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4d Other program services (Describe in Schedule O)

(Expenses \$ 52,495 including grants of \$

PROGRAM IS FREE OF CHARGE TO ALL YOUTH.

) (Revenue \$

1,072.)

4e Total program service expenses

2,083,495.

(PEAR), AN AFFILIATE OF HARVARD UNIVERSITY AND MCLEAN HOSPITAL.

AB DIM D
04-2104163 Page 3

Form 990 (2016) EAST END HOUSE, INC.

[PartilV] Checklist of Required Schedules

It is the organization described in section 501(s)(3) or 4947(s)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule S, Schedule of Contributors? Did the organization required to complete Schedule S, Schedule of Contributors? A Section 501(s)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f) election in effect during the tax yea? "If "Yes," complete Schedule C, Part II Settle organization as defined in Revenue Procedule as 1917 If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts? "If "Yes," organizet Schedule D, Part II Did the organization maintain any donor advised funds or any similar funds or accounts? "If "Yes," organizet Schedule D, Part II Did the organization maintain any donor advised funds or any similar funds or accounts? "If "Yes," organizet Schedule D, Part II Did the organization maintain and organization organization into a schedule organization development, thistonic fund areas, or histonic stuctures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, histonical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not tasted in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization report an amount for investments of the school organization report an amount for investments or the school organization report an amount for investments or the sax year mountain assets reported in Part X, line 15? If "Yes," complete Schedule D, Part X in 10 bit the organization report an amount for investments - other sax in 10 program service activities school to D, Part VII Did the organization report an amount for inv				Yes	No
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Did the organization maintain an office, employees, or agents outside of the United States? 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 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 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G. Part III 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G. Part III					
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G. Part III 19 X			18		X
	19				
Form 990 (2016)		complete Schedule G. Part III			
			Form	990 (2016)

Form 990 (2016) EAST END HOUSE, INC. [Rartily] Checklist of Required Schedules (continued)

			162	140
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	_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 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u>.</u>
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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			77
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	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	_		v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Λ
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?	_		v
^~	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			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
	Note. All Form 990 filers are required to complete Schedule O	38 Earm	990	2010
		COLLU		/U10

	1990 (2016) EAST END HOUSE, INC. 04-2104	<u>:163</u>	P	age
Pai	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	() () () () () ()	1100	Je.
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	Telep		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	2-4mm/2hr	يبنيمانس
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	建设	MARK	high.
	filed for the calendar year ending with or within the year covered by this return 2a 71		M	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	- 11
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Service Service	370	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Latina Ma. 1.	X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	<u> </u>	 -
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	UD		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country	magno	1 III	H THINGS
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	14		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	يقبر حادث	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	 	
_	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		x
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		<u> </u>	
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			isk.
	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	X	ZLISMA.
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	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	34.74	Refer	200
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ARTERIAL D	بالمستنبط
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		
_	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	1 ,	12.5	13-70
	sponsoring organization have excess business holdings at any time during the year?	8	ALLEY EVENT	بمقطوبين قام
9	Sponsoring organizations maintaining donor advised funds.	MP-5	: 344	1,777, 12%
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		مكسكمة
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		\vdash
10	Section 501(c)(7) organizations. Enter	AND I		PROPERTY.
а	Initiation fees and capital contributions included on Part VIII, line 12	7.319 / pl		The Part of
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		, "#5 5,4,770	B. B.
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		100	", I.
-	amounts due or received from them)	2,0, 11		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	الانسىلىنى <u>.</u>	31.633.434.4
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	J/ "	; 5; p. r.c.	79
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	5 - 5 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1		9-1
	Is the organization licensed to issue qualified health plans in more than one state?	13a	, spri _{st} it	sual s
_	Note. See the instructions for additional information the organization must report on Schedule O	1		7,17
ь	Enter the amount of reserves the organization is required to maintain by the states in which the	1, 2 1 7 8 1,		* 123
_	organization is licensed to issue qualified health plans	1 1 1		3 () () () () () () () () () (
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	- 1 m	X
	· · · · · · · · · · · · · · · · · · ·			

b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O

EAST END HOUSE Form 990 (2016) INC. 04-2104163 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 \mathbf{X} Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a Х 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 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? X 13 14 Did the organization have a written document retention and destruction policy? X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶MA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

State the name, address, and telephone number of the person who possesses the organization's books and records

statements available to the public during the tax year

MICHAEL DELIA - (617) 876-4444 105 SPRING STREET, CAMBRIDGE,

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization no	ed any current officer, d	rector, or trustee.								
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(40	not c	Pos	ition	l than r	200	Reportable	Reportable	Estimated
	hours per	box	, untes	ss pe	more than one rson is both an			compensation	compensation	amount of
	week		cer an	dad I	irecto	ctor/trustee)		from	from related	other
	(list any	rector				1		the	organizations	compensation
	hours for	5	₈₅			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		g	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	lonal		ploy	t com				and related
	line)	Individual trustee or director	Institutional trustee	Officer	Кеуеп	Highest compensated employee	Former			organizations
(1) MICHAEL DELIA	50.00									
PRESIDENT & CEO		X		X				124,250.	0.	17,976.
(2) SUSAN LAPIERRE	0.00									
TREASURER & CHAIR		Х		X				0.	0.	0.
(3) JONATHAN BARNES	0.00									
DIRECTOR		X						0.	0.	0.
(4) TODD ELLIS	0.00									
CLERK & VICE CHAIR		X						0.	0.	0.
(5) SYLVIA HAMPTON	0.00					ŀ				
DIRECTOR		X						0.	0.	0.
(6) ED DONDERO	0.00							_		
DIRECTOR		Х						0.	0.	0.
(7) ROBERT J SALINES	0.00									_
DIRECTOR		X			_			0.	0.	0.
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04-2104163

Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C	compensated Employee	s (continued)		T
(A)	(B)	(c)				•	(D)	(E)		(F)	
Name and title	Average		not c		more	than		Reportable	Reportabl		Estimated
	hours per week					ıs botl or/trus		compensation	compensati		amount of
	(list any	5					Ė	from the	from related		other
	hours for	dieci d				Ļ		organization	organizatio (W-2/1099-M		compensation from the
	related	ee or	trustee	1		nsate	ļ	(W-2/1099-MISC)	(** 2 1000 ***	00,	organization
	organizations	Individual trustee or director	al tru)yee	Highest compensated employee	l	`			and related
	below	la dual	Institutional	 jaj	Key employee	loyee	朣				organizations
	line)	Ē	E E	Officer	ş.	돌	Former				
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•											
			\vdash			\vdash	┢┈			-	
					l						
		_					<u> </u>	-			
						l ,					
1b Sub-total	_						<u> </u>	124,250.		0.	17,976.
c Total from continuation sheets to Part VII	, Section A						•	0.		0.	0.
d Total (add lines 1b and 1c)							•	124,250.		0.	17,976.
2 Total number of individuals (including but no	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	e e	
compensation from the organization											1
											Yes No
3 Did the organization list any former officer,	director, or tru	stee	e, ke	y en	nplo	yee,	or l	highest compensated en	nployee on		
line 1a? If "Yes," complete Schedule J for su									•		3 X
4 For any individual listed on line 1a, is the su									ne organization	į	
and related organizations greater than \$150											4 X
5 Did any person listed on line 1a receive or a	•				•		elate	ed organization or individ	lual for services		Holman January 1
rendered to the organization? If "Yes." com	olete Schedule	J fo	or su	ch r	ers.	on			.		5 X
Section B. Independent Contractors				_							
1 Complete this table for your five highest cor										pensat	tion from
the organization Report compensation for t	he calendar ye	ar e	ndın	g w	ith o	or Wi	thin T	***	ear.		
(A) Name and business	address	NIC	\NIT	,				(B) Description of s	enuces	۱ ، ر	(C) ompensation
Traine and business		146	NE	•				Description of s		—	Ompensation -
	· · · · · · · · · · · · · · · · · · ·						-+			\vdash	
•											
								•		1	
									_		
										1	
							\dashv				
2 Total number of independent contractors (in	cluding but no	t lin	nited	to t	hos	e lis	ted	above) who received mo	re than	7048	The state of
\$100,000 of compensation from the organiz	ation 🕨				0)				AL D	era na
											000

	Check if Schedule O contains a response or note to any line in this Part VIII									
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
र्घ द		Federated campaigns	1a	50,153.						
, Grants mounts	b	Membership dues	1b							
	C	Fundraising events	1c							
₽ E	d	•	1d	602 717			r16.11			
Sig.		Government grants (contribut		683,717.						
e ti	ī	All other contributions, gifts, gran similar amounts not included abor		337,625.						
울 탕		Noncash contributions included in lines	· · · · · · · · · · · · · · · · · · ·							
Contributions, Gifts and Other Similar A	_	Total. Add lines 1a-1f			2,071,495.					
				Business Code	10. 1.24.3076.3.2000.00.10000000000000000000000000000	By and a second				
بو	2 a	PROGRAM FEES		624410	424,603.	424,603.				
Program Service Revenue	b									
SE	С									
EXE	d									
5 B	е	·	·	ļ			-			
<u>-</u>	f	, ,	nue		124 602	President Cappes I Berlinger	arecii rusus C. 1986 (1986) - esti din	nii sannii salessa nii singesta		
-		Total. Add lines 2a-2f	ddamalaba		424,603.					
	3	Investment income (including other similar amounts)	aividenas, inter	est, and	8.			8.		
	4	Income from investment of tax	evemnt hand i	proceeds	•					
	5	Royalties	ecacinpt bond p	Dioceeds -						
	•		(i) Real	(ii) Personal		3875 Per 1921 1931		ANGELLIA		
	6 a	Gross rents		1						
	b	Less rental expenses								
	c	Rental income or (loss)		<u> </u>		BEAR SHIP SHIP				
	d	Net rental income or (loss)		<u> </u>	S.Lo. P. CONTRAINER V. K. n. R. BUSARSON	Long of the force of the first and the second schools of the contract of the c	100 Mills (196. 1.73 1981 PT 194.). 97. 198.	DAM		
	7 a	Gross amount from sales of	(i) Securities	(II) Other						
		assets other than inventory								
	Ь	Less cost or other basis								
	_	and sales expenses		1						
		Gain or (loss) Net gain or (loss)	L			1.1 KK	12 P. 1. 12 SERVICE STATE			
		Gross income from fundraising	events (not		ac megatickam	PESK YEAR WIL				
E	• •	including \$	of							
Revenue		contributions reported on line	1c) See							
		Part IV, line 18	a	ı <u></u> _						
Other	b	Less direct expenses	t	·[
ا ً		Net income or (loss) from fund	_		ZRYT': KSYMBYS TO 18.75FFF.		AUSSET TOTAL AND	H.T.L. F. M. SERVET TO DESCRIPTION		
	9 a	Gross income from gaming ac	tivities See							
		Part IV, line 19	ā							
		Less direct expenses	t and and waters	·	335	The state of the s		23.48374.46388		
		Net income or (loss) from game Gross sales of inventory, less								
	10 a	and allowances	2	.						
	b	Less cost of goods sold	t							
		Net income or (loss) from sale	_		1800-1900-1800-1800-1800-1800-1800-1800-	and the state of t	Laberta & Armianametric Chas			
		Miscellaneous Revenu		Business Code		Constanting				
	11 a									
	b									
	С	с								
	d		 	POS ANTHONY ARRESTS AND	种第二次。1911年 1875年 2 × 1 × 2×	CONTROL REPORTS				
	e	Total. Add lines 11a-11d			2,496,106.	424,603.	0.	8.		
	12	Total revenue. See instructions.			F / 470 / 100 .	1 242,003.	ι υ.	U •		

Form 990 (2016) EAST END HOUSE, INC.
Part IX Statement of Functional Expenses

	501(-)(0) d 501(-)(4)	-1-4111 All -41			
Secti	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respo			mplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		CAPONICO		References
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic		-	Bin Kin dhi k	Shirtaine : 140s.out
_	individuals See Part IV, line 22	33,207.	33,207.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		-		
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,040,270.	894,513.	145,757.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	127,966.	127,966.		
10	Payroll taxes	87,141.	87,141.		
11	Fees for services (non-employees)				
а	Management				
b	Legal	<u> </u>		50 050	
С	Accounting	72,870.	<u> </u>	72,870.	
đ	Lobbying		-178-5 - Tradition - Albertary Res	RTSPC D. LONGS IN LONG IN APT & 1	
e	Professional fundraising services See Part IV, line 17			TO SOME DEFINE	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
40	column (A) amount, list line 11g expenses on Sch O.)			<u> </u>	
12	Advertising and promotion	84,692.		84,692.	
13 14	Office expenses Information technology	04,052.		04,052.	
15	Royalties				
16	Occupancy			-	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,667.		9,667.	
20	Interest	7,925.		7,925.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	32,460.		32,460.	
23	Insurance	45,087.	45,087.		
24	Other expenses. Itemize expenses not covered	斯萨科斯尔·斯科			
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)	视频系统制建筑	和1000000000000000000000000000000000000	那个种的	
а	FOOD COSTS	346,653.	346,653.		
b	SUPPLIES	298,887.	298,887.		
С	DIRECT PROGRAM COSTS	183,183.	172,876.	10,307.	
d	EVENT COSTS	65,230.			65,230.
е	All other expenses	110,990.	77,165.	33,825.	<u> </u>
25	Total functional expenses. Add lines 1 through 24e	2,546,228.	2,083,495.	397,503.	65,230.
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 uf following SOP 98-2 (ASC 958-720)	<u> </u>		<u> </u>	Form 990 (2016)

Pa	T/X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A)		(B)
					Beginning of year	ļ	End of year
	1	Cash - non-interest-bearing		156,822.	1	80,900.	
	2	Savings and temporary cash investments			19,189.	2	13,541
	3	Pledges and grants receivable, net	379,000.	3	334,000		
	4	Accounts receivable, net	226,334.	4	288,523		
	5	Loans and other receivables from current and fo		·			
		trustees, key employees, and highest compensa	ted en	nployees. Complete		تحنيا	
	_	Part II of Schedule L			of #55 1975 , yet are	5	F1 F1 # 1 NO. 1 1 NO. 20 12.
	6	Loans and other receivables from other disqualit	-	•		in the same	
		section 4958(f)(1)), persons described in section					
	-2-2-12	employers and sponsoring organizations of sect			T.		
ets	_	employees' beneficiary organizations (see instr)	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			0 104	8	6,539
	9	Prepaid expenses and deferred charges	ı	1	9,104.	9	
	iua	Land, buildings, and equipment cost or other	40-	935,453.			
	.	basis Complete Part VI of Schedule D Less accumulated depreciation	10a 10b	611,109.	303,623.	40-	324,344.
	11	Investments - publicly traded securities	LIOD	011,105.	303,023.	10c	324,344
	12	Investments - other securities See Part IV, line 1		11	-		
	13	Investments - program-related See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	1,094,072.	16	1,047,847		
	17	Accounts payable and accrued expenses	-:/	135,590.	17	149,017	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	
ç,	22	Loans and other payables to current and former	officer	s, directors, trustees,	ESTABLE OF THE SECOND	第79章	
<u>I</u>		key employees, highest compensated employee	s, and	disqualified persons			
Liabilities		Complete Part II of Schedule L				22	
ت	23	Secured mortgages and notes payable to unrela	ted the	rd parties	112,359.	23	102,921.
	24	Unsecured notes and loans payable to unrelated	third j	parties		24	
	25	Other liabilities (including federal income tax, pay	/ables	to related third		ļ	
		parties, and other liabilities not included on lines	17-24)	Complete Part X of			
		Schedule D			2,531.	25	2,439.
	26	Total liabilities. Add lines 17 through 25		चि	250,480.	26	254,377
		Organizations that follow SFAS 117 (ASC 958)		k here ▶ X and		Sec. 10	
ès		complete lines 27 through 29, and lines 33 and	d 34.		612 407	الشيئات	F(2) 276
anc	27	Unrestricted net assets			612,497.	27	562,376.
Bal	28	Temporarily restricted net assets		~	231,095.	28	231,094.
ם יי	29	Permanently restricted net assets		N abasi baas N [29	Assir Basis as Sal Clauda
Ē		Organizations that do not follow SFAS 117 (As	5C 95	oj, cneck nere 📂 🔛	BOL BOLES		
S	20	and complete lines 30 through 34. Capital stock or trust principal, or current funds				- XXIII	
set	30 31	Paid-in or capital surplus, or land, building, or eq	p	at fund		30	-
AS	32	Retained earnings, endowment, accumulated inc	•				-
Net Assets or Fund Balances	33	Total net assets or fund balances	Joine,	or other lunus	843,592.	32	793,470.
	34	Total liabilities and net assets/fund balances	1,094,072.	34	1,047,847.		
	Ψ,					_ ~	Form 990 (2016

Form	990 (2016) EAST END HOUSE, INC.	04-	<u>-2104163</u>	Page 12
Pa	⊈XII 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	2,496	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,546	
3	Revenue less expenses Subtract line 2 from line 1	3		,122.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	843	<u>,592.</u>
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,	1		
,	column (B))	10	793	,470.
Pa	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u>L</u>
				Yes No
1	Accounting method used to prepare the Form 990			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both			
	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 separate	basis,	الشفا	
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	tale tanga be narbiton
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	int Esta	
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	ıt	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2016

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Total

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number EAST END HOUSE, INC. 04-2104163 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV. Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d _____ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10) organization support (see instructions) support (see instructions) Yes Nο above (see instructions))

	edule A (Form 990 or 990-EZ) 2016 E	AST END HO	OUSE, INC Described in	Sections 170(b)(1)(A)(iv) and	04-2104 (170(b)(1)(A)(vi)	
10000	(Complete only if you checke	-		-			
	fails to qualify under the tests	s listed below, plea	se complete Part I	II)			
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	İ				/	
	include any "unusual grants ")						
2	Tax revenues levied for the organ-					/	
	ization's benefit and either paid to					/	
	or expended on its behalf				<u> </u>		
3	The value of services or facilities					/	
	furnished by a governmental unit to					/	
	the organization without charge			ļ	/	ļ ļ	· · · · · · · · · · · · · · · · · · ·
4	Total. Add lines 1 through 3	ent i fore single	Singlichen applichasischen.	1,5040,501,000,000,000,000	THE STREET, THE STREET, AND ADDRESS OF THE STREE	ODDELPSA, SALKSBOLATSRIKENSKES	
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	LG 12 1					
	amount shown on line 11,						
	column (f)						
-	••			Table Park / Car	1988年の1988年の1988年の日 1988年1月2日 日本		
Sec	Public support. Subtract line 5 from line 4 ction B. Total Support	. resident later of long	東地大元 かりまた 一丁ま 48株成長	Constraint to No. 1 dates	an in the second in the second and	State for a supply "Life great of	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	la ZO1Z	(6) 2010	(6) 2014	(4) 2013	(e) 2010	(i) rotai
8	Gross income from interest,			/			
Ü	dividends, payments received on]	/	ľ			
	securities loans, rents, royalties						
	and income from similar sources		<i>[</i> .				
9	Net income from unrelated business		/				
•	activities, whether or not the				,		
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital	,	/				
	assets (Explain in Part VI)						
11		War and the				MATERIAL SEA	
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	501(c)(3)	
_	organization, check this box and stop						▶□
Se	ction C. Computation of Publi	ic Support Per	centage			, ,	
	Public support percentage for 2016			olumn (f))		14	%
	Public support percentage from 20/15					15	%
16a	33 1/3% support test - 2016. If the	=			14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization gualifies						. ▶□
t	33 1/3% support test - 2015. If the	=			line 15 is 33 1/3%	or more, check this	box
47	and stop here. The organization qual	•	• •		40.4040		
1/2	10% -facts-and-circumstances test						
	and if the organization meets the "fact meets the "facts-and-circumstances"			· ·	•	it villow the organi	Zation
						17a and Ima 15 is 1	00/ 0-
	10% -facts-and-circumstances test						U/0 UI
	more, and if the organization meets the organization meets the "facts-and-circ						▶□
18			•	•	• • •		
_10	Tivate Journation, it the Organization	AL GIG HOL CHECK A	SON OF THE 13, 10	α, 100, 17α, UL 17D		edule A (Form 990	or 990-E7\ 2016
			•		Sche	(1 51111 550 1	J. 000 LL, 2010
	•						

(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)

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		
	Gifts, grants, contributions, and membership fees received (Do not								
	include any "unusual grants ")	1902602.	1851479.	1283427.	1195371.	1496410.	7729289.		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	432,941.	616,576.	815,358.	768,426.	424,603	3057904.		
2	organization's tax-exempt purpose Gross receipts from activities that	432,341.	010,370.	013,330.	700,420.	424,0037	3037304.		
3	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	2335543.	2468055.	2098785.	1963797.	1921013.	10787193.		
72	a Amounts included on lines 1, 2, and 3 received from disqualified persons	335,000.	155,000.	110,000.	85,450.	175,000.	860,450.		
t	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						0.		
c	Add lines 7a and 7b	335,000.	155,000.	110,000.	85,450.	175,000.			
	Public support. (Subtract line 7c from line 6)	<u> </u>					9926743.		
	ction B. Total Support	·				· · · · · · · · · · · · · · · · · · ·			
	ndar year (or fiscal year beginning in)	(a) 2012 2335543.	(b) 2013 2468055.	(c) 2014 2098785.	(d) 2015 1963797.	(e) 2016	(f) Total 10787193.		
_	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	468.	137.	155.	43.	8.	811.		
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b	468.	137.	, 155.	43.	8.	811.		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)								
	Total support. (Add lines 9, 10c, 11, and 12)	2336011.	2468192.				10788004.		
14	First five years. If the Form 990 is for check this box and stop here	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	1 501(c)(3) organız	ation, ▶☐		
	ction C. Computation of Publi								
15	Public support percentage for 2016 (I	ine 8, column (f) di	vided by line 13, co	olumn (f))		15	92.02 %		
	Public support percentage from 2015					16	93.17 %		
	ction D. Computation of Inves			40 1 (0)			01		
17	· -	•		e 13, column (t))		17	.01 %		
18 19:	Investment income percentage from : a 33 1/3% support tests - 2016. If the	•	•	on line 14 and line	15 is more than 3	18 and line 1			
136	more than 33 1/3%, check this box ar						7 15 HOL ▶ X		
t	33 1/3% support tests - 2015. If the line 18 is not more than 33 1/3%, che	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	and		
20			•	· ·		-			
	O Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

Part V 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.)

	. –	
7-7-7-7	Yes	No
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10b		

		04-210416	<u>З</u> Р	age 5
Pa	rt V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		KW.	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		HPG	
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
Sec	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	17441	1 1 2	W.
-	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			
			1300	
	controlled the organization's activities. If the organization had more than one supported organization,	1		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		-	and the little
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	7000	(°, °-	i all-siles
2	Did the organization operate for the benefit of any supported organization other than the supported		A CLU	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			F. Q
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		V	1110
<u></u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			γ
_	Manage and the comment of the commen	.00368833.46	Yes	No
7	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		2 11 1	
	the supported organization(s).	1 1	_	<u> </u>
Sec	tion D. All Type III Supporting Organizations			r
_		. / 5.0 % L.O.O.O.	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		ני ב ע ג	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		1, 1,,,	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		أثلثاثا	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	name front	2077 DES., 2008 BH
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		节轉	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	3345	<u> </u>	-113
	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			
	supported organizations played in this regard.	3		L
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	uctions)		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	(see instructions)		
2	Activities Test Answer (a) and (b) below		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		P.M	33
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	HTE F		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	The fight of the control of the cont	, '	
	how the organization was responsive to those supported organizations, and how the organization determined	100	7 4	
	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	Prev	hr:#1	***
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1 13	9400
	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	CHEC	n in	ÇREI
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		大学学	
	trustees of each of the supported organizations? Provide details in Part VI	3a		- Carrier
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		ان ي سر	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	dule A (Form 990 or 990-EZ) 2016 EAST END HOUSE, INC.			4-2104163 Page 6	
<u> ምብ</u> 1	Type III Non-Functionally Integrated 509(a)(3) Supporting Check here if the organization satisfied the Integral Part Test as a qualifying			art VI) See instructions. Al	
	other Type III non-functionally integrated supporting organizations must co			,	
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 - Mınimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see	F27, 535			
•	instructions for short tax year or assets held for part of year)	F- 4			
	Average monthly value of securities	1a	14 Mary 1 mary 1	TO MARKET AND THE PROPERTY OF STREET	
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
	Discount claimed for blockage or other			3.000 (1.15.15 (1.15.15 (1.15.15 (1.15.15 (1.15.15 (1.15.15 (1.15.15 (1.15.15 (1.15.15 (1.15.15 (1.15.15 (1.15	
Ĭ	factors (explain in detail in Part VI)				
2		2	2999A. 1. C. M. (847). T. T. 4360-47. A. 75960-8	STREET, STREET, STREET, STREET, STREET, STREET,	
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		<u>" </u>	
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	AL MICH. CARREST		
4	Enter greater of line 2 or line 3	4	TO THE THE PARTY OF		
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-functiona		ated Type III supporting organ	nization (see	
	instructions)		,, _(F)	V. · ·	

Schedule A (Form 990 or 990-EZ) 2016

9	Distributable amount for 2016 from Section C. line 6			
	Distributable amount for 2016 from Section C, line 6	 		
10	Line 8 amount divided by Line 9 amount		T	<u></u>
		(i)	(ii) Underdistributions	(iiı) Distrıbutable
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2016	Amount for 2016
		mater	an omean removed and the more than making a	
1	Distributable amount for 2016 from Section C, line 6		Water the Company	
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI) See instructions	Reastanatanem		
3	Excess distributions carryover, if any, to 2016	据了课、建议了我们想		
a	的"我们是我们的"我们"的"我们"。 第一章			
b		於5. 器。 "被5.5 器"。 据		
c	From 2013	Sheideralder Eft ing	AND MARK SAMPLY	
d	From 2014		生物的数的强的	
е	From 2015	EXCENSION MANAGEMENT		
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount	ng way be graphing		
i	Carryover from 2011 not applied (see instructions)		16146 in Marchines	
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D,	PROPERTY		
	line 7 \$			
a	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount	REVOLUTE DESCRIPTION	TENDER TRUE	
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if	NORTH PERSON		
-	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			275-W 1 00'S 1 1 10
-	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3	TOTAL SECURITION OF SECURITION		
•	and 4c			
8	Breakdown of line 7			
a				
	Excess from 2013			Para review to the Co
	Excess from 2014			
	Excess from 2015		THE PARTY OF THE P	
<u>u</u>	LACESS HOITI 2015	THE WORLD IN THE STATE OF THE S	a forth Martine - market Hand - State & restricted to	IC Significant Company of the Com

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

Section D - Distributions

4 Amounts paid to acquire exempt-use assets

(provide details in Part VI) See instructions

Schedule A	(Form 990 or 990-EZ) 2016 EAST END HOUSE, INC.	04-2104163 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additing (See instructions)	1 and 2, Part IV, Section C, V. Section B. line 1e. Part V.
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Nam	e of the organization EAST END HOUSE, IN	C.	Employer identification number 04-2104163
IPai	Organizations Maintaining Donor Advise		Accounts. Complete if the
102	organization answered "Yes" on Form 990, Part IV, Iir		Complete ii the
	organization anomorous 100 on 100 of 1 accre, in	(a) Donor advised funds	(b) Funds and 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	writing that the assets held in donor advised fi	ınds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	-	—
•	for charitable purposes and not for the benefit of the donor of	· · · · · · · · · · · · · · · · · · ·	•
	impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	Yes No
<u>[Pai</u>	Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part	
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historica	ally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the orga	anization during the tax
	year ▶	_	
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conserva	ition easements during the year
-	Amount of avances included in monitoring increasing have	dina at malations, and automorphism	and the second s
7	Amount of expenses incurred in monitoring, inspecting, hand > \$	uling of violations, and emorcing conservation	easements during the year
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170(b)(A)	(P)(i)
0	and section 170(h)(4)(B)(ii)?	e satisfy the requirements of section 17 o(n)(4)	Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and evnence state	
•	include, if applicable, the text of the footnote to the organiza	· ·	
	conservation easements.	tion o interioral otatements that accombes the c	riganization 5 accounting for
[Pai	Companizations Maintaining Collections of	Art, Historical Treasures, or Other	Similar Assets.
L	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherance of	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items	•
ь	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of public s	service, provide the following amounts
	relating to these items	·	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gair	
	the following amounts required to be reported under SFAS 1	_	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990. Part X		• •

Sche	dule D (Form 990) 2016 EAST EN	D HOUSE, I	NC.				_	04-21	04163	_ Page 2
Pa	t III Organizations Maintaining C	collections of Ar	t, Hist	orical Tre	asures, o	r Other	Simila	r Assets	S (continue	ed)
3	Using the organization's acquisition, accessi (check all that apply)	on, and other record	ls, check	cany of the f	following tha	t are a sig	ınıficant u	ise of its o	collection it	ems
а	Public exhibition	•	d 🔲	Loan or exc	hange progr	ams				
b	Scholarly research	•	e 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	ie organizati	on's exem	pt purpo	se ın Part	XIII	
5	During the year, did the organization solicit of				· · · · · · · · · · · · · · · · · · ·	er sımılar	assets	_	_	
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or									
Pai			lete if the	e organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contributions	s or other as	sets not ir	ncluded		٦.,	
_	on Form 990, Part X?	and complete the fo	llavina t	iabla					」Yes	No
D	If "Yes," explain the arrangement in Part XIII	and complete the lo	llowing t	able					Amount	
С	Beginning balance						1c		Amount	
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f	_		
	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	istodial acco	unt liabilit			Yes	No
	If "Yes," explain the arrangement in Part XIII						•		J ***	
Par		if the organization ar	nswered	"Yes" on Fo	rm 990, Parl	t IV, line 1	0			
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four ye	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships		ļ							
е	Other expenditures for facilities									
	and programs		<u> </u>					· · · · · · · · · · · · · · · · · · ·		
f	Administrative expenses							-		
g	End of year balance	L			<u> </u>					
2	Provide the estimated percentage of the curr	rent year end balanc		g, column (a)) held as					
_	Board designated or quasi-endowment		_%							
b	Permanent endowment ► Temporarily restricted endowment ►	%								
·	The percentages on lines 2a, 2b, and 2c sho	%								
3a	Are there endowment funds not in the posse	•	ation tha	t are held an	nd administer	red for the	organiza	ation		
- Ju	by	ocion of the organiza	20011 010	it are ricid ar	ia aarriii iiotoi	100 101 111	organiza	111011	Īv	es No
	(i) unrelated organizations								3a(i)	25 110
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	ed on S	chedule R?					3b	\neg
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" on Form 990), Part IV	/, line 11a S	ee Form 990	, Part X, I	ne 10.			
	Description of property	(a) Cost or o basis (investr		(b) Cost basis	or other (other)		cumulate reciation	ed	(d) Book v	/alue
1a	Land			3	7,500.				37,	,500.
b	Buildings				3,670.	4	26,18		187	,485.
С	Leasehold improvements				6,298.		72,62			,672.
d	Equipment			-	0,619.	1	04,9		15	,687.
	Other				7,366.		7,30	56.		0.
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	qual Form 990. Part	X. colun	nn (B). line 10	Oc.)				324	,344.

Schedule D (Form 990) 2016

632053 08-29-16

Complete if the organization answered "Yes" of	on Form 990, Part IV, III	ne 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 o	r 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.)		建型的原理器的原理器的原理器	通信证明的关系即位的证券 第個相
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, lir	ne 11c See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost of	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.)		NEW TORKNING TO THE TORKNING TO THE TORKNING TO THE TORKNING TO THE TORKNING TO THE TORKNING TO THE TORKNING TO THE TORKNING TO THE TORKNING TO THE TORKNING TO THE TORKNING TO THE TORKNING TO THE TORKNING TO THE TORKNING TO THE TORKNING TO THE TORKNING TO THE TORKNING TO THE TORKNING TO THE TORKNING TO THE TORKNING THE TORKNING TO THE TORKNING THE TORKNING THE TORKNING TO THE TORKNING THE TO	
Part IX Other Assets.			
Complete if the organization answered "Yes" or	on Form 990, Part IV, Iir	ne 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.)		<u> </u>
Pärt X Other Liabilities.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, Iir		e 25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) DEPOSITS		2,439.	
(3)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(4)		2 F 1 P 1 P 1 P 1 P 1 P 1 P 1 P 1 P 1 P 1	
(5)			
(7)			
(8)			
(9)		· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, col. (B) line		2,439.	in the state of th
Liability for uncertain tax positions. In Part XIII, provide t		_	· —
organization's liability for uncertain tax positions under f	FIN 48 (ASC 740)_Chec	ck here if the text of the footnote has be	en provided in Part XIII

	dule D (Form 990) 2016 EAST END HOUSE, INC.		04-2104163 Page
Ŗar	Reconciliation of Revenue per Audited Financial Statem		e per Heturn.
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	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	ا ما	
	Net unrealized gains (losses) on investments Donated services and use of facilities	2a	
b	Recoveries of prior year grants	2b	
ď	Other (Describe in Part XIII)	2c 2d	
	Add lines 2a through 2d		20
3	Subtract line 2e from line 1		2e 3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
	Add lines 4a and 4b	<u> 40 j</u>	4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 '
	tXIII Reconciliation of Expenses per Audited Financial Staten	nents With Expens	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	-	•
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)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		5
3.00	t ³ XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pai		art V, line 4, Part X, line 2, Part XI,
ines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any ad	ditional information	
		·	
	· · · · · · · · · · · · · · · · · · ·		
		•	
-			
			· · · · · · · · · · · · · · · · · · ·
		•	
		-	

SCHEDULE I	
(Form 990)	

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22 Attach to Form 990

OMB No 1545-0047

Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.							Inspection	
Name of the organiza					_			Employer identification number
		HOUSE, IN	c.					04-2104163
	Information on Grants a			<u>.,</u>				
	ization maintain records		amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi-	stance, and the select	
	award the grants or assist IV the organization's pro				4 64-4			X Yes No
	nd Other Assistance to					anization encurored "V	/oc* on Form 000. Port	IV inc 21 for any
	that received more than !					anization answered	es on Folin 550, Fai	TV, line 21, for any
1 (a) Name and a	address of organization overnment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
								<u> </u>
							_	
2 Enter total num	ber of section 501(c)(3) a	nd government org	ganizations listed in the	line 1 table			<u> </u>	

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

632101 11-01-18

Schedule I (Form 990) (2016) EAST END HOUSE,	INC.				04-2104163 Page 2
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed	Complete if the	organization answ	ered "Yes" on Form 9	990, Part IV, line 22	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL AID FOR PROGRAMS BASED ON NEED	24	33,207.	0.	PAIR MARKET VALUE	FINANCIAL AID FOR PROGRAMS BASED ON NEED
Part IV Supplemental Information Provide the information reg	B-Alli-	- 0. D	(1)		
PART I, LINE 2:	uired in Part I, IIn	e 2, Part III, column	(b), and any other ac	oditional information	
FINANCIAL AID IS DETERMINED AFTER	A COMPREH	ENSIVE ASS	SESSMENT OF	' A CHILD'S	
FINANCIAL NEED.					
	-				
632102 11-01-16					Schedule I (Form 990) (2016)

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

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

OMB No 1545-0047

Open To Public

Name of the organization

EAST END HOUSE, INC.

Employer identification number 04-2104163

Ira	न्स्याः Iypes of Property	(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 10	noncash	(d) nod of determining contribution amounts
1	Art - Works of art		Terrio con anoctos	TOTAL SOO, T UIL VIII, IIIC 15	4	·
2	Art - Historical treasures					- "
3	Art - Fractional interests					····
4	Books and publications					
5	Clothing and household goods		1, "1, "1, "1, "1, "1, "1, "1, "1, "1, "		1	
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded					
10	Securities - Closely held stock	-				
11	Securities - Partnership, LLC, or					<u> </u>
	trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution -					
	Historic structures					
14	Qualified conservation contribution - Other					
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles					
19	Food inventory	X		346,653	COST OF	THE DONATION
20	Drugs and medical supplies					 .
21	Taxidermy				<u> </u>	
22	Historical artifacts					··· · · · · · · · · · · · · · · · · ·
23	Scientific specimens					
24	Archeological artifacts				ļ	
25	Other (SUPPLIES)	X	0	228,432	COST OF	THE DONATION
26	Other				ļ	
27	Other • ()					
<u>28</u>	Other (<u>i</u>	
29	Number of Forms 8283 received by the organiz					
	for which the organization completed Form 828	33, Part IV, [Donee Acknowledg	ement 29		
						Yes No
30a	During the year, did the organization receive by				•	ricing spile there
	must hold for at least three years from the date		I contribution, and	which isn't required to be i	used for	
	exempt purposes for the entire holding period?	•				30a X
	If "Yes," describe the arrangement in Part II					
31	Does the organization have a gift acceptance p	•	•	•		31 X
32a	Does the organization hire or use third parties of	or related or	ganizations to solic	cit, process, or sell noncash	ı	<u>.</u> .
_	contributions?					32a X
	If "Yes," describe in Part II					
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is che	ecked,	
	describe in Part II					

Schedule M	(Form 990) (2016) EAST END	HOUSE, INC.		04-2104163	Page 2
Part II	Supplemental Information. Find its reporting in Part I, column (b), the rights part for any additional information	rovide the information required umber of contributions, the nur in.	by Part I, lines 30b, 32b, and 33 nber of items received, or a com	, and whether the organization of both. Also comple	on ete
					_
				<u>-</u>	
			-		
		<u></u>			
					
			· · · · · · · · · · · · · · · · · · ·		
					
			.,		
	· · · · · · · · · · · · · · · · · · ·				

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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 116 Open to Public Inspection

Name of the organization

EAST END HOUSE, INC.

Employer identification number 04-2104163

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
END HOUSE PROVIDES SUPPORT SERVICES TO A DIVERSE POPULATION, FROM
INFANTS TO SENIORS, TO STRENGTHEN FAMILY AND COMMUNITY.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
DIMENSIONS. TAKEN TOGETHER, THESE ASSESSMENTS' NOT ONLY MEASURE
PROGRAM QUALITY, BUT ALSO HELP TEACHERS TAILOR LESSONS TO MEET THE
INDIVIDUAL NEEDS OF CHILDREN'S IN THE CLASSROOMS. IN THE 2017 SCHOOL
YEAR, 100% OF OUR GRADUATES WERE ACADEMICALLY, SOCIAL-EMOTIONALLY, AND
PHYSICALLY PREPARED FOR KINDERGARTEN - AS MEASURED BY THE
EVIDENCE-BASED ASSESSMENT TOOLS. THE CHILD CARE PROGRAM ALSO INCLUDES
POWERFUL PARENTING, AN 8-WEEK SERIES OF WORKSHOPS DESIGNED TO HELP THEM
LEARN ABOUT THEIR CHILD'S DEVELOPMENT, SKILLS FOR MANAGING DIFFICULT
BEHAVIOR, HOW TO KEEP THEIR CHILDREN SAFE AND HEALTHY, AND THE
STRATEGIES TO ENSURE ALL CHILDREN REACH THEIR FULL POTENTIAL.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
AFTER SCHOOL/CAMPS PROVIDE AFFORDABLE AFTERSCHOOL CARE, 60 SUMMER FUN
CAMPERS AND RECREATIONAL PROGRAMMING FOR CHILDREN 5-14 FOR
APPROXIMATELY 350 FAMILIES OF LOW INCOME AND THE WORKING POOR. THE
EMERGENCY FOOD PROGRAM OFFERS AN EMERGENCEY FOOD PANTRY AND FREE
FARMER'S MARKET, TO PROVIDE FRESH PRODUCE, MEAT, DAIRY, WHOLE GRAINS
AND OTHER NON-PERISHABLE FOOD TO OVER 300 FAMILIES EACH MONTH.
EXPENSES \$ 52,495. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,072.

A COPY OF THE FORM 990 WAS PROVIDED TO THE BOARD OF GOVERNANCE IN DRAFT

FORM PRIOR TO FILING. AFTER REVIEWING AND MAKING CHANGES, THE BOARD

APPROVED THE FILING.

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

EACH MEMBER OF THE BOARD OF DIRECTORS IS ASKED TO SIGN A STATEMENT ANNUALLY ACKNOWLEDGING THAT THEY HAVE READ THE POLICY AND DISCLOSED ANYTHING THAT MAY POTENTIALLY BE A CONFLICT. IN ADDITION THERE IS A DETERMINATION LETTER THAT IS COMPLETED BY A BOARD MEMBER OR STAFF WHO FEEL THEY MAY BE INVOLVED IN A DEALING THAT COULD CONSTITUTE A CONFLICT OF INTEREST. AFTER THE AFFECTED INDIVIDUAL COMPLETES THE LETTER THE BOARD REVIEWS IT AND MAKES A DETERMINATION OF THE ACTION TO BE TAKEN.

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

COMPENSATION DECISIONS REGARDING THE CEO'S COMPENSATION ARE MADE BY THE

EXECUTIVE/COMPENSATION COMMITTEE OF THE BOARD AND ARE REVIEWED AND APPROVED

BY THE FULL BOARD. THE REVIEW PROCESS INCLUDES A THOROUGH REVIEW OF THE

CEO'S PERFORMANCE MEASURED AGAINST GOALS, REVIEW OF COMPARABILITY DATA FROM

SIMILAR ORGANIZATIONS' FORMS 990, AND INDEPENDENT SALARY STUDIES OF SIMILAR

POSITIONS IN SIMILAR ORGANIZATIONS.

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

EAST END HOUSE INC. MAKES AVAILABLE ITS FORMS 990, MASSACHUSETTS FORM PC,

BY-LAWS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS TO THE

PUBLIC UPON REQUEST. THE PUBLIC ALSO HAS ACCESS TO THE FORMS 990 AND OTHER

INFORMATION THROUGH THE MASSACHUSETTS ATTORNEY GENERAL'S DIVISION OF PUBLIC

CHARITIES WEBSITE AND THE GUIDESTAR WEBSITE.