and engaging in new activities they wouldn't have otherwise. Activities vary including exercise and cooking classes, field

Name of the organization

Employer identification number

Neighborhood House, Inc.

trips, holiday events, health screenings and intergenerational opportunities.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The 990 tax return is prepared by an independent CPA firm based on the information obtained from the audit and inquiries of management. Before the return is filed, a draft of the return is reviewed by the Finance Committee. The Finance Committee reports their approval to the Board of Directors. A copy is provided to all board members, then the tax return is filed with the IRS.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

On an annual basis each member of the board of directors are required to sign a conflict of interest form. If the form indicates a possible conflict of interest, the incident is thoroughly investigated. If there is a perceived conflict, the member will not be able to participate (including serving on a committee) on any decision relating to the conflict. If a major conflict is noted the Board Member will be asked to resign.

Periodically throughout the year possible conflicts are investigated and resolved as necessary.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The salary of the Executive Director is reviewed annually and approved by the President/CEO of Maryhurst, Inc. The review includes a number of factors such as performance, compensation as compared to peers, and the financial condition of Neighborhood House, Inc. After determining the

Name of the organization

Employer identification number

Neighborhood House, Inc.



compensation, the President/CEO of Maryhurst, Inc. meets with the Chairman of the Board of Neighborhood House, Inc. to discuss the compensation.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Governing documents are available upon request. The Form 990 is available via Guidestar's website or upon request.

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

OMB No. 1545-0172

**2015**

Attachment Sequence No. **179**

Name(s) shown on return

**Neighborhood House, Inc.**

Identifying number

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	153,832
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	0

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System**

(a). Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		0	0.0			0
c 7-year property						
d 10-year property		0	0.0			0
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	153,832
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2015)

DAA

**There are no amounts for Page 2**

**Federal Statements**

FYE: 6/30/2016

**Cash - EOY**

<u>Description</u>	<u>Amount</u>
PNC	\$ 2,986
Charitable Gaming-Stock Yards	4,830
Stock Yards Bank	91,888
Money Market-Stock Yards	35,257
Petty cash	224
Total	\$ <u>135,185</u>

**Accounts receivable - EOY**

<u>Description</u>	<u>Amount</u>
Accounts receivable	\$ 39,878
Total	\$ <u>39,878</u>

**Accounts payable - EOY**

<u>Description</u>	<u>Amount</u>
Accrued Payroll	\$ 45,195
Accrued Vacation	13,236
Accounts payable	23,156
FSA WH	167
Vision Insurance WH	119
Short Term Disability WH	95
Gap Insurance WH	17
Critical Illness Ins WH	12
United Way WH	155
Total	\$ <u>82,152</u>

---

## NEIGHBORHOOD HOUSE

---

### General Information

---

<b>Organization Number</b>	0037626
<b>Name</b>	NEIGHBORHOOD HOUSE
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	5/9/1902
<b>Organization Date</b>	5/9/1902
<b>Last Annual Report</b>	4/19/2017
<b>Principal Office</b>	201 NORTH 25TH. ST. LOUISVILLE, KY 40212-1401
<b>Registered Agent</b>	PAM J. RICE 201 NORTH 25TH STREET LOUISVILLE, KY 40212

### Current Officers

---

<b>President</b>	<u>Kevin Fuqua</u>
<b>Vice President</b>	<u>Celia Manlove</u>
<b>Secretary</b>	<u>Vicki Hines-Martin</u>
<b>Treasurer</b>	<u>Debbie Held</u>
<b>Director</b>	<u>Nancy Johnson</u>
<b>Director</b>	<u>Mike LaVera</u>
<b>Director</b>	<u>Peter Thurman</u>

### Individuals / Entities listed at time of formation

---

<b>Director</b>	<u>MARSHALL P ELDRED</u>
<b>Director</b>	<u>MRS THOMAS A BALLANTIN</u>
<b>Director</b>	<u>WM M COTTON</u>
<b>Director</b>	<u>MRS CARL BERG</u>
<b>Director</b>	<u>MRS KERVIN BULLITT</u>
<b>Incorporator</b>	<u>LUCY BELKNAP</u>
<b>Incorporator</b>	<u>LANA DUPONT</u>
<b>Incorporator</b>	<u>PATTY B SEMPLE</u>
<b>Incorporator</b>	<u>REBECCA R JUDAH</u>
<b>Incorporator</b>	<u>PATTY S HILL</u>

### Images available online

---

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.



<a href="#">Annual Report</a>	4/19/2017	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	3/8/2016	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	3/31/2015	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	1/23/2014	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	1/14/2013	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	2/9/2012	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	2/18/2011	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	2/26/2010	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	2/16/2009	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	2/13/2008	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	1/16/2007	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	4/6/2006	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	5/23/2005	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	7/6/2004	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	5/13/2003	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	5/8/2002	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/23/2001	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/6/2000	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/19/1999	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/23/1998	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1997	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1996	3 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1995	3 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1994	3 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Statement of Change</a>	10/5/1993	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1993	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1992	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1991	5 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1990	2 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Annual Report</a>	7/1/1989	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>

## Assumed Names

## Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	4/19/2017 10:11:20 AM	4/19/2017 10:11:20 AM	
Annual report	3/8/2016 11:49:57 AM	3/8/2016 11:49:57 AM	
Annual report	3/31/2015 3:12:30 PM	3/31/2015 3:12:30 PM	
Annual report	1/23/2014 11:35:40 AM	1/23/2014 11:35:40 AM	
Annual report	1/14/2013 1:02:07 PM	1/14/2013 1:02:07 PM	
Annual report	2/9/2012 11:17:22 AM	2/9/2012 11:17:22 AM	
Annual report	2/18/2011 7:28:56 AM	2/18/2011 7:28:56 AM	

Annual report	2/26/2010 2:04:17 PM	2/26/2010 2:04:17 PM
Annual report	2/16/2009 10:00:30 AM	2/16/2009 10:00:30 AM
Annual report	2/13/2008 2:44:40 PM	2/13/2008 2:44:40 PM
Annual report	1/16/2007 11:46:23 AM	1/16/2007 11:46:23 AM
Annual report	4/6/2006 8:40:27 AM	4/6/2006
Annual report	5/23/2005	5/23/2005
Annual report	7/6/2004	7/6/2004
Registered agent address change	2/19/2004 11:30:45 AM	2/19/2004
Amendment - Change purpose	5/18/1973	5/18/1973
Amendment - Miscellaneous amendments	10/3/1955	10/3/1955
Amendment - Miscellaneous amendments	1/24/1912	1/24/1912

## Microfilmed Images

Microfilm images are not available online. They can be ordered by faxing a [Request For Corporate Documents](#) to the Corporate Records Branch at 502-564-5687.

Annual Report	12/31/2004 2:11:27 PM	1 page
Statement of Change	2/19/2004	1 page
Annual Report	5/13/2003	1 page
Annual Report	5/8/2002	1 page
Annual Report	7/23/2001	1 page
Annual Report	7/6/2000	1 page
Annual Report	7/19/1999	2 pages
Annual Report	7/23/1998	2 pages
Annual Report	7/1/1997	2 pages
Annual Report	7/1/1996	3 pages
Annual Report	7/1/1995	3 pages
Annual Report	7/1/1994	3 pages
Statement of Change	10/5/1993	1 page
Annual Report	7/1/1993	2 pages
Annual Report	7/1/1992	1 page
Annual Report	7/1/1991	5 pages
Annual Report	7/1/1990	2 pages
Annual Report	7/1/1989	1 page
Statement of Change	5/27/1981	2 pages
Reinstatement	9/16/1980	3 pages
Revocation of Certificate of Authority	8/27/1979	2 pages
Revocation of Certificate of Authority	8/27/1979	2 pages
Six Month Notice	8/27/1979	1 page
Six Month Notice	2/26/1979	2 pages
Six Month Notice	2/26/1979	1 page
Amendment	5/18/1973	3 pages

Statement of Change	10/23/1959	2 pages
Amendment	10/3/1955	3 pages
Statement of Change	9/24/1953	2 pages
Annual Report	8/2/1942	3 pages
Statement of Change	9/16/1941	2 pages
Annual Report	6/22/1941	26 pages
Amendment	1/24/1912	4 pages
Articles of Incorporation	5/9/1902	4 pages