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

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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.		
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
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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				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c(A), 501(c)(A), and 501(c)(ZB) organizations. Did the organization engage in an excess benefit transaction has not been reported on any of the organization organization aware that it engaged in an excess benefit transaction has not been reported on any of the organization spior Forms 990 or 990-E27 (I "Yes," complete Schedule L, Part I 25a X 250 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any ourcent or former officer, director, trustes, key employees, highest compensated employees, or dispubles to any ourcent or former officer, director, trustes, or exployee thereol, 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 II 26 X 27 Did the organization provide a grant or other assistance to an diffied, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 28 Was the organization provide a grant selection, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 29 Did tho organization reports or infer director, t			240		x
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31 Did the organization liquidate, terminate, or dissolve and cease operations? 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 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 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 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 37 X			30		Х
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 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 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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? 35b If "Yes," complete Schedule R, Part V, line 2 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 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? 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 		Schedule N, Part II	32		Х
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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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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.
					<u> </u>					
		1								
										- 002
632007 11-11-16										Form 990 (2016)

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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
	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
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)

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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.				
Business Code Business Code 103,007. 103,007. b URBAN GARDENING 624100 38,149. 38,149. c	utio er (f		100 800				
Business Code Business Code b URBAN GARDENING 624100 103,007. c	oth			183,722.				
Business Code Business Code 103,007. 103,007. b URBAN GARDENING 624100 38,149. 38,149. c	nd				112 670			
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 Bigged		•	FOOD PECOLIPCES			103 007		
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b Less: rental expenses			(i) Real	(ii) Personal				
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c Net income or (loss) from sales of inventory Image: Code state states								
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11 a MISCELLANEOUS 900099 1,541. 1,541. b		с	Net income or (loss) from sales of inventory					
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c				900099	1,541.	1,541.		
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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
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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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1	3	48	0	425	766504	RL-1133	

Total

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

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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

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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 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		
63202	5 09-21-16 Schedule A (Form 9	90 or 99	90-EZ)	2016
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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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Schedule A (Form 990 or 990-EZ) 2016 ALLEN NEIGHBORHOOD CENTER

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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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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RL-11331

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

ALLEN NEIGHBORHOOD CENTER

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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38-3502484

ALLEN NEIGHBORHOOD CENTER

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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2016.03030 ALLEN NEIGHBORHOOD CENTER

RL-11331

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		

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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

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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.

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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

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	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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