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

مسط مسطنسم

Do not enter social security numbers on this form as it may be made public.

an tax year beginning

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



Department of the Treasury Internal Revenue Service A For the 2016 calendar year

| АГ | or the | 20 to calendar year, or tax year beginning and | enaing | | |
|--------------------------------|----------------------------|---|---------------|------------------------------|-------------------------------|
| B C | heck if pplicable: | C Name of organization | | D Employer identifie | cation number |
| | Address change | ALLEN NEIGHBORHOOD CENTER | | | |
| | Name change | Doing business as | 38-3 | 502484 | |
| | Initial | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number | |
| | Final return/ | 1611 E KALAMAZOO ST | | | 367-2468 |
| | return/ termin- ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 586,696. |
| | Amende | | | H(a) Is this a group re | |
| | Applica- | F Name and address of principal officer: JOAN NELSON | | for subordinates | |
| | pending | 1611 E KALAMAZOO ST, LANSING, MI 4891 | 2 | H(b) Are all subordinates in | |
| ТТ | ax-exe | npt status: 🔀 501(c)(3) 🛄 501(c) () S (insert no.) 🛄 4947(a)(1) | or 527 | | list. (see instructions) |
| J٧ | Vebsite | • ► WWW.ALLENNEIGHBORHOODCENTER.ORG | | H(c) Group exemption | n number 🕨 |
| κF | orm of c | organization: 🔟 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨 | L Year | of formation: 1999 N | State of legal domicile: MI |
| Pa | | Summary | | | |
| e | | riefly describe the organization's mission or most significant activities: ADVA | NCING | REVITALIZAT | ION EFFORTS |
| anc |] | IN LANSING'S EASTSIDE NEIGHBORHOOD. | | | |
| Activities & Governance | 2 (| Check this box $ig > igsquart$ if the organization discontinued its operations or dispo | sed of more | | sets. |
| jove | | | | 3 | 7 |
| & 0 | | lumber of independent voting members of the governing body (Part VI, line 1b) | | | 7 |
| ies | 5 T | otal number of individuals employed in calendar year 2016 (Part V, line 2a) | | | 12 |
| ivit | | otal number of volunteers (estimate if necessary) | | | 408 |
| Act | | otal unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| _ | b١ | let unrelated business taxable income from Form 990-T, line 34 | ····· | 7b | 0. |
| | | | | Prior Year | Current Year |
| ne | | Contributions and grants (Part VIII, line 1h) | | 688,430. | 443,678. |
| Revenue | | Program service revenue (Part VIII, line 2g) | | 81,976. | 141,156. |
| Rev | | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | 334. 248. | 321. |
| | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | 1,541. |
| | | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 770,988. 18,976. | 586,696. |
| | | arants and similar amounts paid (Part IX, column (A), lines 1-3) | | 10,970. | 0. |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 321,644. | 324,518. |
| Expenses | | alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | | <u> </u> |
| Den | | Professional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) 28,3 | 51 | 0. | 0. |
| EXI | 17 (| otal fundraising expenses (Part IX, column (D), line 25) | <u> </u> | 298,094. | 299,583. |
| | | otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 638,714. | 624,101. |
| | | evenue less expenses. Subtract line 18 from line 12 | | 132,274. | -37,405. |
| es | | | | ginning of Current Year | End of Year |
| ets (anc | 20 T | otal assets (Part X, line 16) | | 919,160. | 898,845. |
| Ass Ba | 21 T | otal liabilities (Part X, line 26) | | 84,637. | 101,727. |
| Net Assets or Fund Balances | 22 N | let assets or fund balances. Subtract line 21 from line 20 | | 834,523. | 797,118. |
| | rt II | Signature Block | ····· | , | ,==00 |
| | | ies of perjury, I declare that I have examined this return, including accompanying schedule | es and statem | ents, and to the best of m | y knowledge and belief, it is |
| | | and complete. Declaration of preparer (other than officer) is based on all information of w | | | |
| | | | | | |
| Siar | , | Signature of officer | | Date | |

| Sign | Signature of officer | | Date |
|------------|--|---------------------------|---|
| Here | JOAN NELSON, EXECUTIVE | DIRECTOR | |
| | Type or print name and title | | |
| | Print/Type preparer's name | Preparer's signature Date | Check PTIN |
| Paid | ALAN D. PANTER, CPA | 04/2 | 5/17 ¹¹ _{self-employed} P00952587 |
| Preparer | Firm's name 🕨 ABRAHAM & GAFFNE | Y PC | Firm's EIN 38-2771117 |
| Use Only | Firm's address 🖕 3511 COOLIDGE RD | | |
| | EAST LANSING, MI | 48823 | Phone no.517-351-6836 |
| May the IF | RS discuss this return with the preparer shown abo | ove? (see instructions) | X Yes No |
| - | | and the state | - 000 (***** |

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

| | 990 (2016) ALLEN NEIGHBORHOOD CENTER | 38-35024 | 84 Page 2 |
|-------|---|----------------------|----------------------|
| Par | t III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III | | X |
| 1 | Briefly describe the organization's mission: | | _ |
| | ALLEN NEIGHBORHOOD CENTER IS A PLACE-BASED ORGANIZATION | | |
| | A HUB FOR NEIGHBORHOOD REVITALIZATION AND FOR ACTIVITIE | | |
| | THE HEALTH AND WELL-BEING OF LANSING'S EASTSIDE COMMUNI STAKEHOLDERS. | TY AND OT | HER |
| 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 X No |
| ~ | If "Yes," describe these new services on Schedule O. | 、 | Yes X No |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. | ′ ∟ | Yes 🕰 No |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as | s measured by exp | enses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth | ers, the total exper | nses, and |
| | revenue, if any, for each program service reported. | | |
| 4a | (Code:) (Expenses \$ 77,443. including grants of \$) (Rever HEALTH OUTREACH & ENGAGEMENT - DOOR-TO-DOOR CANVASS AND | | ти тне |
| | COMMUNITY TO LINK INDIVIDUALS TO A BROAD RANGE OF HEALT | | |
| | SERVICES. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4b | (Code:) (Expenses \$ 272,547. including grants of \$) (Rever | nue \$ 1 | 03,007. |
| | FOOD RESOURCES PROJECT - NUTRITION EDUCATION, FOOD COMM | | |
| | NEIGHBORHOOD-BASED FARMERS'MARKET, DEVELOPMENT OF A FOO CENTER/MARKETPLACE. | D RESOURC | ES |
| | CENTER/MARKETPLACE. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | 167 070 | | 20 1/0 |
| 4c | (Code:)(Expenses 167,278. including grants of)(Rever URBAN GARDENING INITIATIVE - GREENHOUSE-BASED GARDENING | | 38,149. N AND |
| | PRODUCTION, YOUTH PROGRAMS. | | |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| | | | |
| 4d | Other program services (Describe in Schedule O.) | | |
| | (Expenses \$ 23,857 · including grants of \$) (Revenue \$ | 1,541.) | |
| 4e | Total program service expenses ► 541,125. | | 000 (00.1 |
| 32001 | 2 11-11-16 | F | orm 990 (2016 |
| 52002 | 2 | | |
| 80 | 425 766504 RL-1133 2016.03030 ALLEN NEIGHBORHOOD (| CENTER F | RL-11331 |

Form 990 (2016) ALLEN NEIGHBORHOOD CENTER 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 | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 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 | 3 | | x |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | 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 | 5 | | Х |
| 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 | 6 | | 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 | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | 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 | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | x |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | <u> </u> |
| 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 | | | |
| а | as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| u | Part VI | 11a | х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | х |
| с | 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 | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | v |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | x |
| h | Was the organization included in consolidated, independent audited financial statements for the tax year? | 120 | | - 23 |
| D | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| 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 | 14b | | Х |
| 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 | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | 77 |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 4- | | х |
| 10 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | <u>^</u> |
| 18 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | .0 | 1 | |
| | complete Schedule G. Part III | 19 | | х |

Form **990** (2016)

| Form | aan | (2016) | |
|------|-----|--------|--|
| | 330 | (2010) | |

ALLEN NEIGHBORHOOD CENTER

Part IV Checklist of Required Schedules (continued)

| 200 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 200 Z Z 21 Did the organization rapport more than SS.000 of grants or other assistance to any domastic organization or domastic organization rapport more than SS.000 of grants or other assistance to or for domestic organization answer Yes" to Part IV."ss" complete Schedule 1. Part II. Z Z X 22 Did the organization answer Yes" to Part VII, Section A, Iin 3.4, or 5 about compensation of the organization as current and tomar officers, directors, trustees, key employees, and highest compensation of the organization answer Yes" to Part VII, Section A, Iin 3.4, or 5 about compensation of the organization complete Schedule 1. Parts I and III. Z Z X 23 Did the organization neares trustees, key employees, and highest compensation of the organization complete Schedule 1. Parts I and III. Z Z X 240 Did the organization neares trustees and the Docender 31, 2002 (17 Yes, "answer line 32 (16 through 24 da Complete Schedule 1. Parts I and III. Z Z X 241 Did the organization neares trustees about data Docender 31, 2002 (17 Yes, "answer line 32 (16 through 32 data) complete Schedule 1. Part I Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z | | | | Yes | No |
|---|-----|--|-----|-----|------|
| 11 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic individuals on Part IX, column (A), Ine 27. If Yues, "complete Schedule I, Parts I and II 21 X 22 Did the organization nerve than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), Ine 27. If Yues, "complete Schedule I, Parts I and II 22 X 23 Did the organization nerve than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), Ine 27. If Yues, "complete Schedule I, Parts I and III 22 X 24 Did the organization nave this second the December 31, 2002? If Yues," answer lines 24b through 24d and complete Schedule I, If War, "go to line 25a X 24 Did the organization nave at an escrew account dhe than a notificating escrew at any time during the year 10 defease any tracesempt bond? 24d 24d 25 Did the organization and sea on the hald of "issuer for bonds outstanding at any time during the year? 24d 24d 26 Did the organization aware that I engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the throng port any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or forme officer, director, truste, key employee, substantal contributor or enployee thereof, a grant or other assistance to an office, director, truste, key employee, substantal contributor or enployee thereof, a grant selection comm | 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| domestic government on Part IX, column (A), line 7 (II "Ves," complete Schedule I, Parts I and II 21 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 22 II "Ves," complete Schedule I, Parts I and III 22 X 23 Did the organization narwer "Ves" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's cornect association and former officers, directors, trustees, key employees, and hiphest compensated employees? II "Ves," complete Schedule A if "Too", go to line 25a 23 X 43 Did the organization narwer "Ves" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 44 Did the organization narbitral an escare account of the than a refunding escare with any time during the year to defease any tax-exempt bonds? 24d X 55 Did the organization maintain an escare waccount of the organization. Job the organization any difference access benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X 6 Did the organization access banefit transaction with a disqualified person? II "Yes," complete Schedule L, Part I 25b X 7 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or paysables to any current or former officers, directors, trustees, key employees, bighest compensated employees, or disqualified person? II "Yes," complete Schedule L, Part I < | b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 22 Did the organization report more than 55,000 of grants or other assistance to or for domestic individuals on Part X, complete Schedule I, Part I and II 22 X 23 Did the organization answer "Yes" to Part VII, Section A, Ine 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 I, Part I be year, fatt was issued after December 31, 20027 II "Yes," answer lines 24 bit rough 24 di and complete Schedule A, II" No", go to line 25a X 240 Did the organization maintain an escrew account other than a refunding screw at any time during the year' to defease any tax-exempt bonds? 24b X 25a Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization maintain an escrew account other than a refunding screw at any time during the year'. 24d X 25a Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization exess benefit transaction with a disqualified person furg the year' IT 'Yes," complete Schedule L, Part I 25a X 25 Did the organization avare that it engaged in an excess benefit transaction with a disqualified persons? If 'Yes,' complete Schedule L, Part II 25b X 26 Did the organization avare that it engaged in an excess benefit transaction with a disqualified persons? If 'Yes,' complete Schedule L, Part II 25b X 27 Did the organization provide a grant or other asastance to an officer, dir | 21 | | | | |
| Part X, column (A), line 27. If "Ves," complete Schedule I, Parts I and III | | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Х |
| 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. 23 X 24a Did the organization have a tax-exempt bond issue with an cutstanding principal amount of more than \$100,000 as of the last day of the ways, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule V. If "No" go to line 25a X 24b Did the organization ninest any proceeds of tax exempt bonds beyond a temporary period exception? 24b 25 Section 501(c)(X), 501(c)(X) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prory year, and that the transaction has not been reported on any of the organization's prior Forms 990 erg? If "Yes," complete Schedule L, Part I 25a X 25 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, directors, trustees, key employees, highest compensated employees, or disqualified persons II "Yes," complete Schedule L, Part II 25b X 26 Did the organization proof any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, real employees, or disqualified persons II "Yes," complete Schedule L, Part II 25b X 27 Did the organization pay to a buiness transaction with one of the folowing parties (see Schedule L, Part IV inst | 22 | | | | |
| and former officers, directors, trustees, key employees, and highest compensated employees? If "Yas," complete 23 X 24a Dot 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 "Yas," answer lines 24b through 24d and complete 24a X 24b Dot the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 24a Dot the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d X 25a Dot the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d X 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Dut the organization engage in an excess benefit transaction with a disqualified person in a prory ear, and that the transaction has not been reported on any of the organization exploses provide a grant on other assistance to an officer, director, trustee, key employee, substantial contribution or employse thered, 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 IV 28a X 27 Dot the organization avert the organization committee member, or to a 35% controlled entity or family member of a current or former officer, director, trustee, or key employees, substantial contributions of rapplicable filing thresholds, conditions, and exceptions? 28a X 28 Was the organization exerve to rother assistance to an officer, d | | | 22 | | Х |
| Schedule J 23 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 Dacember 31, 2002? If 'Yes,'' amover lines 24b through 24d and complete Schedule K. If 'No', go to line 25a 24a X 25b Did the organization mixed any proceeds of tax-exempt bond's beyond a temporary period exception? 24b X 26 Did the organization mixed any proceeds of tax-exempt bond's period scutstanding at any time during the year to defease any tax-evempt bond's? 24d X 27a Section 501(ck)3, 501(c)(d), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a priory ear, and that the transaction has not been reported on any of the organization reports any anount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustes, key employees, highest to compensated employees, or desulied persons? If 'Yes,'' complete Schedule L, Part II 26 X 27a Did the organization provide a grant or other assistance to an officer, director, trustes, key employees, substantial complexes, order or the assistance to an officer, director, trustes, key employees, highest L, Part II 26 X 28 Mark to remainization provide a grant or other assistance to an officer, director, trustes, key employee, substantial 27 X 29 Did the organization provide a grant or other assistance to an officer, director, trustes, key employee, substantial 28 X | 23 | | | | |
| 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 compilete 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d 24d d Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in a excess benefit transaction with a disqualified person during the year? 25b X D Did the organization avage 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 900-E22 if "Yes," complete Schedule L, Part I 25b X 27 Did the organization approximation and the assess threas transaction with an eigoualified persons? If "Yes," complete Schedule L, Part II 26c X 28 A current or former officer, director, trustee, or key employee, substantial contributors of rapplicable to fing thresholds, conditions, and exceptions? 26c X 28 A current or former officer, director, trustee, or key | | | | | v |
| as taky of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d d Did the organization invest any proceeds of tax-exempt bonds? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction neport any amount on Part X, line 5, 6, or 22 for receivables from or payables to any corner or former officers, directors, trustes, key employees, bighest compensated employees, ordisqualified persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustes, key employees, bighest compensated employees, ordisqualified persons? If "Yes," complete Schedule L, Part II 26 X 28 Was the organization invest to a business transaction with ne of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions? 26 X 27 Did the organization invest to to business transaction with ne of the following parties (see Schedule L, Part IV 28a X 28 Was the organization and exceptions? 27 X 29 A tarily member of a curre of former officer, director, trustee, or key employee? If "Yes, | ~ . | | 23 | | Λ |
| Schedule K. II "No"; go to line 25a 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year't of defease any tax-exempt bonds? 24d 24b 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization earge in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X 25b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization earge in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X 26a Did the organization are not been reported on any of the organization spiror Forms 990 or 990-E22 If "Yes," complete Schedule L, Part I 25b X 27b Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant aslection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27b X 27b Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable formerof, a grant aslection committee weary for Yes," complete Schedule L, Part IV 28a X 28b | 24a | | | | |
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| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 22d 24c 256 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization are necess benefit transaction with a disqualified person in a prior year, and that the transaction mark that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction perton that it engaged in an excess benefit transaction with a disqualified person? If "Yes," complete Schedule L, Part I 25b X 250 Did the organization across key employees, highest compensated employees, or disqualified person? If "Yes," complete Schedule L, Part II 26c X 270 Did the organization aport year grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26c X 280 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 28c X 281 A current or former officer, director, trustee, or key employees (or a family member of a current or former officer, director, trustee, or key employees (or a family member thereof) was an officer, director, trustee, or key employees (or a family member of a current or former officer, director, trustee, or key employees (or a family famosh) was officer, family ane | h | - | | | л |
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| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete Schedule N, Part I 32 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 33 X 34 Was the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization complete Schedule R, Part V, line 2 36 X 38 Did the organization conduct more than 5% of its activities through an entity that is not a related organiza | U | diversity to be a diversity of the standard of the Ward in a second star Cale solution. Don't W | 280 | | х |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 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 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(C)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 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, lines 11b and 19? 37 X | 29 | | | | |
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| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 37 X | | | | | |
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| 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 30 | | 20 | | y |
| and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI37X38Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?Image: Complete Schedule C and provide explanations in Schedule C for Part VI, lines 11b and 19?Image: Complete Schedule C and provide explanations in Schedule C for Part VI, lines 11b and 19? | 37 | | 30 | | - 23 |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 57 | | 37 | | х |
| | 38 | | | | |
| Note. All Form 990 filers are required to complete Schedule O | | Note. All Form 990 filers are required to complete Schedule O | 38 | х | |

Form **990** (2016)

| Form | 990 (2016) ALLEN NEIGHBORHOOD CENTER 38-3502 | 484 | Р | age 5 |
|------|---|------|-----|--------|
| Pa | t 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 |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | Х | |
| 2a | 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 2a 12 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х |
| b | If "Yes," enter the name of the foreign country: J | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х |
| с | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | 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? | 7a | | Х |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| с | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | Х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| 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 13b | | | |
| с | Enter the amount of reserves on hand 13c | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |
| | | Form | 990 | (2016) |

| Form 990 | (2016) |
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ALLEN NEIGHBORHOOD CENTER

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 | | | |
|------|--|---------|------|----|
| Sec | tion A. Governing Body and Management | | | |
| | en a construction de la la el | , | Yes | |
| та | Enter the number of voting members of the governing body at the end of the tax year 1a | | | |
| | 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 0. | , | | |
| | Enter the number of voting members included in line 1a, above, who are independent 1b | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | l |
| _ | officer, director, trustee, or key employee? | 2 | | ┝ |
| 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? | 3 | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | |
| 6 | | 6 | | |
| 7a | more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 7b a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b | | | |
| | | 7a | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | | 7b | | |
| 8 | | | | I |
| а | The governing body? | | X | Ļ |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | L |
| 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 | 9 | | |
| ec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | - |
| | | | Yes | ļ |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | |
| 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? | 10b | | L |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | L |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | Ļ |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | Ļ |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | l |
| | in Schedule O how this was done | 12c | Х | L |
| 3 | Did the organization have a written whistleblower policy? | 13 | Х | L |
| 4 | Did the organization have a written document retention and destruction policy? | 14 | Х | L |
| 5 | Did the process for determining compensation of the following persons include a review and approval by independent | | | l |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | Х | L |
| b | Other officers or key employees of the organization | 15b | | L |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | ſ |
| 6a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | I |
| | taxable entity during the year? | 16a | | L |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | ľ |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | I |
| | exempt status with respect to such arrangements? | 16b | | L |
| ec | tion C. Disclosure | | | |
| 7 | List the states with which a copy of this Form 990 is required to be filed J ${f MI}$ | | | _ |
| 8 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | availab | le | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | X Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 9 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | d finan | cial | |
| | 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: | | | |
| | NATALIE GOTTSCHALK - 517-999-3920 | | | |
| | 1611 E. KALAMAZOO, LANSING, MI 48912 | | | |
| 2006 | 5 11-11-16 | Form | 990 | (2 |
| | б | | | |
| 80 | 425 766504 RL-1133 2016.03030 ALLEN NEIGHBORHOOD CENTER | RL- | -11 | 3 |

| Part VII | Compensation of Officers, | Directors, Tru | ustees, Key I | Employees, | Highest C | compensated |
|----------|---------------------------|----------------|---------------|------------|-----------|-------------|
| | Employees, and Independe | nt Contracto | ors | | | |

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

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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 (Ď), (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.

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(D)

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

| (A) | (B) | (C) | | (D) | (E) | (F) | | | | |
|------------------------|----------------|---|-----------------------|--------------|--------------|---------------------------------|--------|-----------------|-----------------|------------------------|
| Name and Title | Average | Position (do not check more than one | | Reportable | Reportable | Estimated | | | | |
| | hours per | box, unless person is both an officer and a director/trustee) | | compensation | compensation | amount of | | | | |
| | week | | cer an | dad | lirecto | or/trus | itee) | from | from related | other |
| | (list any | ector | | | | | | the | organizations | compensation |
| | hours for | or dir | | | | ited | | organization | (W-2/1099-MISC) | from the |
| | related | stee | ruste | | | pensi | | (W-2/1099-MISC) | | organization |
| | organizations | ial tru | onal i | | oloye | com 3e | | | | and related |
| | below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) SARAH SCHILLIO | 3.00 | Ē | lns | Of | Æ | Ξe | 오 | | | |
| SECRETARY | 5.00 | x | | | | | | 0. | 0. | 0. |
| (2) RICK KIBBEY | 3.00 | | | | | | | | • | 01 |
| BOARD MEMBER | | x | | | | | | 0. | 0. | 0. |
| (3) JANET KINCAID | 3.00 | | | | | | | | | |
| VICE PRESIDENT | | x | | | | | | 0. | 0. | 0. |
| (4) DAN DOWSETT | 3.00 | | | | | | | | | |
| TREASURER | | x | | | | | | 0. | Ο. | 0. |
| (5) ANDI CRAWFORD | 3.00 | | | | | | | | | |
| BOARD MEMBER | | х | | | | | | 0. | 0. | 0. |
| (6) JONATHAN LUM | 5.00 | | | | | | | | | |
| PRESIDENT | | Х | | | | | | 0. | 0. | 0. |
| (7) KRISTINA SANKAR | 3.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (8) REBECCA BAHAR-COOK | 3.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (9) JOAN NELSON | 50.00 | | | | | | | | | |
| DIRECTOR | | | | Х | | | | 53,466. | 0. | 1,654. |
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| 632007 11-11-16 | | | | | | | | | | Form 990 (2016) |

| | 990 (2016) ALLEN NE | | | | | | | | | 38-3 | 502 | 484 | Pa | age 8 |
|-----|--|---|--------------------------------|-----------------------|--------------------------|----------------|---------------------------------|--------|--|---|---------|---------------|---------------------------------|----------------|
| Par | t VII Section A. Officers, Directors, Trus | | ploy I | ees, | | | ghe | st C | | | | | (=) | |
| | (A) Name and title | (B) Average hours per week (list any | box offic | not c , unle: | Posi heck i ss pei | more rson i | than o is botl pr/trus | n an | (D) Reportable compensation from the | (E) Reportable compensatio from related organization | on d | Est am | (F) imate ount o other | of |
| | | hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organization (W-2/1099-MI | | orga and | m the nizati relate | e ion ed |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | Sub-total | | | | | | | | 53,466. | | 0. | 1 | .,6 | 54. |
| | Total from continuation sheets to Part VI Total (add lines 1b and 1c) | | | | | | | | 0. 53,466. | | 0. | 1 | ,6 | 0. 54. |
| 2 | Total number of individuals (including but n | | | | | | | | | ,000 of reportab | le | | - | _ |
| | compensation from the organization | | | | | | | | | | | | Yes | 0 No |
| 3 | Did the organization list any former officer, line 1a ? If "Yes," complete Schedule J for s | | | | | • | | | highest compensated e | | | 3 | | х |
| 4 | For any individual listed on line 1a, is the su and related organizations greater than \$150 | um of reportab | le co | omp | ensa | ation | n anc | l ot | her compensation from | | | 4 | | x |
| 5 | Did any person listed on line 1a receive or a | accrue comper | nsat | ion f | rom | any | unr | elat | ted organization or indiv | idual for services | | | | x |
| Sec | rendered to the organization? If "Yes," com tion B. Independent Contractors | ipiete Schedui | eJI | or si | JCN | pers | son . | | | | | 5 | | <u> </u> |
| 1 | Complete this table for your five highest co the organization. Report compensation for | • | • | | | | | | | | npens | ation fr | om | |
| | (A) Name and business | address | NC | ONE | 3 | | | | (B) Description of s | ervices | С | (C) compen | | า |
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| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (i \$100,000 of compensation from the organized states). | 0 | ot lii | mite | d to | | se lis) | stec | d above) who received n | nore than | | | | |
| | | | | | | | | | | | | Form 9 | 90 (2 | 2016) |

632008 11-11-16

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| Check if Schedule C contains a response or note to any line in the Part VII (A) Related or contains a response or note to any line in the Part VII (A) Related or contains a response or note to any line in the Part VII (A) (A) <td< th=""><th></th><th></th><th>(2016) ALLEN NEIGHBC</th><th colspan="4">38-3502484 Page 9</th></td<> | | | (2016) ALLEN NEIGHBC | 38-3502484 Page 9 | | | | |
|--|--------------|-------|--|--------------------|-----------|-------------------------------|-----------------------|------------------------------------|
| and a constraint of the second constraints a constraint of the second constraints b constraints c constraints | Pa | rt VI | | | | | | |
| Total revenue Total revenue <thtotal revenue<="" thr=""> Total re</thtotal> | | | Check if Schedule O contains a response | or note to any lin | | (B) | (C) | |
| Book of the second s | | | | | | Related or exempt function | Unrelated business | Revenuè excluded from tax under |
| Business Code Business Code 103,007. 103,007. b URBAN GARDENING 624100 38,149. 38,149. c | nts | 1 a | Federated campaigns 1a | 2,346. | | | | |
| Business Code Business Code 103,007. 103,007. b URBAN GARDENING 624100 38,149. 38,149. c | Grai | b | Membership dues 1b | | | | | |
| Business Code Business Code 103,007. 103,007. b URBAN GARDENING 624100 38,149. 38,149. c | ts, (Am | с | · · · · · · · · · · · · · · · · · · · | | | | | |
| Business Code Business Code 103,007. 103,007. b URBAN GARDENING 624100 38,149. 38,149. c | Gif | | | 0.5.5. (1.0 | | | | |
| Business Code Business Code 103,007. 103,007. b URBAN GARDENING 624100 38,149. 38,149. c | Sim', | | | 257,610. | | | | |
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| Business Code Business Code b URBAN GARDENING 624100 103,007. c | oth | | | 183,722. | | | | |
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| george 2 a FOOD RESOURCES 624100 103,007. 103,007. b URBAN GARDENING 624100 38,149. 0 c | a C | h | Total. Add lines 1a-1f | | | | | |
| Bigged | | • | FOOD PECOLIPCES | | | 103 007 | | |
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| 3 Investment income (including dividends, interest, and other similar amounts) 321. 321. 4 Income from investment of tax exempt bond proceeds 321. 321. 5 Royatties (i) Real (ii) Personal 6 a Gross rents (i) Real (ii) Personal b Less: rental expenses (iii) Other a Gross amount from sales of assets other than inventory (iii) Securities (iii) Other a Gross income from fundraising events (not including 3 of cos) (iii) Securities (iii) Other 8 a Gross income from fundraising events (not including 3 of cos) from fundraising events (not including 5 of cos) (iii) Securities (iii) Securities 9 a Gross income from gaming activities. See Part IV, line 18 (iii) Securities (iiii) Securities (iiii) Securities 10 a Gross alse of inventory, less returns and allowances (iv) No (iv) No (iv) No 11 a MISCELLANEOUS 900099 1,541. (iv) 541. (iv) 541. 12 Total Add lines 11a.11d 1,541. 586, 696. 142,697. 0. 321. | | | Total. Add lines 2a-2f | ► | 141,156. | | | |
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| 6 a Gross rents | | 5 | Royalties | ► | | | | |
| b Less: rental expenses | | | (i) Real | (ii) Personal | | | | |
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| d Net rental income or (loss) 0) Securities 0) Other 7 a Gross amount from sales of assets other than inventory 0) Securities 0) Other b Less: cost or other basis and sales expenses | | b | Less: rental expenses | | | | | |
| 7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other assets other basis and sales expenses (iii) Other (iii) Other a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 (iii) Other b Less: direct expenses (iii) Other c Rain or (loss) (iii) Other b Less: direct expenses (iii) Other c Net income or (loss) from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 (iii) Other b Less: direct expenses (iii) Other c Net income or (loss) from fundraising events (iiii) Other g Gross income from gaming activities. See Part IV, line 19 (iiii) Other b Less: direct expenses (iiii) Other c Net income or (loss) from gaming activities (iiii) Other i a Gross sales of inventory, less returns and allowances (iii) Other b Less: cost of goods sold (iii) Other c C (iii) Other d NI SCellaneous Revenue (iii) Securities u Miscellaneous Revenue (iii) Securities i All other revenue (iii) Other e Total. Add lines 11a:11d (iii) 586 6966. <td< td=""><td></td><td>С</td><td>Rental income or (loss)</td><td></td><td></td><td></td><td></td><td></td></td<> | | С | Rental income or (loss) | | | | | |
| e assets other than inventory i <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<> | | | | | | | | |
| b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or form fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b b c Net income or (loss) from fundraising events b c a Gross income from gaming activities. See Part IV, line 19 b c s g a Gross income from gaming activities. See Part IV, line 19 a b c net income or (loss) from gaming activities a dilowances and allowances b c c d d d d d d d d d | | 7 a | | (ii) Other | | | | |
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| d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses c Net income or (loss) from gaming activities. 10 a Gross sales of inventory, less returns and allowances a Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS b 900099 1, 541. c c d Al other revenue e Total revenue. See instructions. b 586, 696. 142, 697. 0. | | | | | | | | |
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| including \$of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Part IV, line 18 a b c Part IV, line 18 a b c Part IV, line 19 a b Less: direct expenses b c Part IV, line 19 a b b c Net income or (loss) from gaming activities a b c Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 1,541. 1,541. c d All other revenue e Total revenue. See instructions. 586, 696. 142, 697. 0. 321. | | | | ····· ► | | | | |
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| c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 1,541. c All other revenue e Total revenue. See instructions. 12 Total revenue. See instructions. | ver | | | | | | | |
| c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 1,541. c All other revenue e Total revenue. See instructions. 12 Total revenue. See instructions. | Ŗ | | | | | | | |
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| b Less: direct expenses b b b b b b b b b b b b b b b b b b | | | | | | | | |
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| and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLLANEOUS 900099 1,541. b | | | | | | | | |
| b Less: cost of goods sold b | | 10 a | Gross sales of inventory, less returns | | | | | |
| c Net income or (loss) from sales of inventory Image: Code state states | | | | | | | | |
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| b | | | | | | 4 5 4 4 | | |
| c | | | | 900099 | 1,541. | 1,541. | | |
| d All other revenue ■ ■ ■ e Total. Add lines 11a-11d ■ ■ 1,541. 12 Total revenue. See instructions. ■ 586,696. 142,697. 0. 321. | | | | | | | | |
| e Total. Add lines 11a-11d ▶ 1,541. 12 Total revenue. See instructions. ▶ 586,696. 142,697. 0. 321. | | | | | | | | |
| 12 Total revenue. See instructions. 586,696. 142,697. 0. 321. | | | | | 1 5/1 | | | |
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| | | | | ▶ | JUU, 090. | 144,07/• | 0. | |

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^{2016.03030} ALLEN NEIGHBORHOOD CENTER RL-11331

Part IX Statement of Functional Expenses

ALLEN NEIGHBORHOOD CENTER

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| <u> </u> | Check if Schedule O contains a respons | (A) | (B) | (C) | |
|----------|---|----------------|-----------------------------|------------------------------------|-------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | 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, | | | | |
| 5 | trustees, and key employees | 59,337. | 47,096. | 8,485. | 3,756. |
| 6 | Compensation not included above, to disgualified | 5575570 | 1770500 | 0,1001 | 57750 |
| 0 | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| - | | 227,613. | 180,656. | 32,549. | 14,408. |
| 7 | Other salaries and wages | 221,UIJ. | TOC,000. | 54,547. | 14,400. |
| 8 | Pension plan accruals and contributions (include | | | | |
| - | section 401(k) and 403(b) employer contributions) | 18,731. | 11 067 | 2 670 | 1 10/ |
| 9 | Other employee benefits | 18,731. | 14,867. 14,951. | 2,678. 2,694. | 1,186. 1,192. |
| 10 | Payroll taxes | 10,03/. | 14,951. | 2,094. | 1,192. |
| 11 | Fees for services (non-employees): | | | | |
| а | | | | | |
| b | Legal | - 000 | F 000 | | |
| С | Accounting | 5,800. | 5,800. | | |
| d | , o L | | | | |
| е | 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 Sch 0.) | 50,315. | 49,315. | | 1,000. |
| 12 | Advertising and promotion | 1,531. | 1,531. | | |
| 13 | Office expenses | 111,019. | 107,593. | 176. | 3,250. |
| 14 | Information technology | 3,070. | 3,070. | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 40,704. | 40,704. | | |
| 17 | Travel | 2,178. | 2,178. | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 762. | 762. | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 56,230. | 44,630. | 8,041. | 3,559. |
| 23 | | 4,522. | 4,522. | | |
| 23 24 | Other expenses, Itemize expenses not covered | 1,0120 | 1,0121 | | |
| 24 | above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) | | | | |
| | amount, list line 24e expenses on Schedule 0.) | | | | |
| а | LOSS ON ASSESSED VALUE | 20,400. | 20,400. | | |
| b | MISCELLANEOUS | 3,052. | 3,050. | 2. | |
| с | | | | | |
| d | | | | | |
| e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 624,101. | 541,125. | 54,625. | 28,351. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here | | | | |
| | In following 501 36-2 (ASC 356-720) | | | | |

632010 11-11-16

13480425 766504 RL-1133

10 2016.03030 ALLEN NEIGHBORHOOD CENTER Form **990** (2016)

RL-11331

13480425 766504 RL-1133

| ALLEN NEIGHBORHOOD C | ENTER |
|----------------------|-------|
|----------------------|-------|

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 119,190. 240,597. Cash - non-interest-bearing 1 Savings and temporary cash investments 2 108,917. 40,984. Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disgualified 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 instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 1,459. Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 776,870. basis. Complete Part VI of Schedule D _____ 10a 186,309. 590,561. b Less: accumulated depreciation 10b 645,551. 10c 5,194. 5,052. 11 12 13 14 20,050. 40,450. 15 919,160. 898,845. 16 40,520. 17 32,190. 18 68,289. 43,118. 19 20 21 22

Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses 17 18 Grants payable 19 Deferred revenue Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, _iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 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 1,248. 999. 25 Schedule D 101,727. 84,637. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Vet Assets or Fund Balances 834,523. 27 797,118. Unrestricted net assets 27 Temporarily restricted net assets 28 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 834,523. 797,118. Total net assets or fund balances 33 33 Total liabilities and net assets/fund balances 919,160. 34 898,845. 34

Form 990 (2016)

Form 990 (2016)

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Assets

| | 990 (2016) ALLEN NEIGHBORHOOD CENTER | <u> 38-35(</u> | 2484 | Paç | ge 12 | | |
|----|--|----------------|--------------|-----------------|--------------|--|--|
| Pa | rt 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 | | <u>6,6</u> | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | $\frac{4,1}{1}$ | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 05. | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 834 | 4,5 | 23. | | |
| 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 | | | 0. | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | - 4 | | | |
| | column (B)) | 10 | .79 | 7,1 | 18. | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | <u>x</u> | | |
| | | | | Yes | No | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | . 2a | Х | <u> </u> | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | . 2b | | X | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis, | | | | | |
| | consolidated basis, or both: | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | v | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | . <u>2</u> c | Х | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audit | 3a | | х | | |
| | Act and OMB Circular A-133? | | | | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ired audit | | | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | . 3 b | 000 | L | | |

Form **990** (2016)

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| (Form | 990 | or | 990- | ·EZ) |
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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.

| 2016 |
|------------------------------|
| Open to Public Inspection |

RL-11331

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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

| e | Information | about Scheo | dule A (Form 9 | 90 or 990-E | Z) and its | instructions | is at WM | w.irs.gov/fo | rm990. |
|---------|-------------|-------------|----------------|-------------|------------|--------------|----------|--------------|--------|
| anizati | | | | | | | | | Emplo |
| | | 375 T ATT | DOD | | | | | | 1 |

| Nan | ne of the organization Employer identification number | | | | | | | | | | |
|----------|---|---|-------------------------|----------------------------------|------------------------|--------------------|-----------------|---------------|----------------------------|--|--|
| | | | | HOOD CENTER | | | | | 8-3502484 | | |
| Pa | nrt I | Reason for Public | Charity Status (| All organizations must co | mplete th | is part.) Se | ee instruction | s. | | | |
| The | organ | ization is not a private found | lation because it is: (| (For lines 1 through 12, c | heck only | one box.) | | | | | |
| 1 | | A church, convention of ch | urches, or associatio | on of churches described | d in sectio | n 170(b)(1 | 1)(A)(i). | | | | |
| 2 | | A school described in sect | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Form | n 990 or 99 | 90-EZ).) | | | | | |
| 3 | | A hospital or a cooperative | | | | | | | | | |
| 4 | | A medical research organiz | ation operated in co | njunction with a hospital | described | d in sectio | n 170(b)(1)(A |)(iii). Enter | the hospital's name, | | |
| | | city, and state: | | | | | | | | | |
| 5 | | An organization operated for | or the benefit of a co | ollege or university owned | d or operat | ted by a g | overnmental | unit descrik | oed in | | |
| | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | | | | |
| 6 | | A federal, state, or local go | - | | | | | | | | |
| 7 | X | 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). (C | | | | | | | | | |
| 8 | | A community trust describe | | | | | | | | | |
| 9 | | An agricultural research org | ganization described | l in section 170(b)(1)(A)(| i x) operate | ed in conju | inction with a | land-grant | college | | |
| | | or university or a non-land-o | grant college of agric | culture (see instructions). | Enter the | name, city | y, and state o | f the colleg | je or | | |
| | | university: | | | | | | | | | |
| 10 | | An organization that norma | Ily receives: (1) more | e than 33 1/3% of its sup | port from | contributi | ons, member | ship fees, a | and gross receipts from | | |
| | | activities related to its exen | npt functions - subje | ct to certain exceptions, | and (2) no | o more tha | n 33 1/3% of | its suppor | t from gross investment | | |
| | | income and unrelated busin | ness taxable income | e (less section 511 tax) fro | om busine | sses acqu | ired by the o | rganization | after June 30, 1975. | | |
| | | See section 509(a)(2). (Cor | . , | | | | | | | | |
| 11 | | An organization organized a | and operated exclus | ively to test for public sa | fety. See s | section 50 | 09(a)(4). | | | | |
| 12 | | An organization organized a | and operated exclus | ively for the benefit of, to | perform t | the functio | ons of, or to c | arry out the | e purposes of one or | | |
| | | more publicly supported or | ganizations describe | ed in section 509(a)(1) o | r section ! | 509(a)(2). | See section | 509(a)(3). (| Check the box in | | |
| | | lines 12a through 12d that | describes the type o | of supporting organizatio | n and com | nplete lines | s 12e, 12f, an | d 12g. | | | |
| а | | Type I. A supporting orga | anization operated, s | supervised, or controlled | by its sup | ported org | ganization(s), | typically by | / giving | | |
| | | the supported organization | on(s) the power to re | egularly appoint or elect a | a majority o | of the dire | ctors or truste | ees of the s | supporting | | |
| | | organization. You must o | - | | | | | | | | |
| b | | Type II. A supporting org | - | | | | - | | - | | |
| | | control or management o | | | ame perso | ons that co | ontrol or mana | age the sup | oported | | |
| | | organization(s). You mus | • | | | | | | | | |
| C | | Type III functionally inte | • • • • | | | | | Ily integrat | ed with, | | |
| | | its supported organizatio | | | - | - | - | | | | |
| C | | ☐ Type III non-functionally | | | | | | - | | | |
| | | that is not functionally int | | | - | | - | d an attent | liveness | | |
| | | requirement (see instruct | | • | | | | | | | |
| е | | ☐ Check this box if the orga | | | | | а туре ї, туре | п, туре п | | | |
| | [nt | functionally integrated, or er the number of supported of | | nally integrated support | ng organiz | zation. | | | | | |
| f | | vide the following information | 0 | ad arganization(a) | | | | | | | |
| <u>g</u> | | i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga | nization listed | (v) Amount o | fmonetary | (vi) Amount of other | | |
| | , | organization | () | (described on lines 1-10 | in your governi Yes | No | support (see in | 5 | support (see instructions) | | |
| | | - | | above (see instructions)) | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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2016.03030 ALLEN NEIGHBORHOOD CENTER

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Total

Schedule A (Form 990 or 990-EZ) 2016 ALLEN NEIGHBORHOOD CENTER

38-3502484 Page 2

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.)

| Se | ction A. Public Support | | | | | | |
|------|--|----------|-----------------------|------------------------|---------------------|------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 823,837. | 750,954. | 532,646. | 688,430. | 443,678. | 3239545. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 823,837. | 750,954. | 532,646. | 688,430. | 443,678. | 3239545. |
| 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) | | | | | | |
| | Public support. Subtract line 5 from line 4. | | | | | | 3239545. |
| Se | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 7 | Amounts from line 4 | 823,837. | 750,954. | 532,646. | 688,430. | 443,678. | 3239545. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources \dots | | 6,628. | 643. | 334. | 321. | 7,926. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on \dots | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | 05 001 | 400 | | 4.4.9 | |
| | assets (Explain in Part VI.) | 17,692. | 25,321. | 48,572. | 82,224. | 142,697. | 316,506. |
| | Total support. Add lines 7 through 10 | | | | | | 3563977. |
| | Gross receipts from related activities, | | , | | | 12 | |
| 13 | First five years. If the Form 990 is for | - | s first, second, thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) | |
| Sa | organization, check this box and stor ction C. Computation of Publ | here | rcontago | | | | |
| | - | | | (0) | | 44 | 90.90 % |
| | Public support percentage for 2016 (| | - | | | 14 15 | |
| | Public support percentage from 2015 33 1/3% support test - 2016. If the c | | | | | | |
| 108 | | - | | | | | |
| L | stop here. The organization qualifies | | 0 | | lina 15 ia 22 1/20/ | | ······ |
| C | 33 1/3% support test - 2015. If the c | | | | | | |
| 17- | and stop here. The organization qual 10% -facts-and-circumstances tes | | | | 13 162 or 16b | | or more |
| 178 | and if the organization meets the "fac | | | | | | |
| | meets the "facts-and-circumstances" | | | | | | |
| F | 10% -facts-and-circumstances tes | - | | | | | |
| L. | more, and if the organization meets the | | | | | | |
| | organization meets the "facts-and-circ | | | | | | |
| 18 | Private foundation. If the organization | | | | | | s III |
| | | | | | | dule A (Form 990 | |

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Schedule A (Form 990 or 990-EZ) 2016 ALLEN NEIGHBORHOOD CENTER Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

| Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, | | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2 | 016 | (f) Total | |
|--|--|---|--|--|--------------------------|-------------|-----------|--------|
| include any "unusual grants.") | | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| 2 Gross receipts from admissions | | | | | | | | |
| formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | | | |
| 3 Gross receipts from activities that | | | | | | | | _ |
| are not an unrelated trade or bus- | | | | | | | | |
| iness under section 513 | | | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | | | |
| ization's benefit and either paid to or expended on its behalf | | | | | | | | |
| 5 The value of services or facilities | | | | | | | | |
| furnished by a governmental unit to the organization without charge | | | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | | | |
| 3 received from disgualified persons | | | | | | | | |
| b Amounts included on lines 2 and 3 received | | | | | | | | |
| from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | | | |
| c Add lines 7a and 7b | | | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | | | |
| ection B. Total Support | | | | • | | | | |
| alendar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2 | 016 | (f) Total | |
| 9 Amounts from line 6 | | | | | | | | |
| Oa Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | | | |
| b Unrelated business taxable income | | | | | | | | |
| (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | | | |
| c Add lines 10a and 10b | | | | | | | | |
| Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | | | |
| Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | | | |
| I3 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | | | - |
| 4 First five years. If the Form 990 is for | the organization's | s first, second, thi | rd, fourth, or fifth ta | ax year as a sectio | on 501(c)(3 |) organiza | tion, | |
| check this box and stop here | - | | | - | | , , |) | |
| Section C. Computation of Publi | | | | | | | | _ |
| 15 Public support percentage for 2016 (li | | | column (f)) | | 15 | | | % |
| 6 Public support percentage from 2015 | | | | | 16 | | | % |
| Section D. Computation of Inves | | | | | | | | _ |
| | | | | | 17 | | | % |
| - | | | | | 18 | | | % |
| 17 Investment income percentage for 20 | | | on line 14 and line | | | and line 17 | ' is not | /0 |
| Investment income percentage for 20Investment income percentage from 2 | | | | | | | | ٦ |
| Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2016. If the | | organization gua | | oapportou organiz | | 0 1/00/ | | |
| Investment income percentage for 20 Investment income percentage from 2 Investment income percentage for 20 Investment i | nd stop here. The organization did n | not check a box or | n line 14 or line 19a | | | | | _ |
| Investment income percentage for 20 Investment income percentage from 2 I9a 33 1/3% support tests - 2016. If the more than 33 1/3%, check this box ar | nd stop here. The organization did n | not check a box or | n line 14 or line 19a | | | | | \Box |
| Investment income percentage for 20 Investment income percentage from 2 19a 33 1/3% support tests - 2016. If the more than 33 1/3%, check this box ar b 33 1/3% support tests - 2015. If the line 18 is not more than 33 1/3%, check | nd stop here. The organization did n ck this box and s t | not check a box or top here. The org | n line 14 or line 19a anization qualifies | as a publicly supp | orted orga | anization | ▶□ | |
| 17 Investment income percentage for 20 18 Investment income percentage from 2 19a 33 1/3% support tests - 2016. If the more than 33 1/3%, check this box ar b 33 1/3% support tests - 2015. If the | nd stop here. The organization did n ck this box and s t | not check a box or top here. The org | n line 14 or line 19a anization qualifies | as a publicly supp nis box and see in | orted orga structions | anization | | |

Schedule A (Form 990 or 990-EZ) 2016 ALLEN NEIGHBORHOOD CENTER

38-3502484 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in *Part VI* 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 *Part VI* 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 *Part VI* 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 *Part VI* 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 12a or 12b 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 *Part VI* 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 *Part VI* 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 *Part VI*, 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 Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. 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 *Part VI.*
- 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 *Part VI.*
- **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 *Part VI*.
- 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 *Part VI*.
- **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.)

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Schedule A (Form 990 or 990-EZ) 2016

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2016.03030 ALLEN NEIGHBORHOOD CENTER

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Schedule A (Form 990 or 990-EZ) 2016 ALLEN NEIGHBORHOOD CENTER Part IV Supporting Organizations (continued)

| | | | Yes | No |
|------------|---|----------|--------|------|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | 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? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| | 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. | 11c | | |
| | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 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. | 1 | | |
| 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. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 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). | 1 | | |
| <u>Sec</u> | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 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? | 1 | | |
| 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 <i>Part VI</i> how | - | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 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 | - | | |
| <u> </u> | supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). | | | |
| ' a | The organization satisfied the Activities Test. Complete <i>line 2</i> below. | | | |
| a b | The organization is the parent of each of its supported organizations. Complete <i>line 3</i> below. | | | |
| c | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst | ructions |) | |
| 2 | Activities Test. Answer (a) and (b) below. | luctions | Yes | No |
| - a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | 103 | |
| u | the supported organization(s) to which the organization was responsive? If "Yes," then in <i>Part VI identify</i> | | | |
| | 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. | 2a | | |
| 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. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | 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. | 3a | | |
| b | | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |
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Schedule A (Form 990 or 990-EZ) 2016 ALLEN NEIGHBORHOOD CENTER 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 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Sect | ion 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 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion 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): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount 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 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion 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 | Distributable Amount. 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-functional | y integra | ted Type III supporting org | ganization (see |
| | | | | |

instructions).

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| Par | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations (continued) | |
|----------|---|-------------------------------|--------------------------------|----------------------------------|
| Secti | on D - Distributions | | · · · | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | ot purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizatior | IS | |
| 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 | Total annual distributions. Add lines 1 through 6 | | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | e | |
| | (provide details in Part VI). See instructions | | | |
| 9 | Distributable amount for 2016 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| | | (i) | (ii) | (iii) Distribute bits |
| Secti | on E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2016 | Distributable Amount for 2016 |
| 1 | Distributable amount for 2016 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2016 (reason- | | | |
| - | able cause required- explain in Part VI). See instructions | | | |
| 3 | Excess distributions carryover, if any, to 2016: | | | |
| a | | | | |
| b | | | | |
| | From 2013 | | | |
| | From 2014 | | | |
| | From 2015 | | | |
| | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2016 distributable amount | | | |
| i | Carryover from 2011 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2016 from Section D, | | | |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2016 distributable amount | | | |
| C | Remainder. Subtract lines 4a and 4b from 4 | | | |
| 5 | Remaining underdistributions for years prior to 2016, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions | | | |
| 6 | Remaining underdistributions for 2016. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions | | | |
| 7 | Excess distributions carryover to 2017. Add lines 3j | | | |
| | and 4c | | | |
| 8 | Breakdown of line 7: | | | |
| <u>a</u> | Fundamente 0010 | | | |
| | Excess from 2013 | | | |
| - | Excess from 2014 | | | |
| - | Excess from 2015 | | | |
| e | Excess from 2016 | | | |

Schedule A (Form 990 or 990-EZ) 2016

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| Part VI Supplemental Information | LEN NEIGHBORHOOD CENTER D. Provide the explanations required by Part II, line 10; P | 38 – 3502484 Pa art II. line 17a or 17b: Part III. line 12: |
|--|--|---|
| Part IV, Section A, lines 1, 2, 3b, line 1; Part IV, Section D, lines 2 | 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, S and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Par Part V, Section E, lines 2, 5, and 6. Also complete this par | ection B, lines 1 and 2; Part IV, Section C, t V, line 1; Part V, Section B, line 1e; Part \ |
| (See instructions.) | r art v, Section L, intes 2, 5, and o. Also complete this par | t for any auditional information. |
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| 32028 09-21-16 | | Schedule A (Form 990 or 990-EZ) |
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Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2016

Employer identification number

Name of the organization

Organization type (aboat analy

| Organization type (check of | IC). |
|-----------------------------|--|
| Filers of: | Section: |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | 527 political organization |
| Form 990-PF | 501(c)(3) exempt private foundation |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | 501(c)(3) taxable private foundation |
| | |

Check if your organization is covered by the General Rule or a Special Rule.

ALLEN NEIGHBORHOOD CENTER

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

□ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

ALLEN NEIGHBORHOOD CENTER

| Nama | | | |
|------|----|------|----------|
| Name | 01 | orda | nization |

Employer identification number

38-3502484

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 ADVENTURE CREDIT UNION X Person Payroll 630 32ND STREET S.E. 11,038. Noncash (Complete Part II for GRAND RAPIDS, MI 49548 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 2 CITY OF LANSING Χ Person Payroll 27,908. 124 W. MICHIGAN AVENUE Noncash (Complete Part II for LANSING, MI 48933 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 FAIR FOOD NETWORK X Person Payroll 205 E. WASHINGTON ST., SUITE B 11,470. Noncash (Complete Part II for ANN ARBOR, MI 48104 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution GREATER LANSING FOOD BANK X 4 Person Payroll 919 FILLEY ST. 25,276. Noncash (Complete Part II for LANSING, MI 48906 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 5 INGHAM COUNTY HEALTH DEPARTMENT X Person Payroll 5303 S. CEDAR STREET 94,032. Noncash (Complete Part II for LANSING, MI 48911 noncash contributions.) (b) (d) (a) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 6 INGHAM HEALTH PLAN X Person Payroll 3425 BELLE CHASE WAY, SUITE 1 27,100. Noncash (Complete Part II for LANSING, MI 48911 noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2016) 623452 10-18-16

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Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number 38-3502484

ALLEN NEIGHBORHOOD CENTER

| Part I | Contributors (See instructions). Use duplicate copies of Part I if additiona | al space is needed. | |
|--------------------------------------|---|--|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | MICHIGAN DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT P.O. BOX 30017 LANSING, MI 48909 | \$26,158. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | MICHIGAN FITNESS FOUNDATION P.O. BOX 27187 | \$30,297. | Person X Payroll Noncash |
| | LANSING, MI 48909 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | MICHIGAN HEALTH ENDOWMENT FUND 330 MARSHALL STREET, STE. 200 LANSING, MI 48912 | \$15,862. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | ., | | |
| No. | Name, address, and ZIP + 4 MICHIGAN STATE UNIVERSITY 220 TROWBRIDGE ROAD | Total contributions | Type of contribution Person Payroll Noncash (Complete Part II for |
| <u>No.</u> <u>10</u> (a) | Name, address, and ZIP + 4 MICHIGAN STATE UNIVERSITY 220 TROWBRIDGE ROAD EAST LANSING, MI 48824 (b) | Total contributions \$ 20,000. (c) (c) | Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) |
| No. 10 (a) No. | Name, address, and ZIP + 4 MICHIGAN STATE UNIVERSITY 220 TROWBRIDGE ROAD EAST LANSING, MI 48824 (b) Name, address, and ZIP + 4 PENTECOST FOUNDATION 1651 W. LAKE LANSING RD., STE. 100 EAST LANSING, MI 48823 (b) Name, address, and ZIP + 4 | Total contributions \$ 20,000. (c) Total contributions | Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Image: Complete Part II for noncash Image: Complete Part II for noncash (Complete Part II for noncash Image: Complete Part II for noncash Image: Complete Part II for noncash |
| No. 10 (a) No. 11 (a) | Name, address, and ZIP + 4 MICHIGAN STATE UNIVERSITY 220 TROWBRIDGE ROAD EAST LANSING, MI 48824 (b) Name, address, and ZIP + 4 PENTECOST FOUNDATION 1651 W. LAKE LANSING RD., STE. 100 EAST LANSING, MI 48823 (b) Name, address, and ZIP + 4 SISTERS OF MERCY WEST MIDWEST (b) Name, address, and ZIP + 4 SISTERS OF MERCY WEST MIDWEST (D) Name, address, and ZIP + 4 SISTERS OF MERCY WEST MIDWEST (D) NAME, ADAREST MIDWEST OMAHA, NE 68124 | Total contributions \$ 20,000. (c) Total contributions \$ 10,771. (c) Total contributions \$ 21,455. | Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Image: Complete Part II for noncash Noncash Image: Complete Part II for noncash contributions.) (d) Complete Part II for noncash contributions.) (d) Complete Part II for noncash contributions.) |

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Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

| Name of organization |
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| ALLEN | NEIGHBORHOOD CENTER | 38-3502484 | |
|--------------|---|----------------------------|--|
| Part I | Contributors (See instructions). Use duplicate copies of Part I if addition | nal space is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 13 | USDA 1400 INDEPENDENCE AVE. SW WASHINGTON, DC 20250 | - _ \$ <u>38,10</u> ; | Person X Payroll Image: Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - - \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - - \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - _ \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - \$ | Person Payroll On Complete Part II for noncash contributions.) |
| 623452 10-18 | B-16 | Schedule B (I | -01111 990, 990-EZ, 01 990-PF) (2016) |

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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|------------------------------|--|--|----------------------|
| _ | | \$ | |
| (a) No. rom Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |

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| Name of orga | anization | | Employe | r identification number | | |
|-----------------|--|---|---|------------------------------|--|--|
| ALLEN | NEIGHBORHOOD CENTER | | 38- | 3502484 | | |
| Part III | Exclusively religious, charitable, etc., cont the year from any one contributor. Complete | tributions to organizations described | in section 501(c)(7), (8), or (10) that | | | |
| | completing Part III, enter the total of exclusively religiou | is, charitable, etc., contributions of \$1,000 or | less for the year. (Enter this info. once.) | | | |
| (a) No. | Use duplicate copies of Part III if addition | al space is needed. | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description o | f how gift is held | | |
| 1 41 11 | | | | | | |
| | | | | | | |
| | | | | | | |
| - | | (e) Transfer of gift | | | | |
| | | | | | | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to | o transferee | | |
| | | [| | | | |
| | | | | | | |
| (a) No. | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description o | f how gift is held | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Γ | | (e) Transfer of gift | | | | |
| | | | Delationakin of transformer | tuanafauaa | | |
| F | Transferee's name, address, a | | Relationship of transferor to | | | |
| | | | | | | |
| | | | | | | |
| (a) No. from | | (a) Up a of aift | | f have all is hald | | |
| Part I | (b) Purpose of gift | (c) Use of gift | (d) Description o | r now gift is held | | |
| | | | | | | |
| <u> </u> | | | | | | |
| | | | | | | |
| | | (e) Transfer of gift | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to | o transferee | | |
| | | | | | | |
| | | [| | | | |
| | | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Description o | f how gift is held | | |
| Part I | | | | | | |
| | | | | | | |
| | | | | | | |
| F | (e) Transfer of gift | | | | | |
| | | | | | | |
| Ļ | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to | o transferee | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 623454 10-18- | 16 | 26 | Schedule B (Form 99 | 90, 990-EZ, or 990-PF) (2010 | | |

13480425 766504 RL-1133

2016.03030 ALLEN NEIGHBORHOOD CENTER

RL-11331

Department of the Treasury

(Form 990)

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. Den about Schedule D (Form 990) and its instructions is at www.irs.c



| Interna | Revenue Service Information about Schedule D (F | orm 990) and its instructions is at www. | irs.gov/form990. | Inspection |
|------------|--|--|--------------------------------------|-----------------------------|
| Nam | e of the organization ALLEN NEIGHBORHOO | | r identification number $38-3502484$ | |
| Pa | t I Organizations Maintaining Donor Advis | ed Funds or Other Similar Fund | | |
| | organization answered "Yes" on Form 990, Part IV, | ne 6. | | |
| | | (a) Donor advised funds | (b) Funds ar | nd other accounts |
| 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 | | ised funds | |
| | are the organization's property, subject to the organization | s exclusive legal control? | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor | advisors in writing that grant funds can b | e used only | |
| | for charitable purposes and not for the benefit of the donor | or donor advisor, or for any other purpose | e conferring | |
| | impermissible private benefit? | | | Yes No |
| Pa | t II Conservation Easements. Complete if the c | rganization answered "Yes" on Form 990, | Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization | tion (check all that apply). | | |
| | Preservation of land for public use (e.g., recreation or | , <u> </u> | | |
| | Protection of natural habitat | Preservation of a ce | rtified historic struc | ture |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qua | lified conservation contribution in the forn | | |
| | day of the tax year. | | | at the End of the Tax Year |
| а | Total number of conservation easements | | | |
| b | | | | |
| с | Number of conservation easements on a certified historic s | | | |
| d | Number of conservation easements included in (c) acquired | | | |
| • | listed in the National Register | | | |
| 3 | Number of conservation easements modified, transferred, ryear | eleased, extinguished, or terminated by tr | le organization dun | ng the tax |
| 4 | Number of states where property subject to conservation e | asement is located | | |
| 5 | Does the organization have a written policy regarding the p | | F | |
| U | violations, and enforcement of the conservation easements | | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting | | | |
| - | • | ,, | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, ha | ndling of violations, and enforcing conserv | ation easements du | uring the vear |
| | ► \$ | | | 0 7 |
| 8 | Does each conservation easement reported on line 2(d) ab | ove satisfy the requirements of section 17 | 0(h)(4)(B)(i) | |
| | and section 170(h)(4)(B)(ii)? | · · · · | | Yes No |
| 9 | In Part XIII, describe how the organization reports conserva- | tion easements in its revenue and expens | e statement, and b | alance sheet, and |
| | include, if applicable, the text of the footnote to the organiz | ation's financial statements that describe | s the organization's | accounting for |
| | conservation easements. | | | |
| Pa | t III Organizations Maintaining Collections | | Other Similar A | ssets. |
| | Complete if the organization answered "Yes" on For | m 990, Part IV, line 8. | | |
| 1 a | If the organization elected, as permitted under SFAS 116 (A | | | |
| | historical treasures, or other similar assets held for public e | khibition, education, or research in further | ance of public serv | ice, provide, in Part XIII, |
| | the text of the footnote to its financial statements that desc | | | |
| b | If the organization elected, as permitted under SFAS 116 (A | | | |
| | treasures, or other similar assets held for public exhibition, | education, or research in furtherance of p | ublic service, provid | the following amounts |
| | relating to these items: | | L . | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | |
| - | | | | |
| 2 | If the organization received or held works of art, historical to | | iai gain, provide | |
| _ | the following amounts required to be reported under SFAS | | • • | |
| a b | Revenue included on Form 990, Part VIII, line 1 | | | |
| u | Assets included in Form 990, Part X | | P 🕈 | |

b Assets included in Form 990, Part X

| LHA | For Paperwork Reduction Act Notice, s | see the Instructions for Form 990. |
|--------|---------------------------------------|------------------------------------|
| 632051 | 1 08-29-16 | |

Schedule D (Form 990) 2016

27

13480425 766504 RL-1133

2016.03030 ALLEN NEIGHBORHOOD CENTER RL-11331

| Sche | dule D (Form 990) 2016 ALLEN N | EIGHBORHOO | D CE | NTER | | | 38-3 | 3502484 | Page 2 |
|------------|--|---------------------------------|-------------|----------------|---------------|--------------|-------------------------|------------------------|-------------------------|
| Par | t III Organizations Maintaining C | Collections of A | rt, Hist | torical Tr | easures, c | or Other | [.] Similar As | sets(continu | ed) |
| 3 | Using the organization's acquisition, accessi (check all that apply): | on, and other record | ds, checł | any of the | following tha | it are a sig | nificant use of | its collection i | tems |
| а | Public exhibition | c | | oan or exc | hange progra | ame | | | |
| b | Scholarly research | e | | | nange progra | | | | |
| c | Preservation for future generations | · · · | <i>.</i> | | | | | | |
| 4 | Provide a description of the organization's c | ollections and explai | in how th | ev further tl | ne organizati | on's exem | nt nurnose in l | Part XIII | |
| 5 | During the year, did the organization solicit c | | | | | | | artyan | |
| - | to be sold to raise funds rather than to be m | | | | | | | Yes | 🗌 No |
| Par | t IV Escrow and Custodial Arran | | | | | | | | |
| | reported an amount on Form 990, Pa | rt X, line 21. | | 0 | | | | | |
| 1 a | Is the organization an agent, trustee, custod | ian or other interme | diary for | contribution | s or other as | sets not ir | ncluded | | |
| | on Form 990, Part X? | | | | | | | Yes | 🗌 No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing t | able: | | | | | |
| | | | | | | | | Amount | |
| С | Beginning balance | | | | | | 1c | | |
| d | Additions during the year | | | | | | 1d | | |
| е | Distributions during the year | | | | | | | | |
| f | Ending balance | | | | | | | | |
| | Did the organization include an amount on F | | | | | | y? | Yes | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | ····· | | |
| Par | t V Endowment Funds. Complete i | | i | | | | | al. () Faure | |
| 4. | | (a) Current year | (b) P | rior year | (c) Two year | rs back (d | I) Three years ba | .ck (e) Four ye | ears dack |
| | Beginning of year balance | | | | | | | | |
| | Contributions | | | | | | | | |
| | Net investment earnings, gains, and losses Grants or scholarships | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | |
| e | and programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| | End of year balance | | | | | | | | |
| 2 | Provide the estimated percentage of the cur | rent vear end baland | ce (line 1) | a. column (a | a)) held as: | | | | |
| а | Board designated or quasi-endowment | - | % | с, (| | | | | |
| | Permanent endowment | % | _ | | | | | | |
| с | Temporarily restricted endowment | % | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | uld equal 100%. | | | | | | | |
| 3a | Are there endowment funds not in the posse | ession of the organiz | ation tha | it are held a | nd administe | ered for the | e organization | | |
| | by: | | | | | | | Y | es No |
| | (i) unrelated organizations | | | | | | | 3a(i) | |
| | (ii) related organizations | | | | | | | 3a(ii) | |
| b | If "Yes" on line 3a(ii), are the related organiza | ations listed as requi | red on S | chedule R? | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | | owment f | funds. | | | | | |
| Par | t VI Land, Buildings, and Equipm | | | | | | | | |
| | Complete if the organization answere | | | | | | | | |
| | Description of property | (a) Cost or o basis (investi | | • • | or other | | cumulated | (d) Book v | /alue |
| | Logal | | nent) | basis | | depr | eciation | | |
| | Land | | | | | | | | |
| | Buildings | | | 72 | 5,540. | 1 | 55,496. | 580 | ,044. |
| | Leasehold improvements | | | | 1,330. | | 30,813. | | , <u>044</u> . ,517. |
| | EquipmentOther | | | | <u> </u> | | | <u> </u> | , , , , , , |
| _ | . Add lines 1a through 1e. (Column (d) must e | | X. colun | nn (B), line 1 | 0c.) | | | 590 | ,561. |
| | ···· ··· ··· ··· ··· ··· ··· ··· ··· · | | , | (), | / | | | | |

Schedule D (Form 990) 2016

| Part VII | Investn | nents - O | ther Secu | rities. | |
|------------|---------|-----------|-----------|--------------|--------|
| Schedule D | | | | NEIGHBORHOOD | CENTER |

| 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) | | | | | | | | |
| Total. (Col. (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) | | |
| Total. (Col. (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) | |
| Total. (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) | AGENCY FUNDS HELD FOR OTHERS | 1,248. |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. | (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 1,248. |

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

Schedule D (Form 990) 2016

632053 08-29-16

| Sche | dule D (Form 990) 2016 ALLEN NEIGHBORHOOD CENTER | | 38-3502484 Page 4 |
|------|--|-----------------------|-------------------|
| Pa | t XI Reconciliation of Revenue per Audited Financial Statem | ents With Revenue pe | r Return. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | a. | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| с | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| с | Add lines 4a and 4b | | 4c |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 |
| Pa | t XII Reconciliation of Expenses per Audited Financial Stater | nents With Expenses p | ber Return. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | а. | |
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| с | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4 a | |
| b | Other (Describe in Part XIII.) | 4b | |
| с | Add lines 4a and 4b | | 4c |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 |
| Pa | t 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.

13480425 766504 RL-1133

| SCH | łE | D | U | LE | C |) | |
|-----|----|---|---|----|---|---|--|
| | | | | | | | |

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

Internal Revenue Service

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.

OMB No. 1545-0047

Employer identification number 38-3502484

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SENIORS, & KINSHIP CARE, URBANDALE, COMMUNICATIONS, AND

ALLEN NEIGHBORHOOD CENTER

HOUSING/ECONOMIC DEVELOPMENT.

EXPENSES \$ 23,857. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,541.

FORM 990, PART VI, SECTION B, LINE 11B:

DIRECTOR REVIEWS WITH BOARD PRIOR TO FORM 990 BEING SUBMITTED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD AND STAFF SIGN A STATEMENT OF DISCLOSURE EACH JANUARY.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE DIRECTOR'S SALARY IS SET BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

PART XII LINE 2B

THE BOARD OF DIRECTORS IS RESPONSIBLE FOR OVERSIGHT OF THE REVIEW.

THEY ARE ASSISTED BY THE EXECUTIVE DIRECTOR.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2016)63221108-25-16

13480425 766504 RL-1133

31 2016.03030 ALLEN NEIGHBORHOOD CENTER RL-11331

| | REQUEST FOR 45 | | | | | | | |
|--|--|-----------|-------------------------|--------------------------------|----------|--|--|--|
| Form 990-T | Exempt Organization Bus | | | ax Return | ιĻ | OMB No. 1545-0687 | | |
| | (and proxy tax und | er se | ction 6033(e)) | | | 0040 | | |
| | | | , and ending | | _ · | 2016 | | |
| Department of the Treasury Internal Revenue Service | Information about Form 990-T and its instru Do not enter SSN numbers on this form as it may | | - | • | 5 | Open to Public Inspection for 01(c)(3) Organizations Only | | |
| A Check box if | Name of organization (Check box if name of | | | | D Emplo | yer identification number byees' trust, see | | |
| address changed | 1 | | | | instruc | | | |
| B Exempt under section | | | | | | 8-3502484 | | |
| X 501(C)(3) | OF Number, street, and room or suite no. If a P.O. bo | x, see ir | structions. | | | ted business activity codes structions.) | | |
| 408(e) 220(e | 1611 E KALAMAZOU ST | | | | | | | |
| 529(a) | | | | | | | | |
| C Book value of all assets at end of year | F Group exemption number (See instructions.)G Check organization typeX501(c) corporatio | | | | | | | |
| 590,561. | G Check organization type ► 🛛 🗶 501(c) corporatio | n L | 501(c) trust | 401(a) trust | | Other trust | | |
| H Describe the organizati | ion's primary unrelated business activity. 🕨 | | | | | | | |
| | is the corporation a subsidiary in an affiliated group or a pare | nt-subs | diary controlled group? | ► L | Yes | s 🛄 No | | |
| | and identifying number of the parent corporation. | | | | 1 7 (| 00 2020 | | |
| | of NATALIE GOTTSCHALK ed Trade or Business Income | | (A) Income | one number 🕨 5 (B) Expenses | | (C) Net | | |
| | | 1 | | (D) Expenses | , | | | |
| 1 a Gross receipts or sa b Less returns and all | | 1c | | | | | | |
| | (Schedule A, line 7) | 2 | | | | | | |
| | ict line 2 from line 1c | 3 | | | | | | |
| - | ome (attach Schedule D) | 4a | | | | | | |
| | m 4797, Part II, line 17) (attach Form 4797) | 4b | | | | | | |
| | on for trusts | 4c | | | | | | |
| | partnerships and S corporations (attach statement) | 5 | | | | | | |
| 6 Rent income (Sche | | 6 | | | | | | |
| 7 Unrelated debt-final | nced income (Schedule E) | 7 | | | | | | |
| 8 Interest, annuities, I | royalties, and rents from controlled organizations (Sch. F) | 8 | | | | | | |
| 9 Investment income | of a section $501(c)(7)$, (9), or (17) organization (Schedule G) | 9 | | | | | | |
| | stivity income (Schedule I) | 10 | | | | | | |
| | (Schedule J) | 11 | | | | | | |
| | instructions; attach schedule) | 12 | 0 | | | | | |
| | es 3 through 12 | 13 | 0. | | | | | |
| | r contributions, deductions must be directly connecte | | , | | | | | |
| | officers, directors, and trustees (Schedule K) | | | | 14 | | | |
| | s | | | | 15 | | | |
| | enance | | | | 16 | | | |
| | | | | | 17 | | | |
| | hedule) | | | | 18 | | | |
| | 3 | | | | 19 | | | |
| 20 Charitable contribu | Itions (See instructions for limitation rules) | | | | 20 | | | |
| | sh Form 4562) | | | | | | | |
| | claimed on Schedule A and elsewhere on return | | | | 22b | | | |
| 23 Depletion | | | | | 23 | | | |
| | eferred compensation plans | | | | 24 | | | |
| | programs | | | | 25 | | | |
| | penses (Schedule I) | | | | 26 27 | | | |
| | costs (Schedule J) | | | | 27 | | | |
| | attach schedule) Add lines 14 through 28 | | | | 28 | 0. | | |
| 30 Unrelated busines | s taxable income before net operating loss deduction. Subtract | t line 2 | 9 from line 13 | | 30 | 0. | | |
| | deduction (limited to the amount on line 30) | | | | 31 | | | |
| | s taxable income before specific deduction. Subtract line 31 fi | | | | 32 | 0. | | |
| | (Generally \$1,000, but see line 33 instructions for exceptions | | | | 33 | 1,000. | | |
| | ss taxable income. Subtract line 33 from line 32. If line 33 is | | | | | • | | |
| line 32 | | <u></u> | | | 34 | 0. | | |
| 623701 01-18-17 LHA | For Paperwork Reduction Act Notice, see instructions. | - | | | | Form 990-T (2016) | | |
| | | 32 | 1 | | | | | |

2016.03030 ALLEN NEIGHBORHOOD CENTER

| Form 990-T | | ALLEN NEIGHBORHOOD | CENTER | | | 38- | -350 | 248 | 4 Page 2 |
|---|--|---|----------------------------------|---------------------|----------------|--------------------|------------|-----------|---|
| Part II | T | ax Computation | | | | | | | |
| 35 | Organ | izations Taxable as Corporations. See instru | ctions for tax computation. | | | | | | |
| | Controlled group members (sections 1561 and 1563) check here See instructions and: | | | | | | | | |
| a | Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): | | | | | | | | |
| | (1) | \$ (2) \$ | (3 | s) \$ | | | | | |
| b | Enter | organization's share of: (1) Additional 5% tax | (not more than \$11,750) | \$ | | | | | |
| | (2) Ad | dditional 3% tax (not more than \$100,000) \ldots | | \$ | | | | | |
| C | Incom | e tax on the amount on line 34 | | | | | 🕨 | 35c | 0. |
| | | Taxable at Trust Rates. See instructions for | | | | | | | |
| | Tax rate schedule or Schedule D (Form 1041) | | | | | | ► | 36 | |
| 37 | Proxy tax. See instructions | | | | | | | 37 | |
| | Alternative minimum tax | | | | | | | 38 | |
| 39 | Tax on Non-Compliant Facility Income. See instructions | | | | | | | 39 | |
| | Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies | | | | | | | 40 | 0. |
| Part I | 7 T | ax and Payments | | | | | | | |
| 41a | Foreig | n tax credit (corporations attach Form 1118; | trusts attach Form 1116) | | . 41a | | | | |
| | | credits (see instructions) | | | | | | | |
| C | Gener | al business credit. Attach Form 3800 | | | 41c | | | | |
| | | for prior year minimum tax (attach Form 880 | | | | | | | |
| | | credits. Add lines 41a through 41d | | | | | | 41e | |
| | | at line Ada fuene line 40 | | | | | | 42 | 0. |
| 43 | Other | taxes. Check if from: 🔄 Form 4255 📃 | Form 8611 🔲 Form 869 | 97 🔲 Form | 8866 | Other (attach sc | hedule) | 43 | |
| | | | | | | | | 44 | 0. |
| 45 a | Pavm | ents: A 2015 overpayment credited to 2016 | | | | | | | |
| | | estimated tax payments | | | | | | | |
| - C | Tax de | eposited with Form 8868 | | | 45c | | | | |
| u d | Foreio | n organizations: Tax paid or withheld at source | e (see instructions) | | 45d | | | | |
| | | p withholding (see instructions) | | | | | | | |
| | | for small employer health insurance premium | | | | | 846. | | |
| | | credits and payments: | | | | | | | |
| 9 | | Form 4136 | rm 2439 her | Total | 450 | | | | |
| 46 | | payments. Add lines 45a through 45g | | | 109 | | | 46 | 846. |
| 47 | Estim | ated tax penalty (see instructions). Check if Fo | rm 2220 is attached 🕨 🗍 | | | | | 47 | |
| | | ue. If line 46 is less than the total of lines 44 a | | | | | | 48 | |
| | | ayment. If line 46 is larger than the total of lin | | | | | | 49 | 846. |
| | | the amount of line 49 you want: Credited to 2 | | | | Refunded | | 50 | 846. |
| Part V | | Statements Regarding Certain | Activities and Oth | er Informa | ation (see | | | | 0100 |
| | | time during the 2016 calendar year, did the c | | | | | | | Yes No |
| | - | financial account (bank, securities, or other) | • | • | | | | | |
| | | N Form 114, Report of Foreign Bank and Final | • • | | - | | | | |
| | here | | | | no toroign oo | Junu y | | | Х |
| | | g the tax year, did the organization receive a d | istribution from or was it th | a grantor of o | r transferor t | o a foreign tru | c+2 | | |
| | | , see instructions for other forms the organization | | ic grantor or, o | | ο, α ιστοιφίται | JI: | | |
| | | the amount of tax-exempt interest received or | • | r 🕨 ¢ | | | | | |
| | Un | der penalties of perjury. I declare that I have examined | this return, including accompar | iving schedules a | nd statements. | and to the best of | of my know | vledae ar | nd belief, it is true. |
| Sign | cor | rect, and complete. Declaration of preparer (other than | taxpayer) is based on all inform | nation of which pre | eparer has any | knowledge. | · · | | |
| Here | | | | EXECT | ר פּעדי | IRECTO | _ | - | S discuss this return with er shown below (see |
| | | Signature of officer | Date | Title | | INDEIG | | | s)? X Yes No |
| | _ | Print/Type preparer's name | Preparer's signature | | Date | Check | it | - | |
| | | r find type preparer s name | r reparer s signature | | Dale | | | T III | V |
| Paid Preparer | | ALAN D. PANTER, CPA | | | 04/25/ | self- err | pioyed | ъ | 00952587 |
| | | - | FFNEY PC | <u>ין</u> | 5 = / 4 5 / | | | | 8-2771117 |
| Use O | nly | Firm's name ► ABRAHAM & GAFFNEY PC Firm's EIN I 3511 COOLIDGE RD | | | | | | <u> </u> | ~ ~ , , |
| Firm's address ► EAST LANSING, MI 48823 Phone no. 517-353 | | | | | | 351-6836 | | | |
| | | | 10, HI 4002J | | | Filolle | 110. J | ±/- | Form 990-T (2016) |
| | | | | | | | | | Form 330-1 (2016) |

623711 01-18-17

Department of the Treasury

Internal Revenue Service

Credit for Small Employer Health Insurance Premiums

Attach to your tax return.

OMB No. 1545-2198 6

Attachment Sequence No. 65

Information about Form 8941 and its separate instructions is at www.irs.gov/form8941. Identifying mhar

L

| Nam | e(s) shown on return | Identify | /ing number | | | | |
|-----|---|------------|-------------------------|--|--|--|--|
| | ALLEN NEIGHBORHOOD CENTER | 38- | 3502484 | | | | |
| Α | Did you pay premiums during your tax year for employee health insurance coverage you provided through a Small | | | | | | |
| | Program (SHOP) Marketplace (or do you qualify for an exception to this requirement)? (see instructions) | | · | | | | |
| | X Yes. Enter Marketplace Identifier (if any): | | | | | | |
| | No. Stop. Do not file Form 8941 (see instructions for an exception that may apply to a partnership, S corporation, cooperative, | | | | | | |
| | estate, trust, or tax-exempt entity) | | . , | | | | |
| в | Enter the employer identification number (EIN) used to report employment taxes for individuals included on line 1 k | elow if d | ifferent from the | | | | |
| | identifying number listed above 38-3502484 | | | | | | |
| с | Does a tax return you (or any predecessor) filed for a tax year beginning in 2014 include a Form 8941 with line A cl | necked "` | Yes" | | | | |
| | and line 12 showing a positive amount? | | | | | | |
| | Yes. Stop. Do not file Form 8941 (see instructions for an exception that may apply to a partnership, S corpo | ration. | | | | | |
| | cooperative, estate, trust, or tax-exempt entity) (also see instructions for information about the credit period | |) | | | | |
| | X No. | linitation |) | | | | |
| Ca | ution: See the instructions and complete Worksheets 1 through 7 as needed. | | | | | | |
| 1 | Enter the number of individuals you employed during the tax year who are considered employees for | | | | | | |
| • | purposes of this credit (total from Worksheet 1, column (a)) | 1 | 7 | | | | |
| 2 | Enter the number of full-time equivalent employees (FTEs) you had for the tax year (from Worksheet 2, line 3). If | | | | | | |
| 2 | you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12 | 2 | 6 | | | | |
| 3 | Average annual wages you paid for the tax year (from Worksheet 3, line 3). This amount must be a multiple of | | | | | | |
| 5 | \$1,000. If you entered \$52,000 or more, skip lines 4 through 11 and enter -0- on line 12 | 3 | 44,000. | | | | |
| 4 | Premiums you paid during the tax year for employees included on line 1 for health insurance coverage | | 11,000. | | | | |
| 4 | | 4 | 8,027. | | | | |
| F | under a qualifying arrangement (total from Worksheet 4, column (b)) | 4 | 0,027• | | | | |
| 5 | Premiums you would have entered on line 4 if the total premium for each employee equaled the average premium | | | | | | |
| | for the small group market in which the employee enrolls in health insurance coverage | - | 10,912. | | | | |
| • | (total from Worksheet 4, column (c)) | 5 | 8,027. | | | | |
| 6 | Enter the smaller of line 4 or line 5 | 6 | 0,027. | | | | |
| 7 | Multiply line 6 by the applicable percentage: | | | | | | |
| | • Tax-exempt small employers, multiply line 6 by 35% (0.35) | | 2 900 | | | | |
| | All other small employers, multiply line 6 by 50% (0.50) | 7 | 2,809. | | | | |
| 8 | If line 2 is 10 or less, enter the amount from line 7. Otherwise, enter the amount from Worksheet 5, line 6 | 8 | 2,809. 846. | | | | |
| 9 | If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, enter the amount from Worksheet 6, line 7 | 9 | 840. | | | | |
| 10 | Enter the total amount of any state premium subsidies paid and any state tax credits available to you for | | | | | | |
| | premiums included on line 4 (see instructions) | 10 | 0.007 | | | | |
| 11 | Subtract line 10 from line 4. If zero or less, enter -0- | 11 | 8,027. | | | | |
| 12 | Enter the smaller of line 9 or line 11 | 12 | 846. | | | | |
| 13 | If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included | | | | | | |
| | on line 1 for whom you paid premiums during the tax year for health insurance coverage under a qualifying | | | | | | |
| | arrangement (total from Worksheet 4, column (a)) | 13 | 4 | | | | |
| 14 | Enter the number of FTEs you would have entered on line 2 if you only included employees | | | | | | |
| | included on line 13 (from Worksheet 7, line 3) | 14 | 4 | | | | |
| 15 | Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives, | | | | | | |
| | estates, and trusts (see instructions) | 15 | | | | | |
| 16 | Add lines 12 and 15. Cooperatives, estates, and trusts, go to line 17. Tax-exempt small employers, skip lines | | | | | | |
| | 17 and 18 and go to line 19. Partnerships and S corporations, stop here and report this amount on Schedule K. | | | | | | |
| | All others, stop here and report this amount on Form 3800, Part III, line 4h | 16 | 846. | | | | |
| 17 | Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions) | 17 | | | | | |
| 18 | Cooperatives, estates, and trusts, subtract line 17 from line 16. Stop here and report this amount on | | | | | | |
| | Form 3800, Part III, line 4h | 18 | | | | | |
| 19 | Enter the amount you paid in 2016 for taxes considered payroll taxes for purposes of this credit (see | | • • • • | | | | |
| | instructions) | 19 | 34,485. | | | | |
| 20 | Tax-exempt small employers, enter the smaller of line 16 or line 19 here and on Form 990-T, line 45f | 20 | 846. | | | | |
| LHA | For Paperwork Reduction Act Notice, see separate instructions. | | Form 8941 (2016) | | | | |

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