

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

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017

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

C Name of organization
LESSIE BATES DAVIS NEIGHBORHOOD HOUSE INC
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
1200 NORTH 13TH STREET
City or town, state or province, country, and ZIP or foreign postal code
EAST ST LOUIS, IL 62205
F Name and address of principal officer
REV GARY GASTON
800 OLIVE STREET APT 1119
ST LOUIS, MO 63104

D Employer identification number
37-0662522
E Telephone number
(618) 874-0777
G Gross receipts \$ 9,920,550

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527
J Website: WWW LESSIEBATESDAVIS ORG

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1968 **M** State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
COMPREHENSIVE COMMUNITY SERVICES
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets
3 Number of voting members of the governing body (Part VI, line 1a) **3** 27
4 Number of independent voting members of the governing body (Part VI, line 1b) **4** 27
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) **5** 248
6 Total number of volunteers (estimate if necessary) **6** 58
7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a** 0
7b Net unrelated business taxable income from Form 990-T, line 34 **7b**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	5,098,955	7,677,362
9 Program service revenue (Part VIII, line 2g)	1,929,767	1,026,711
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,303	297,147
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	66,009	25,970
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,104,034	9,027,190
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,586,618	1,533,085
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,775,277	3,905,673
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶32,847		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,577,998	3,563,457
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,939,893	9,002,215
19 Revenue less expenses Subtract line 18 from line 12	164,141	24,975

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	5,104,231	5,340,194
21 Total liabilities (Part X, line 26)	329,595	734,869
22 Net assets or fund balances Subtract line 21 from line 20	4,774,636	4,605,325

Part II Signature Block

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

Sign Here

Signature of officer Date 2018-05-18
REV GARY GASTON DIRECTOR
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name Preparer's signature Date
KEVIN J TEPEN KEVIN J TEPEN 2018-05-25
Check if self-employed PTIN P00296127
Firm's name ▶ CJ SCHLOSSER & COMPANY LLC Firm's EIN ▶ 37-1031116
Firm's address ▶ 233 E CENTER DR Phone no (618) 465-7717
ALTON, IL 620025931

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

COMPREHENSIVE COMMUNITY SERVICES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 760,381 including grants of \$ 69,327) (Revenue \$ 550) See Additional Data

4b (Code) (Expenses \$ 1,670,175 including grants of \$ 1,092,282) (Revenue \$) See Additional Data

4c (Code) (Expenses \$ 688,966 including grants of \$ 6,600) (Revenue \$) See Additional Data

(Code) (Expenses \$ 4,479,114 including grants of \$ 364,876) (Revenue \$ 1,026,161)

THE HOMEMAKERS PROGRAM PROVIDES IN-HOME PERSONAL CARE TO ELDERLY PERSONS 60 YEARS OF AGE OR OLDER WHO ARE BLIND, HANDICAPPED, OR DISABLED IN AN EFFORT TO PREVENT UNNECESSARY INSTITUTIONALIZATION FAMILY RESOURCE CENTER - THE FAMILY RESOURCE CENTER PROGRAM PROVIDES A VARIETY OF ACADEMIC ENRICHMENT, ARTS & CRAFTS, RECREATION, YOUTH LEADERSHIP AND YOUTH DEVELOPMENT ACTIVITIES FOR CHILDREN AND YOUTH IN THE COMMUNITY IT ALSO PROVIDES ADMINISTRATION AND COORDINATION OF SERVICES LOCATED IN HOUSING PROJECTS OF THE ST CLAIR COUNTY HOUSING AUTHORITY'S BUILDINGS FOR YEAR-ROUND PROGRAMMING THE DAYCARE PROGRAM - AT-RISK INFANT/TODDLER PROGRAM IS DESIGNED TO PROVIDE A CHILD WITH OPTIMAL SUBSTITUTE PARENTAL CARE IN AN EFFORT TO ENABLE PARENTS TO COMPLETE THEIR EDUCATION OR TRAINING THE INDIVIDUAL & FAMILY SUPPORT PROGRAM PROVIDES EMERGENCY CASH GRANTS OR OTHER VENDOR PAYMENTS OR LOANS FOR EMERGENCY UTILITY ASSISTANCE, RENTAL, MEDICAL, CLOTHING AND SHELTER ASSISTANCE TO ASSURE THAT THE BASIC NECESSITIES OF LIFE ARE BEING MET FOR THE INDIVIDUALS AND FAMILIES IN THE COMMUNITY THE TANF SCHOLARSHIP PROGRAM PROVIDES SCHOLARSHIPS TO LOW-INCOME PARENTS IN AN EFFORT TO ASSIST THEM IN COMPLETING THEIR HIGHER EDUCATION GOALS AT AN ILLINOIS STATE COLLEGE OR UNIVERSITY THE TANF SCHOLARSHIP PROGRAM PROVIDED DIRECT FINANCIAL ASSISTANCE TO TANF STUDENTS IN ORDER FOR THE STUDENTS TO REMAIN ENROLLED IN COLLEGE OR UNIVERSITY CLASSES IN ORDER TO OBTAIN AND MAINTAIN EMPLOYMENT AND TAKE STEPS TOWARDS SELF-SUFFICIENCY THE HEALTHY FAMILIES PROGRAM PROMOTES POSITIVE PARENT-CHILD INTERACTION, HEALTHY CHILDHOOD GROWTH AND DEVELOPMENT, AND ENHANCES FAMILY FUNCTIONING BY BUILDING TRUSTING RELATIONSHIPS, TEACHING PROBLEM-SOLVING SKILLS AND IMPROVING THE FAMILY'S SUPPORT SYSTEM PARTICIPANTS MUST BE NEW PARENTS WITH A CHILD BIRTH TO TWO WEEKS, A FIRST-TIME PREGNANT WOMAN, OR A TEENAGE PARENT THE TEEN REACH PROGRAM PROVIDES RECREATION, FIELD TRIPS AND AFTER-SCHOOL AND SUMMER ACTIVITIES FOR AREA CHILDREN AND YOUTH AT LOCAL SCHOOLS THE YOUTH SERVICES PROGRAM PROVIDES 24-HOUR CRISIS INTERVENTION, ADVOCACY, AND COUNSELING TO YOUTH AND FAMILIES IN THE METRO-EAST AREA THE TANF JOB PLACEMENT WITH RETENTION PROGRAM SEEKS TO PROVIDE JOB SKILLS TRAINING, JOB PLACEMENT AND JOB RETENTION SERVICES TO PERSONS RECEIVING BENEFITS THROUGH THE TEMPORARY ASSISTANCE FOR NEEDY FAMILIES PROGRAM THE PROGRAM WILL PROVIDE THE FOLLOWING TO ITS PARTICIPANTS ORIENTATION, EMPLOYABILITY ASSESSMENTS, EMPLOYMENT PLAN DEVELOPMENT, EDUCATIONAL SCREENING, JOB READINESS TRAINING, JOB SKILLS TRAINING, JOB SEARCH ASSISTANCE, JOB PLACEMENT AND JOB RETENTION SERVICES THE MARY BROWN COMMUNITY CENTER PROGRAM WAS DEVELOPED TO PROVIDE PROGRAMMING FOR CHILDREN, YOUTH, FAMILIES, AND ELDERLY INDIVIDUALS IN EAST ST LOUIS AND SURROUNDING COMMUNITIES THE MAJOR GOAL OF THE PROGRAM IS TO INCREASE THE ACCESSIBILITY OF INDIVIDUAL AND FAMILY SUPPORTIVE SERVICES WHERE PARENTS AND FAMILY MEMBERS RECEIVE THE NEEDED SUPPORT AND GUIDANCE TO PROVIDE A CARING AND RESPONSIVE ENVIRONMENT IN THEIR ROLE AS THE PRIMARY CARE GIVERS AND EDUCATORS OF CHILDREN THIS PROGRAM IS ALSO DESIGNED TO INCREASE THE LEVEL OF AFTER-SCHOOL AND OUT-OF-SCHOOL PROGRAMMING FOR CHILDREN AND YOUTH NEEDED TO SUPPORT WORKING PARENTS THE PRE-KINDERGARTEN PROGRAM IS AN EARLY CARE AND EDUCATIONAL PROGRAM FOR "AT-RISK" PRESCHOOL AGED CHILDREN THE PRE-K PROGRAM IS DESIGNED TO OFFER SPECIALIZED TRAINING AND EDUCATIONAL NEEDS IDENTIFIED THROUGH A DEVELOPMENTAL SCREENING PROCESS CHILDREN WILL RECEIVE SPEECH AND LANGUAGE SCREENING TO IDENTIFY THOSE WITH SPEECH DELAYS THE PRE-K PROGRAM ALSO PROVIDES ON-GOING ASSESSMENTS THAT WILL BE USED TO MEASURE, ADJUST AND IMPROVE AND REPORT STUDENT PROGRESS THE MIGRANT HEAD START PROGRAM PROVIDES COMPREHENSIVE CHILD DEVELOPMENT SERVICES TO LOW INCOME LATINO CHILDREN FROM BIRTH TO AGE 5, PREGNANT LATINO WOMEN, AND THEIR FAMILIES, WITH A SPECIAL FOCUS ON HELPING PRESCHOOLERS DEVELOP THE EARLY READING AND MATH SKILLS THEY NEED TO BE SUCCESSFUL IN SCHOOL THEY ARE CHILD-FOCUSED PROGRAMS AND HAVE THE OVERALL GOAL OF INCREASING THE SOCIAL COMPETENCE OF YOUNG CHILDREN IN LOW-INCOME FAMILIES THE TRINITY OUTREACH CENTER PROGRAM PROVIDES AFTER-SCHOOL EDUCATION AND YOUTH DEVELOPMENT SERVICES TO SCHOOL AGED YOUTH THE PROGRAM SEEKS TO ENHANCE YOUTH'S ACADEMIC, RECREATIONAL, LEADERSHIP AND COMMUNITY INVOLVEMENT SKILLS THE TRINITY OUTREACH CENTER PROGRAM ALSO SERVE AN OUTREACH CENTER WHICH OFFERS, A COMMUNITY COMPUTER LAB, INFORMATION AND REFERRAL SERVICES, LIBRARY SERVICES, AND JOB SEARCH FOR COMMUNITY RESIDENTS PREVENTION INITIATIVE - PROVIDING A SURE START PROVIDES EARLY CHILDHOOD PREVENTION SERVICES FOR PARENTS WITH CHILDREN BIRTH TO FIVE YEARS PASS IS AN EARLY INTERVENTION/PREVENTION PROGRAM DESIGNED TO SIGNIFICANTLY BETTER PREPARE CHILDREN AND PARENTS TO ASSIST THEIR CHILDREN IN ASSURING "A SURE START- AND A SUCCESSFUL SCHOOL EXPERIENCE THE PROGRAM PROVIDES PARENT TRAINING, CHILD DEVELOPMENT AND LIFE SKILLS CLASSES IN CONJUNCTION WITH COMPREHENSIVE CASE COORDINATION TO CHILDREN BIRTH TO 3 YEARS OF AGE AND THEIR PARENTS ACTIVITIES AND SERVICES ARE PROVIDED IN THE HOMES OF THE PARENTS AND AT THE CENTER PASS IS A CERTIFIED PARENTS AS TEACHERS PROGRAM THE PROGRAM SERVES MORE THAN 150 FAMILIES AND OVER 150 LOW-INCOME CHILDREN 21ST CENTURY PROGRAM - THIS PROGRAM SUPPORTS THE CREATION OF COMMUNITY LEARNING CENTERS THAT PROVIDE ACADEMIC ENRICHMENT OPPORTUNITIES DURING NON-SCHOOL HOURS FOR CHILDREN, PARTICULARLY WHO ATTEND HIGH-POVERTY AND LOW-PERFORMING SCHOOLS THE PROGRAM HELPS STUDENTS MEET STATE AND LOCAL STUDENT STANDARDS IN CORE ACADEMIC SUBJECTS, SUCH AS READING AND MATH, OFFERS STUDENTS A BROAD ARRAY OF ENRICHMENT ACTIVITIES THAT CAN COMPLEMENT THEIR REGULAR ACADEMIC PROGRAMS, AND OFFERS LITERACY AND OTHER EDUCATIONAL SERVICES TO THE FAMILIES OF PARTICIPATING CHILDREN PARENT ENGAGEMENT OPPORTUNITIES ARE CREATED TO ENCOURAGE THE PRESENCE AND INVOLVEMENT OF A CHILD'S PARENTS TO ASSIST WITH PROTECTING CHILDREN FROM A NUMBER OF VULNERABILITIES MORE ENGAGED PARENTS, WHETHER LIVING WITH OR APART FROM THEIR CHILDREN, CAN HELP FOSTER A CHILD'S HEALTHY PHYSICAL, EMOTIONAL, AND SOCIAL DEVELOPMENT JTED PROGRAM - JTED/EPIC CONNECTS PARTICIPANTS WITH THE NEIGHBORHOOD HOUSE, COMMUNITY COLLEGES, AND OTHER SERVICE PROVIDERS TO COMPREHENSIVELY MEET THEIR EDUCATION, TRAINING AND SOCIAL SERVICE NEEDS SERVICES ARE DESIGNED TO ENABLE PARTICIPANTS TO OVERCOME SIGNIFICANT BARRIERS, RECEIVE NEEDED TRAINING, AND OBTAIN ENTRY-LEVEL EMPLOYMENT EACH PARTICIPANT WILL DEVELOP A CAREER PLAN TO STACK AND LATTICE INDUSTRY RECOGNIZED CREDENTIALS ALLOWING THEM TO MOVE UPWARD ON A CAREER LADDER IN HIGH-DEMAND INDUSTRY SECTORS CAREER AND CASE MANAGEMENT SERVICES WILL BE PROVIDED AT ACCESSIBLE LOCATIONS TO PARTICIPANTS RSVP PROGRAM - RSVP PROVIDES VOLUNTEER OPPORTUNITIES FOR RETIRED PERSONS IN THE COMMUNITY THROUGH THIS PROGRAM, RETIRED VOLUNTEERS CAN MAKE A DIFFERENCE IN THEIR OWN COMMUNITY THROUGH VOLUNTEERING WITH COMMUNITY ACTION GROUPS, AT LOCAL DAY CARES OR OTHER COMMUNITY SITES RECRUITS AND TRAINS VOLUNTEERS 55 YEARS OF AGE AND OLDER WHO PROVIDE A BROAD RANGE OF COMMUNITY SERVICES TO MORE THAN 25 DIFFERENT ORGANIZATIONS SERVES MORE THAN 1,000 COMMUNITY RESIDENTS WRAPAROUND - WRAPAROUND IS AN INTENSIVE, FAMILY DRIVEN AND STRENGTHS BASED PROCESS THAT SUPPORTS FAMILIES STAYING TOGETHER THROUGH THE DEVELOPMENT AND FACILITATIONS OF EFFECTIVE CHILD AND FAMILY TEAMS ANY WILLING AND INTERESTED FAMILY WHO HAS A DCFS CASE IN ST CLAIR COUNTY AND IS RECEIVING INTACT SERVICES OR HAS A GOAL TO RETURN HOME IS ELIGIBLE DCFS/POS CASE WORKERS MAY REFER FAMILIES CHILD AND FAMILY TEAMS MAY BE GRANTED FLEXIBLE FUNDING FOR NEEDS OR GAPS IN SERVICES AS DETERMINED BY THE CHILD AND FAMILY TEAM TO ASSIST THE FAMILY IN MEETING THEIR GOALS

4d Other program services (Describe in Schedule O) (Expenses \$ 4,479,114 including grants of \$ 364,876) (Revenue \$ 1,026,161)

4e Total program service expenses 7,598,636

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9 Did the organization report an amount in Part X, line 21 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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (27); 1b Enter the number of voting members included in line 1a, above, who are independent (27); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); 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? (No); 16b 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

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (IL); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (RITA BROWN 1200 N 13TH STREET EAST ST LOUIS, IL 62205 (618) 874-0777)

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							102,060		16,247	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **1**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	638,346				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	5,100,797				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,938,219				
	g Noncash contributions included in lines 1a-1f \$ _____		1,449,504				
	h Total. Add lines 1a-1f		7,677,362				
Program Service Revenue		Business Code					
	2a PROGRAM FEES	624100	686,198	686,198			
	b IDOA FEES AND CONTRACTS	624100	340,513	340,513			
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		1,026,711					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		71,474			71,474	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)		225,673	225,673		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a MISCELLANEOUS	900099	25,970	25,970				
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d		25,970					
12 Total revenue. See Instructions		9,027,190	1,278,354			71,474	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	1,533,085	1,533,085		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	166,496	158,171	8,325	
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.	3,240,030	2,957,761	282,269	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	31,544	24,689	6,855	
9 Other employee benefits.	54,905	43,298	11,607	
10 Payroll taxes.	412,698	404,455	8,243	
11 Fees for services (non-employees):				
a Management.				
b Legal.	5,210		5,210	
c Accounting.	25,590		25,590	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,521,550	1,147,459	372,919	1,172
12 Advertising and promotion.				
13 Office expenses.	645,252	501,269	125,756	18,227
14 Information technology.				
15 Royalties.				
16 Occupancy.	440,496	281,515	158,570	411
17 Travel.	152,404	122,089	30,126	189
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	95,362	37,134	51,684	6,544
20 Interest.	8,597	6,635	1,892	70
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	162,243		162,243	
23 Insurance.	94,235	75,903	18,324	8
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a EQUIPMENT EXPENSE	264,321	198,663	61,259	4,399
b PROGRAM ACTIVITIES	57,200	54,375	1,180	1,645
c EQUIPMENT REPAIRS	41,884	34,069	7,633	182
d AWARDS AND GRANTS	32,152	14,015	18,137	
e All other expenses	16,961	4,051	12,910	
25 Total functional expenses. Add lines 1 through 24e.	9,002,215	7,598,636	1,370,732	32,847
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	379,548	1	367,776
	2 Savings and temporary cash investments	170,105	2	156,010
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,384,203	4	1,347,920
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	29,923	9	31,585
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	4,743,476		
	b Less accumulated depreciation	2,144,423		
		2,365,106	10c	2,599,053
	11 Investments—publicly traded securities	775,346	11	837,850
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,104,231	16	5,340,194	
Liabilities	17 Accounts payable and accrued expenses	202,547	17	593,004
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	126,648	23	141,865
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	400	25	
	26 Total liabilities. Add lines 17 through 25	329,595	26	734,869
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	4,715,658	27	4,605,325
	28 Temporarily restricted net assets	58,978	28	
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	4,774,636	33	4,605,325
	34 Total liabilities and net assets/fund balances	5,104,231	34	5,340,194

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,027,190
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,002,215
3	Revenue less expenses Subtract line 2 from line 1	3	24,975
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,774,636
5	Net unrealized gains (losses) on investments	5	-194,286
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,605,325

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 37-0662522

Name: LESSIE BATES DAVIS NEIGHBORHOOD
HOUSE INC

Form 990 (2016)

Form 990, Part III, Line 4a:

THE SEASONED CIRCLE CAFE PROGRAM IS DESIGNED FOR SENIORS WHO WANT TO REMAIN INDEPENDENT IN THEIR OWN HOME BREAKFAST AND LUNCH ARE SERVED EACH WEEKDAY AT THE CAFE GIVING THE SENIORS NOT ONLY A NUTRITIOUS MEAL, BUT ALSO A SENSE OF COMMUNITY AND BELONGING MEALS ARE DELIVERED SEVERAL TIMES A WEEK TO SENIORS THROUGH THE MEALS ON WHEELS PROGRAM

Form 990, Part III, Line 4b:

THE AMERI-CORPS PROGRAM SUPPORTS THE OPPORTUNITIES FOR VOLUNTEERS TO PROVIDE INTENSIVE SERVICES TO THE EAST ST LOUIS COMMUNITY THE AMERI-CORP PROGRAM PROVIDES SERVICES AIMED AT COMPUTER PROFICIENCY, COMPUTER PROGRAMMING, NETWORK ADMINISTRATION, FOOD AND BEVERAGE SERVICE MANAGEMENT AND SMALL BUSINESS DEVELOPMENT IT ALSO OFFERS SERVICES AIMED AT COMBATING ILLITERACY, FIGHTING POVERTY AND IMPROVING HEALTH SERVICES

Form 990, Part III, Line 4c:

THE COMMUNITY YOUTH EMPLOYMENT PROGRAM (CYEP) IS A YEAR ROUND GRANT PROGRAM THAT REQUIRES A HOLISTIC APPROACH TO UNSUBSIDIZED EMPLOYMENT FOR TRANSITION-AGE YOUTH (16-24) THIS APPROACH WILL ACCOUNT FOR THE YOUTH'S PHYSICAL, EMOTIONAL, SOCIAL, AND MENTAL HEALTH NEEDS WHILE HELPING THEM TO SECURE AND SUSTAIN EMPLOYMENT AND/OR ACHIEVE HIGHER EDUCATION ENSURING A GREATER LIKELIHOOD OF SUCCESS AND SELF-SUFFICIENCY THIS YEAR ROUND PROGRAM PROVIDES ELIGIBLE YOUTH WITH EDUCATIONAL ENHANCEMENT OPPORTUNITIES, FULL AND PART-TIME JOB PLACEMENTS, AND CASE MANAGEMENT SERVICES TO INCLUDE LIFE SKILLS, COUNSELING AND WORK READINESS FOR BOTH IN-SCHOOL AND OUT-OF-SCHOOL YOUTH ASSISTANCE WITH BASIC NEEDS SUCH AS HOUSING, HEALTHCARE, CHILDCARE, TRANSPORTATION, LEGAL SUPPORT, AND CONNECTION TO THE COMMUNITY ARE PROVIDED SERVICES MUST ALSO BE DEVELOPMENTALLY APPROPRIATE AND TAILORED TO ADDRESS THE UNIQUE NEEDS OF YOUTH

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EARL MCDOWELL JR CHAIR	1 00	X		X				0	0	0
CAMILLE MCCASKILL VICE CHAIR	1 00	X		X				0	0	0
ROBBIE EDMOND SECRETARY	1 00	X		X				0	0	0
DORENE HOOSMAN TREASURER	1 00	X		X				0	0	0
SAIDAH ANDERSON DIRECTOR	1 00	X						0	0	0
DR DON BADEN DIRECTOR	1 00	X						0	0	0
MARY L BLACKMON DIRECTOR	1 00	X						0	0	0
LEVERNE BACKSTROM DIRECTOR	1 00	X						0	0	0
TROY BENTON DIRECTOR	1 00	X						0	0	0
NAOMI DAVIDSON DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PEGGY COPE DIRECTOR	1 00	X						0	0	0
JANICE FLOYD DIRECTOR	1 00	X						0	0	0
REV GARY GASTON DIRECTOR	1 00	X						0	0	0
REV ROSE BOOKER-JONES DIRECTOR	1 00	X						0	0	0
SHELITA GRAY DIRECTOR	1 00	X						0	0	0
DOWELL HOLDGRAF DIRECTOR	1 00	X						0	0	0
JOE HUBBARD DIRECTOR	1 00	X						0	0	0
BETTY MCCOLLUM DIRECTOR	1 00	X						0	0	0
CHRIS MCINTOSH DIRECTOR	1 00	X						0	0	0
SANDY MOYNAHAN DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RILEY L OWENS III DIRECTOR	1 00	X						0	0	0
SCOT PIRTLE DIRECTOR	1 00	X						0	0	0
SALLY SMITH DIRECTOR	1 00	X						0	0	0
WENDELL STEVENS DIRECTOR	1 00	X						0	0	0
LANA TURLEY DIRECTOR	1 00	X						0	0	0
CHARLES WATKINS DIRECTOR	1 00	X						0	0	0
AL WENTZ DIRECTOR	1 00	X						0	0	0
CHRISTOPHER COLEMAN EXECUTIVE DI	40 00			X				102,060	0	16,247

SCHEDULE A
(Form 990 or 990EZ)

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.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
LESSIE BATES DAVIS NEIGHBORHOOD HOUSE INC

Employer identification number
37-0662522

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)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **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 university _____

10 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)**.

12 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

a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar 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.")	5,496,472	4,917,854	5,943,356	5,098,955	7,677,362	29,133,999
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,468,199	2,399,518	2,404,687	1,929,767	1,026,711	10,228,882
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	7,964,671	7,317,372	8,348,043	7,028,722	8,704,073	39,362,881
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						39,362,881

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6	7,964,671	7,317,372	8,348,043	7,028,722	8,704,073	39,362,881
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	59,253	18,415	-5,765	23,535	71,474	166,912
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	59,253	18,415	-5,765	23,535	71,474	166,912
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.)	51,237	128,016	164,851	66,009	25,970	436,083
13	Total support. (Add lines 9, 10c, 11, and 12.)	8,075,161	7,463,803	8,507,129	7,118,266	8,801,517	39,965,876
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	98.490 %
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	98.370 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	0 %

19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

		Yes	No
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.		
	1		
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).		
	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.		
	3a		
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.		
	3b		
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.		
	3c		
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.		
	4a		
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.		
	4b		
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.		
	4c		
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).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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 .		
	6		
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).		
	7		
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).		
	8		
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 .		
	9a		
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 .		
	9b		
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 .		
	9c		
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 line 10b below.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section 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? <i>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.</i>		
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? <i>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.</i>		

Section 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)? <i>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).</i>		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>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.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e 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	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f 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			
a 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 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI Supplemental Information.

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART III, LINE 12	MISCELLANEOUS 436,083

Schedule A Form 990 or 990-E 2016

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

▶ **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.

Department of the Treasury
Internal Revenue Service

Name of the organization
LESSIE BATES DAVIS NEIGHBORHOOD HOUSE INC

Employer identification number
37-0662522

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

	(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 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 be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically 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 qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|---------------|----|
| | Yes | No |
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		13,423		13,423
b Buildings		3,357,065	1,039,259	2,317,806
c Leasehold improvements				
d Equipment		1,247,936	1,036,669	211,267
e Other		125,052	68,495	56,557
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				2,599,053

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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.

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	8,832,904
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		-194,286
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	-194,286
3	Subtract line 2e from line 1		3	9,027,190
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	9,027,190

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

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

1	Total expenses and losses per audited financial statements		1	9,002,215
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	9,002,215
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	9,002,215

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 37-0662522

Name: LESSIE BATES DAVIS NEIGHBORHOOD
HOUSE INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE NEIGHBORHOOD HOUSE IS OPERATED EXCLUSIVELY FOR NON-PROFIT PURPOSES AND IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS THE NEIGHBORHOOD HOUSE HAS ADOPTED THE PROVISIONS OF FASB ASC 740-10-25 (FORMERLY FASB INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB NO 109) REQUIRING DISCLOSURE OF UNCERTAIN TAX POSITIONS THERE HAS BEEN NO INTEREST OR PENALTIES RECOGNIZED IN THE STATEMENT OF ACTIVITIES NOR IN THE STATEMENT OF FINANCIAL POSITION RELATED TO UNCERTAIN TAX POSITIONS IN ADDITION, NO TAX POSITIONS EXIST FOR WHICH IT IS REASONABLY POSSIBLE THAT THE TOTAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS WILL SIGNIFICANTLY INCREASE OR DECREASE WITHIN THE NEXT 12 MONTHS TAX YEARS REMAINING OPEN AS OF JUNE 30, 2017 ARE THE PAST THREE YEARS ENDED JUNE 30, 2014 THROUGH 2016 THE NEIGHBORHOOD HOUSE EVALUATES ANY UNCERTAIN TAX POSITIONS ON A CONTINUAL BASIS THROUGH REVIEW OF ITS POLICIES AND PROCEDURES AND DISCUSSIONS WITH OUTSIDE EXPERTS

**Schedule I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
LESSIE BATES DAVIS NEIGHBORHOOD HOUSE INC

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
37-0662522

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(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 non-cash assistance
(1) FOOD PANTRY	5000		1,449,400	FMV	FOOD
(2) BUS PASSES/GAS CARDS	250	23,894			
(3) TUITION ASSISTANCE	9	40,267			
(4) RENTAL/UTILITY ASSISTANCE	13	3,039			
(5) GIFTS	128	6,084			
(6) OTHER	38	10,401			
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	THE AGENCY REVIEWS ALL PARTICIPANTS FOR NEEDS BASED AND ELIGIBILITY QUALIFICATIONS AND AWARDS AND REVIEWS THE DISTRIBUTION OF GRANT FUNDS TO RECIPIENTS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047
2016
Open to Public Inspection

▶ **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**

Department of the Treasury
Internal Revenue Service

Name of the organization
LESSIE BATES DAVIS NEIGHBORHOOD
HOUSE INC

Employer identification number
37-0662522

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	1	1,449,504	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29	
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30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

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

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

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

b If "Yes," describe in Part II

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

	Yes	No
30a		No
31		No
32a		No

Part II**Supplemental Information.**

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

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ 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.

2016**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
LESSIE BATES DAVIS NEIGHBORHOOD
HOUSE INC

Employer identification number

37-0662522

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	PROVIDED SERVICES MUST ALSO BE DEVELOPMENTALLY APPROPRIATE AND TAILORED TO ADDRESS THE UNIQUE NEEDS OF YOUTH

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>THE HOMEMAKERS PROGRAM PROVIDES IN-HOME PERSONAL CARE TO ELDERLY PERSONS 60 YEARS OF AGE OR OLDER WHO ARE BLIND, HANDICAPPED, OR DISABLED IN AN EFFORT TO PREVENT UNNECESSARY INSTITUTIONALIZATION</p> <p>FAMILY RESOURCE CENTER - THE FAMILY RESOURCE CENTER PROGRAM PROVIDES A VARIETY OF ACADEMIC ENRICHMENT, ARTS & CRAFTS, RECREATION, YOUTH LEADERSHIP AND YOUTH DEVELOPMENT ACTIVITIES FOR CHILDREN AND YOUTH IN THE COMMUNITY</p> <p>IT ALSO PROVIDES ADMINISTRATION AND COORDINATION OF SERVICES LOCATED IN HOUSING PROJECTS OF THE ST. CLAIR COUNTY HOUSING AUTHORITY'S BUILDINGS FOR YEAR-ROUND PROGRAMMING</p> <p>THE DAYCARE PROGRAM - AT-RISK INFANT/TODDLER PROGRAM IS DESIGNED TO PROVIDE A CHILD WITH OPTIMAL SUBSTITUTE PARENTAL CARE IN AN EFFORT TO ENABLE PARENTS TO COMPLETE THEIR EDUCATION OR TRAINING</p> <p>THE INDIVIDUAL & FAMILY SUPPORT PROGRAM PROVIDES EMERGENCY CASH GRANTS OR OTHER VENDOR PAYMENTS OR LOANS FOR EMERGENCY UTILITY ASSISTANCE, RENTAL, MEDICAL, CLOTHING AND SHELTER ASSISTANCE TO ASSURE THAT THE BASIC NECESSITIES OF LIFE ARE BEING MET FOR THE INDIVIDUALS AND FAMILIES IN THE COMMUNITY</p> <p>THE TANF SCHOLARSHIP PROGRAM PROVIDES SCHOLARSHIPS TO LOW-INCOME PARENTS IN AN EFFORT TO ASSIST THEM IN COMPLETING THEIR HIGHER EDUCATION GOALS AT AN ILLINOIS STATE COLLEGE OR UNIVERSITY</p> <p>THE TANF SCHOLARSHIP PROGRAM PROVIDED DIRECT FINANCIAL ASSISTANCE TO TANF STUDENTS IN ORDER FOR THE STUDENTS TO REMAIN ENROLLED IN COLLEGE OR UNIVERSITY CLASSES IN ORDER TO OBTAIN AND MAINTAIN EMPLOYMENT AND TAKE STEPS TOWARDS SELF-SUFFICIENCY</p> <p>THE HEALTHY FAMILIES PROGRAM PROMOTES POSITIVE PARENT-CHILD INTERACTION, HEALTHY CHILDHOOD GROWTH AND DEVELOPMENT, AND ENHANCES FAMILY FUNCTIONING BY BUILDING TRUSTING RELATIONSHIPS, TEACHING PROBLEM-SOLVING SKILLS AND IMPROVING THE FAMILY'S SUPPORT SYSTEM</p> <p>PARTICIPANTS MUST BE NEW PARENTS WITH A CHILD BIRTH TO TWO WEEKS, A FIRST-TIME PREGNANT WOMAN, OR A TEENAGE PARENT</p> <p>THE TRENCH PROGRAM PROVIDES RECREATION, FIELD TRIPS AND AFTER-SCHOOL AND SUMMER ACTIVITIES FOR AREA CHILDREN AND YOUTH AT LOCAL SCHOOLS</p> <p>THE YOUTH SERVICES PROGRAM PROVIDES 24-HOUR CRISIS INTERVENTION, ADVOCACY, AND COUNSELING TO YOUTH AND FAMILIES IN THE METRO-EAST AREA</p> <p>THE TANF JOB PLACEMENT WITH RETENTION PROGRAM SEEKS TO PROVIDE JOB SKILLS TRAINING, JOB PLACEMENT AND JOB RETENTION SERVICES TO PERSONS RECEIVING BENEFITS THROUGH THE TEMPORARY ASSISTANCE FOR NEEDY FAMILIES PROGRAM</p> <p>THE PROGRAM WILL PROVIDE THE FOLLOWING TO ITS PARTICIPANTS: ORIENTATION, EMPLOYABILITY ASSESSMENTS, EMPLOYMENT PLAN DEVELOPMENT, EDUCATIONAL SCREENING, JOB READINESS TRAINING, JOB SKILLS TRAINING, JOB SEARCH ASSISTANCE, JOB PLACEMENT AND JOB RETENTION SERVICES</p> <p>THE MARY BROWN COMMUNITY CENTER PROGRAM WAS DEVELOPED TO PROVIDE PROGRAMMING FOR CHILDREN, YOUTH, FAMILIES, AND ELDERLY INDIVIDUALS IN EAST ST. LOUIS AND SURROUNDING COMMUNITIES</p> <p>THE MAJOR GOAL OF THE PROGRAM IS TO INCREASE THE ACCESSIBILITY OF INDIVIDUAL AND FAMILY SUPPORTIVE SERVICES WHERE PARENTS AND FAMILY MEMBERS RECEIVE THE NEEDED SUPPORT AND GUIDANCE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>TO PROVIDE A CARING AND RESPONSIVE ENVIRONMENT IN THEIR ROLE AS THE PRIMARY CARE GIVERS AND EDUCATORS OF CHILDREN THIS PROGRAM IS ALSO DESIGNED TO INCREASE THE LEVEL OF AFTER-SCHOOL AND OUT-OF SCHOOL PROGRAMMING FOR CHILDREN AND YOUTH NEEDED TO SUPPORT WORKING PARENTS THE PRE-KINDERGARTEN PROGRAM IS AN EARLY CARE AND EDUCATIONAL PROGRAM FOR "AT-RISK" PRESCHOOL AGED CHILDREN THE PRE-K PROGRAM IS DESIGNED TO OFFER SPECIALIZED TRAINING AND EDUCATIONAL NEEDS IDENTIFIED THROUGH A DEVELOPMENTAL SCREENING PROCESS CHILDREN WILL RECEIVE SPEECH AND LANGUAGE SCREENING TO IDENTIFY THOSE WITH SPEECH DELAYS THE PRE-K PROGRAM ALSO PROVIDES ON-GOING ASSESSMENTS THAT WILL BE USED TO MEASURE, ADJUST AND IMPROVE AND REPORT STUDENT PROGRESS THE MIGRANT HEAD START PROGRAM PROVIDES COMPREHENSIVE CHILD DEVELOPMENT SERVICES TO LOW INCOME LATINO CHILDREN FROM BIRTH TO AGE 5, PREGNANT LATINO WOMEN, AND THEIR FAMILIES, WITH A SPECIAL FOCUS ON HELPING PRESCHOOLERS DEVELOP THE EARLY READING AND MATH SKILLS THEY NEED TO BE SUCCESSFUL IN SCHOOL THEY ARE CHILD-FOCUSED PROGRAMS AND HAVE THE OVERALL GOAL OF INCREASING THE SOCIAL COMPETENCE OF YOUNG CHILDREN IN LOW-INCOME FAMILIES THE TRINITY OUTREACH CENTER PROGRAM PROVIDES AFTER-SCHOOL EDUCATION AND YOUTH DEVELOPMENT SERVICES TO SCHOOL AGED YOUTH THE PROGRAM SEEKS TO ENHANCE YOUTH'S ACADEMIC, RECREATIONAL, LEADERSHIP AND COMMUNITY INVOLVEMENT SKILLS THE TRINITY OUTREACH CENTER PROGRAM ALSO SERVES AN OUTREACH CENTER WHICH OFFERS, A COMMUNITY COMPUTER LAB, INFORMATION AND REFERRAL SERVICES, LIBRARY SERVICES, AND JOB SEARCH FOR COMMUNITY RESIDENTS PREVENTION INITIATIVE - PROVIDING A SURE START PROVIDES EARLY CHILDHOOD PREVENTION SERVICES FOR PARENTS WITH CHILDREN BIRTH TO FIVE YEARS PASS IS AN EARLY INTERVENTION/PREVENTION PROGRAM DESIGNED TO SIGNIFICANTLY BETTER PREPARE CHILDREN AND PARENTS TO ASSIST THEIR CHILDREN IN ASSURING "A SURE START- AND A SUCCESSFUL SCHOOL EXPERIENCE THE PROGRAM PROVIDES PARENT TRAINING, CHILD DEVELOPMENT AND LIFE SKILLS CLASSES IN CONJUNCTION WITH COMPREHENSIVE CASE COORDINATION TO CHILDREN BIRTH TO 3 YEARS OF AGE AND THEIR PARENTS ACTIVITIES AND SERVICES ARE PROVIDED IN THE HOMES OF THE PARENTS AND AT THE CENTER PASS IS A CERTIFIED PARENTS AS TEACHERS PROGRAM THE PROGRAM SERVES MORE THAN 150 FAMILIES AND OVER 150 LOW-INCOME CHILDREN 21ST CENTURY PROGRAM - THIS PROGRAM SUPPORTS THE CREATION OF COMMUNITY LEARNING CENTERS THAT PROVIDE ACADEMIC ENRICHMENT OPPORTUNITIES DURING NON-SCHOOL HOURS FOR CHILDREN, PARTICULARLY WHO ATTEND HIGH-POVERTY AND LOW-PERFORMING SCHOOLS THE PROGRAM HELPS STUDENTS MEET STATE AND LOCAL STUDENT STANDARDS IN CORE ACADEMIC SUBJECTS, SUCH AS READING AND MATH, OFFERS STUDENTS A BROAD ARRAY OF ENRICHMENT ACTIVITIES THAT CAN COMPLEMENT THEIR REGULAR ACADEMIC PROGRAMS, AND OFFERS LITERACY AND OTHER EDUCATIONAL SERVICES TO THE FAMILIES OF PARTICIPATING CHILDREN PARENT ENGAGEMENT OPPORTUNITIES ARE CREATED TO ENCOURAGE THE PRESENCE AND INVOLVEMENT OF A CHILD'S PARENTS TO</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	ASSIST WITH PROTECTING CHILDREN FROM A NUMBER OF VULNERABILITIES MORE ENGAGED PARENTS, WHETHER LIVING WITH OR APART FROM THEIR CHILDREN, CAN HELP FOSTER A CHILD'S HEALTHY PHYSICAL, EMOTIONAL, AND SOCIAL DEVELOPMENT JTED PROGRAM - JTED/EPIC CONNECTS PARTICIPANTS WITH THE NEIGHBORHOOD HOUSE, COMMUNITY COLLEGES, AND OTHER SERVICE PROVIDERS TO COMPREHENSIVELY MEET THEIR EDUCATION, TRAINING AND SOCIAL SERVICE NEEDS SERVICES ARE DESIGNED TO ENABLE PARTICIPANTS TO OVERCOME SIGNIFICANT BARRIERS, RECEIVE NEEDED TRAINING, AND OBTAIN ENTRY-LEVEL EMPLOYMENT EACH PARTICIPANT WILL DEVELOP A CAREER PLAN TO STACK AND LATTICE INDUSTRY RECOGNIZED CREDENTIALS ALLOWING THEM TO MOVE UPWARD ON A CAREER LADDER IN HIGH-DEMAND INDUSTRY SECTORS CAREER AND CASE MANAGEMENT SERVICES WILL BE PROVIDED AT ACCESSIBLE LOCATIONS TO PARTICIPANTS RSVP PROGRAM - RSVP PROVIDES VOLUNTEER OPPORTUNITIES FOR RETIRED PERSONS IN THE COMMUNITY THROUGH THIS PROGRAM, RETIRED VOLUNTEERS CAN MAKE A DIFFERENCE IN THEIR OWN COMMUNITY THROUGH VOLUNTEERING WITH COMMUNITY ACTION GROUPS, AT LOCAL DAY CARES OR OTHER COMMUNITY SITES RECRUITS AND TRAINS VOLUNTEERS 55 YEARS OF AGE AND OLDER WHO PROVIDE A BROAD RANGE OF COMMUNITY SERVICES TO MORE THAN 25 DIFFERENT ORGANIZATIONS SERVES MORE THAN 1,000 COMMUNITY RESIDENTS WRAPAROUND - WRAPAROUND IS AN INTENSIVE, FAMILY DRIVEN AND STRENGTHS BASED PROCESS THAT SUPPORTS FAMILIES STAYING TOGETHER THROUGH THE DEVELOPMENT AND FACILITATIONS OF EFFECTIVE CHILD AND FAMILY TEAMS ANY WILLING AND INTERESTED FAMILY WHO HAS A DCFS CASE IN ST CLAIR COUNTY AND IS RECEIVING INTACT SERVICES OR HAS A GOAL TO RETURN HOME IS ELIGIBLE DCFS/POS CASE WORKERS MAY REFER FAMILIES CHILD AND FAMILY TEAMS MAY BE GRANTED FLEXIBLE FUNDING FOR NEEDS OR GAPS IN SERVICES AS DETERMINED BY THE CHILD AND FAMILY TEAM TO ASSIST THE FAMILY IN MEETING THEIR GOALS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 IS REVIEWED BY MANAGEMENT AND PRESENTED BY VERBAL SUMMARY TO THE BOARD FOR APPROVAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	THE ORGANIZATION MONITORS ANNUALLY DURING THE NOMINATION PROCESS POTENTIAL OFFICERS ARE ASKED TO DISCLOSE ANY SPECIAL INTERESTS OR CIRCUMSTANCES THAT MAY RESULT IN A CONFLICT IF ELECTED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE BOARD VOTED TO USE THE UNITED WAY SALARY SURVEY TO DEVELOP AN ANNUAL FORMAL SALARY SCALE FOR THE AGENCY THE AGENCY LIMITS THE SALARIES TO THIS SCALE BASED ON AVAILABILITY OF FUNDS TO SUPPORT THE SALARY LEVELS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	THE BOARD VOTED TO USE THE UNITED WAY SALARY SURVEY TO DEVELOP AN ANNUAL FORMAL SALARY SCALE FOR THE AGENCY THE AGENCY LIMITS THE SALARIES TO THIS SCALE BASED ON AVAILABILITY OF FUNDS TO SUPPORT THE SALARY LEVELS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE AGENCY MAINTAINS POLICIES AND FINANCIAL INFORMATION OPEN FOR PUBLIC REVIEW UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER FEES 1,147,459 372,919 1,172