

## 2949316014621

FORT 990

### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2015

Open to Public Inspection

QMB No 545-0047

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at ivww.irs.gov/form990 Departmen of the Treasury Internal Revenue Service For the 2015 calendar year, or tax year beginning C Name of organization Francisville Neighborhood Development Corporation Check if applicable D Employer identification number Address change 57-1164331 Number and street (or PIO) box if mail is no idelivered to street address) Name chance F Telephonum τε στρει lautal return 1708 Ridge Avenue (267) 687-7546 City or town state or province, country and ZIP or foreign postal code final returnsternum ed Philadelphia Amended return PA 19130 G Gross receipts \$ 472,820 F Name and address of a mopal officer H(a) is this a group return for subordinates? H(b) Are all supprdimates included?
If No, although a list, (see instructions) Penelope Giles 1708 Fidge Avenue Philadelphia PA 19130 Tax-exempt status X 501(c)(3) 501(c) ( ) (insert no) 4947(a)(1) or 1527 Website: > www.francisvillencc.org Form of progness on. X Corperation Trust Association Cither L Year of forma on 2003 M State of legal compole PA Summary Briefly describe the organization's mission or most significant activities: Community Development. Cleaning & greening, economic development, information dissemination, facilitation of community voting and informational meetings. Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a). Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) . . . . . . . . 6 7a Total unrelated business revenue from Part VIII, column (C) line 12 0..\_ b Net unrelated business taxable income from Form 990-T, line 34 . . . . . Prior Year Current Year Contributions and grants (Part VIII, line 1h) . 125,571 373,136. Program service revenue (Part VIII, line 2g) 159,139 99,684. 10 Investment income (Part VIII column (A), lines 3, 4, and 7d) . . . 11 Other revenue (Par. VIII, column (A), I nes 5 6c, 8c, 9c, 10c, and 11e) . . . 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 284,710. **472.820**. 14 Benefits paid to or for members (Part IX, polumn (A), line 4) . . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), I nes 5-10) . . . . . 176,270. 162.554. 16a Professional fundraising fees (Part IX, column (A) line 11e) . . . . . . . . . b Total fundraising expenses (Part IX, column (D), Ine 25) ► 17 Other expenses (Part IX column (A) lines 11a-11d, 11f-24e). . . 134,820. 204,299. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 311,090. 366,853. Revenue less expenses. Subtract line 18 frcm line 12 . . . . . . . . -26,3€0. 105,967. End of Year Beginning of Current Year Total assets (Part X line 16) . 124,268. 21 Total liab lities (Pari X, line 26) .... 185 Net assets or fund balances. Subtract line 21 from ine 20 . . . . . 7,535. 124,083. Signature Block Under penalties of penury, I declare that I have examined I is true correct, and complete Declaration of plaggage and belief I is true correct, and complete Declaration of plaggage (other than officer) is based on all information of which preparer has any knowledge. 08/12/16 Signature of of icer Sign Here Penelope Giles Executive Director Type or pant name and title Preparers signature M Khalil Meggett, CPA PC0512708 Paid M Knalıl Meggett, CPA 08/12/16 self-employed

PHILADELPHIA May the IRS discuss this return with the preparer shown above? (see instructions) BAA For Paperwork Reduction Act Notice, see the separate instructions.

► MEGGETT CONSULTING

437 S. 46th Street

TEEA0101 10/12/15

Form 990 (2015)

. X Yes

Preparer

Use Only

Firms EIN - 20-5906398

Phone no (215) 243-2434

	1990 (2015) Francisville Neighborhood Development Corporation	57-116433	1 Page 2
Par	f III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	· · · · · 📙
1	Bneily describe the organization's mission		
	Community Development:		
	Cleaning & greening, economic development, information dissemin	ation.	
	facilitation of community voting and informational meetings	<u> </u>	
	Idelilebelon of Community vocing and intolnational modeling		
	Did the organization underlake any significant program services during the year which were not listed on the	e prior	
-	Form 990 or 990-EZ?		Yes X No
	If 'Yes' describe these new services on Schedule C.		.es 🛕 🕷
•			V [1] N-
3	Did the organization cease conducting, or make significant changes in how I conducts any program service	es' []	Yes X 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. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to and revenue, if any, for each program service reported.	s, as measured by exp oothers, the total exp	enses
4 a	(Code: ; (Expenses S 337, 075. Including grants of \$ 0.)	(Revenue \$	99.684.)
	Francisville Natural Environment Maintenance (F-NEMP). This pro	· ——	
	provides training and employment for local youth and adults in		
	fields of landscaping, hardscaping, urban farming and street cl		
	The program meets our mission in two ways: "Investing in the pe		
	of Francisville" and "Improving the quality of life for all	DETE	
	Francisville residents."		
		- <b></b>	
		- <b></b>	
4 b	(Code:; (Expenses \$)	(Reverue \$	)
		<b></b>	<b>.</b> _
		- <b></b>	
		<del></del>	
		- <b></b>	
	(Coce ) (Expenses \$ including grants of \$ )	(Revenue \$	
4 C	(Coce ) (Expenses \$ including grants of \$ )	(Keverine \$	·'
		- <b></b>	
		- <b></b>	
		<b></b>	<b></b>
			· <b></b>
		<del></del> -	
		·	
			<b></b>
			·
4 d	Other program services (Describe in Schedule O )		
	(Expenses \$ including grants of \$ , ) (Revenue :	\$	)
40	Total program service expenses > 337,075.	<u></u>	<del></del>
544	737 / U/3 .		Form 990 (2015)



Form 990 (2015) Francisville Neighborhood Development Corporation Part IV Checklist of Required Schedules

57-1164331

Ра	TIV Checklist of Required Schedules			
		+	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	x	
2		2		<del> </del>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C. Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? !f 'Yes' complete Schedule C. Part !I	4	+	x
5	Is the organization a section 501(c)(4), 501(c)(5) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? if 'Yes,' complete Schedule C, Part III	5	1	x
6	Did the organization maintain any denor advised funds or any similar funds or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D.			
_	Partition	6	+ -	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D. Part II	7		<u>x</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? # 'Yes,' complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account I ability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair or dept negotiation services? If Yes, complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporanly restricted endowments, permanent endowments, or quasi-endowments? if 'Yes,' complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is Yes , then complete Schedule D. Parts VI, VIII, IX, or X as applicable.			
á	Did the organization report an amount for land, buildings and equipment in Part X. line 10? If 'Yes,' complete Schedule D, Part VI.	11.	X	
k	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	111	3	x
(	Did the organization report an amount for investments — program related in Part X line 13 that is 5% or more of its total assets reported in Part X, line 16? If Yes, 'complete Schedule D, Part VIII	111	=	х
(	I Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If Yes, complete Schedule D. Part IX	11 (	t	x
•	Did the organization report an amount for other habilities in Part X, line 25? If 'Yes,' complete Schedule D, Fart X	114	,	Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D. Part X	111		X
12 a	Did the organization obtain separate, independent auditec financial statements for the tax year? If 'Yes,' complete Schedule D. Parts XI, and XII.	12a		x
t	Was the organization included in consolidated, independent audited financial statements for the tax year? If Yes 'and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	121		х_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If Yes,'complete Schedule E	13		<u> </u>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes 'complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A) I ne 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes, complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If Yes, complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If Yes complete Scheoule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If Yes. complete Schedule 3, Part III.	19		X

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Form 990 (2015)

	m 990 (2015) Francisville Neighborhood Development Corporation 57-116	34331	F	ege 4
Par	rt IV   Checklist of Required Schedules (continued)			
		<b></b> _	Yes	No
	a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	. 20a		X
þ	o If Yes' to line 20a did the organization attach a copy of its audited financial statements to this return?	. 20ь	ļ	<u> </u>
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), the 17 if Yes, complete Schedule I Parts I and II	. 21		х
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 2º If Yes, complete Schedule I Parts I and III	. 22		x
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes' complete Schedule J	23		X
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If Yes answer lines 24b through 24d and complete Schedule K if No, to to line 25a.	. 24a		x
t	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary bendd exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	. 24c		
c	d Did the organization act as an 'or behalf of' issuer for bonds ourstanding at any time during the year?	. 240		
25 a	a 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 curing the year? If Yes 'complete Schedule L, Pari I	25a		x
t	b Is the organization ewere that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L. Part i	25b		x
26	Did the organization report any amount on Part X, line 5, 6 or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If 'Yes', complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If Yes, 'complete Schedule L, Part III.	. 27		_x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
8	A current or former officer director, trustee or key employee? If 'Yes,' complete Scheoule L. Part IV	- 28a		<u> </u>
t	o A family member of a current or former officer, director, trustee, or key employee? !f Yes.' complete Schedule L. Part IV	. 28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If Yes, complete Schedule L, Part IV	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If Yas, complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures or other similar assets, or qualified conservation contributions? If Yes, complete Schedule M.	. 30		<u>x</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If Yes, complete Schadule N, Part I	31	İ	Υ.
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		_X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Pan I	33		_ <u>x</u>
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes' complete Schedule R. Part II, I'I, or IV, and Part V. line 1	34	х	
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	· · 35a		Х
6	of If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Pan V, line 2	35b		Σ.
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' pmplete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes' complete Schedule R. Part VI	. 37		_x_
38	Did the organization complete Schedule O and provide explanations in Schedule C for Part VI, lines 11b and 19?  Note All Form 990 filters are required to complete Schedule O		х	
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Fon	m 990 (2015) Francisville Keighborhood Development Corporation 57-11643	<u>3</u> 1	F	age 5
Рa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O con ains a response or note to any line in this Part V			$\Box$
			Yes	No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u>o</u>		
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	7		
	(gambling) winnings to prize winners?	1 c	X	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return 2a 3	n		
	bilifat least one is reported on line 2a, did the organization file all required federal employment tax returns?	26	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	'	х
	b If Yes' has it filed a Form 990-T for this year? If 'Ne' to line 3b, provide an explanation in Schedule C	3 b		
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	$\vdash$		
	financial account in a foreign country (such as a bank account securities account, or other financial account)?	4 a		X
	b if 'Yes,' enter the name of the foreign country	-  !		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	1 _ 1		1/
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х_
	c If Yes, to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		X
,	bilf 'Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not lax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
;	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7 a		x
	services provided to the payor?	7 b	<del></del> -{	
	c Did the organization self, exchange, or otherwise dispose of tangible personal property-for-which it was required to file	1		
	Form 8282?	7 c		Υ.
	d if 'Yes, indicate the number of Forms 8282 filed during the year			
,	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	1	X
1	f Did the organization during the year it ay premiums, directly or indirectly, on a personal benefit contract?	71		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
	as required?	7 g		
1	h If the organization received a contribution of cars, boats airplanes, or other vehicles, did the organization fire a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a concr advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	1 1		
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a	ľ	
ı	b Did the sponsoring organization make a distribution to a donor-donor advisor, or related person?	9 b	$\neg$	
10	Section 501(c)(7) organizations, Enter			
	a Instation fees and capital contributions included on Part VIII, line 12		ı	
1	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of dub facilities . 10 b	7 1		
	Section 501(c)(12) organizations. Enter	7 1		
	a Gross income from members or shareholders	1 1		
ı	b Gross income from other sources (Do not net amounts due or paid to other sources	1		
40	against amounts due or received from them )	12a	ŀ	'
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1-12-9	$\neg$	
		-j j	- 1	
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
;	a is the organization licensed to issue qualified health plans in more than one state?	138		
	Note. See the instructions for additional information the organization must report on Schedule O		-	
1	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
(	Enter the amount of reserves on hand	_		
14:	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		_ <u>x</u>
. 1	b if 'Yes,' has it filed a Form 720 to report these payments? If 'No ' provide an explanation in Schedule O	14b	]	
===		Earn	990 (2	20151

Form 9	90 (2015) Francisville Neighborhood Development Corporation 57-1164331		P	ege 6
Part '	a No response to line 8a. 8b, or 10b below, describe the circumstances, processes, or changes	w. ar in	d for	
	Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI			. 🗵
Section	on A. Governing Body and Management	<u> </u>	<del></del>	-141
		-	Yes	No
if o	inter the number of voting members of the governing body at the end of the tax year			
bΕ	nter the number of voting members included in line 1a, above, who are independent 1b 6 id any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	fficer, director, trustee, or key employee?	2		X
lo	id the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
	id the organization make any significant changes to its governing documents  noe the prior Form 990 was filed?	4		Х
	id the organization become aware during the year of a significant diversion of the organization's assets?	5		$\frac{x}{x}$
	id the organization have members or stockholders?	6		X
7 a D	Id the organization have members, stockholders, or other persons who had the power to elect or appoint one or more sembers of the governing body?	7 a		x
	re any governance decisions of the organization reserved to (or subject to approval by) members,		~	
S*	ockholders, or persons other than the governing body?	7 b	Х	
	id the organization contemporaneously document the meetings held or written actions undertaken during the year by e following			:
а∏	ne governing body?	8 a	Х	
	ach committee with authority to act on behalf of the governing body?	8 b	Х	
	there any officer, director, trustee, or key employee I sted in Part VII, Section A, who cannot be reached at the ganization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		x
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ne C	ode.)	
	·		Yes	No
	id the organization have local chapters, branches, or affiliates?	10a		X
	Yes, did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their eations are consistent with the organization's exempt purposes?	10b		
11 a Ha	as the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b De	escribe in Schedule O the process, if any, used by the organization to review this Form 990.		. ]	
12a Di	id the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
	ere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise conflicts?	12b	х	
	d the organization regularly and consistently mon for and enforce compliance with the policy? # 'Yes,' describe in chedule O how this was done	12 c	x	
	d the organization have a written whistleblower policy?	13		Х
14 D	d the organization have a written document retention and destruction policy?	14		<u> </u>
	d the process for determining compensation of the following persons include a review and approval by independent ersons, comparability data, and contemporaneous substantiation of the deliberation and decision?			•
a Th	ne organization's CEO, Executive Director, or top management official	15a		X
PO.	ther officers or key employees of the organization	15b		<u>X</u>
If '	'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)			
	id the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a xable entity during the year?	_ 16 a	-	х
ca	Yes, did the organization follow a written policy or procedure recuiring the organization to evaluate its pricipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the ganization's exempt status with respect to such arrangements?	16 b		l
	on C. Disclosure			
	st the states with which a copy of this Form 990 is required to be filed Pennsylvania			
	ection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) at r public inspection. Indicate how you made these available. Check all that apply.	vailab	e	
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19 Da	escribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available opublic during the tax year	to		
<b>20</b> St	rate the name, address, and telephone number of the person who possesses the organization's books and records			
			20-7	
BAA	7FF ΔC 106 10:12/25	Form	990 (2	(115)

Form 990 (2015) Francisville Neighborhood	Develor	oner	nt (	Cori	ocr	atio	n		57-11643	31 Page 7
Part VII   Compensation of Officers. Direct	ors, Tru	ste	es,	Ke	уE	mpl	οу	ees, Highest C		
Check if Schedule O contains a response or note to any line in this Part VII										
Section A. Officers, Directors, Trustees, K									d Employees	· · · · · · · · · · · · · · · · · · ·
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's lax 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'										
<ul> <li>List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)</li> <li>who received reportable compensation (Box 5 of Form W-2 anc/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations</li> </ul>										
<ul> <li>List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations</li> </ul>										
<ul> <li>List all of the organization's former directors or truorganization, more than \$10,000 of reportable compensation.</li> </ul>										
List persons in the following order individual trustees or demployees, and former such persons.	rectors, ir	ารเสน	tion	al tru	uste	es, of	fice	rs, key employees	, highest compensate	ed .
Check this box if neither the organization nor any rela	led organi	zalio	n co	<del></del>	_	ted a	ny c	current officer, dire	ctor, or trustee.	
		D		(C)			_			
(A) Nan e and Title	(B) Average hours	d rector/trustee)				SOCRES anca 382)	г	(D) Reportable compensation from	(E) Reportable con pensation from	(F) Estimated amount of other
	per week (istany	9 5	्रह्	Officer	ê	Highest compensated employee	Š.	the organization (VV-2/1099-MISC)	re ated organizations (VV-2/1099-MISC)	compensation from the organization
	hours for related	dividual i	<u> </u>	윤	3	To st	쿻			organizations
	olganiza- tions	ndwidual trustoc or director	nstitutional trustee		Key employee	L court				o-gamento-o
	below cottad	Sicc	室		°	3				
	Le,		ਨਿੱ			हि				
(1) Penelope Giles	40.00	Γ			Π					
Executive Director			L.	X		$\perp$		54,000.	0.	0
(2) Joseph Richardson	3 00		l		1				= -	
Vice Chair		Х	<u> </u>	х	L	$\Box$		0.	0.	0.
(3) Joseph McLaughlin	3.00	۱	ļ			1 1				
Treasurer		X	L	х	<u> </u>			0.	0	0.
(4) John Williams	_ <u>3 .0</u> 0	x						_		_
Director		<u> </u>	<u> </u>		⊢	$\vdash$		0.	0	0.
(5) Kendall Reese	3.00	x	ļ	! }		[ ]		•		•
Director	3.00	<del>  ^`</del>	⊢	<del> </del>		╂~~┤	$\vdash$	0.	0.	0.
	-3.00	X		İ		1		0.	0.	0.
(7) Elliot Jumpp	3.00	-	╁─					0.	,	
Director		X						0.	0.	0.
(8)	<b>-</b>									
(9)		-	├							
			Ĺ.,							
(10)										
(11)			-						i	<del></del>
(12)		1	<b>[</b>			'				
(13)								<u> </u>		
(14)		$\vdash$	-		-					

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Form 990 (2015)

Form 990 (2015) Francisville Neighborhood D									<u>57-11643</u>			ge 8
Part VII   Section A. Officers, Directors, Tru	ustees,	Key	Επ			es,	an	d Highest Con	pensated Em	oloyee	S car	linuedi
(A) Name and a lie	Avarage hours per	pox	cer ar	Pos heck sspe ndat	noe rson dreck	than c as both ortruss	ar ee;	(D) Reportable compensation from	(E) Reputable Joh possalen from	(F) Estmated omount of other		
	v eek (list any hours for related ergariza - trors below dotted tine)	gr director	Institutional trustec	Officer	Key emplayee	Highest compensated employee	Fomer	the orgenzation (W-21* J99-MIS ⊃)	rdated organizations (W-27049-MISC)	org	roenselia rom the izanization id refala. ignization	l
(15)		-							<del>_</del>	<del>                                     </del>		
(16)									<del></del>			
(17)										1		
(18)									<del></del>			
(19)									-		_	
(20)												
(21)												
(22)												
23)												
24)												
(25)												
1 b Sub-total					 	'	•	54,000.	<u> </u>			<u> </u>
d Total (add lines 1b and 1c)	l to those l	isted	abo	ve) 1	 who	•	ivec	54,000. d more than \$100,0	0. 00 of reportable co	mpensal	ben	0.
											Yes	No
3 Did the organization list any former officer, director, on line 1a? If 'Yes' complete Schedule J for such in	dividual .		٠.		•		•		plovee	3		X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the such individual	ran \$150,0	mpe 000?	nsati If "Ye	on a es c	and o	other olete	Sch	npensation from redule J for		. 4		x
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If 'Yes' or	ompensati omplete S	on fro	om a ule J	ny u I for	inrel suci	lated h per	org son	anization or individ	ual	5		x
Section B. Independent Contractors  1 Complete this lable for your live highest compensation from the organization. Report competence of the compensation of the organization.	ed indeper	nceni	con	trac	tors	that	rece	eived more than \$1	00,300 of			
(A) Name and business addre		461	Jaiti	<i></i>	700	6110	'y	(B) Description of			C) nsatio	n
								· · · · · · · · · · · · · · · · · · ·		<u> </u>		
Total number of independent contractors (including)	but not lim	led t	n th	nse	listo	d aho	OVE)	) who received mor	e than			
\$100 000 of compensation from the organization	<b>&gt;</b>	TEEAO								Form	990 (	2015)
					-						,	

Form 990 (2015) Francisville Neighborhood Development Corporation							57-1164331	Page 9
Par	V	II Statement of Re		4. 4 P	1. 417. 25. 43.407			П
		Check if Schedule O o	contains a respoi	nse or note to any ta	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelatec business revenue	(D) Revenue excluded from tax under sections 512-5*4
ts ts	1 a	=ederated campaigns .	1 a					
F IN	b	Membership dues	1b					
الح و	c	Fundraising events	1c		1			
ar a	d	Related organizations	1 d					
» E	е	Government grants (contribute	ons) 1 e	55,631.				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, graim ar amounts not included a	rants, and	317,505.	·			
d d	_	Noncash contributions include						
<u>S</u>	h	Total. Add lines 1a-1f .		+	373,136.			
nue				Business Code	1			
eve		Community impro	ovement	813410	99,684.	99,684.	0.	<u> </u>
e R	b		<b></b>					
į	_ C			·				
n Se	a							
gran	f	All other program service	revenue					
Program Service Revenue		Total. Add I:nes 2a-2f			99,684.			
	3	nvestment income (inclu			23,001.			
	-	other sim far amounts) .		• • • • • • • •				
	4	ncome from investment	of tax-exempt bo	and proceeds 🕈				
	5	Royalt es			_	,		
			(r) Renl	(iii Personal				
		Gross rents						
		_ess_rental expenses Rental income or (loss)			<b>!</b>			
		Net renta income or ( os:	S1		5		*	
		· 1	(i) Securities	(ii) Olher				
	ı a	Gross amount from sales of assets other than inventory						
	þ	Less: cost or other basis and sales expenses						
	ε	Gain or (loss)					_	_
	d	Net gain or ('oss)						-
e n	8 a	Gross income from fundr	ais ng events					
venue		of contributions reported	on Ine 1c'		.			
		•		a				
Other Re	ь	Less direct expenses .		b		<b> </b>		
돌		Net income or (loss) from		nts	•		·	
	9 a	Gross income from gami See Part IV, line 19.	rg activities	a				-
	b	Less direct expenses .	1	ь			_	
	c	Net income or (toss) from	n gaming activitie	es				
	10 a	Gross sales of inventory, and allowances		а			-	-
	b	Less cost of goods sold	1	ь		!		
	C	Net income or (loss) from						- <u>-</u> -
		Miscalianeous Revenu	.e	Business Code		<u> </u>		
	11 a							
	b					· · · · · · · · · · · · · · · · · · ·		
	<u>0</u>	All other revenue						
		All other revenue Total. Add lines 11a-11d						
		Total revenue. See instr			472,820.	99,684.	0.	
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Form 990 (2015) Francisville Neighbornoc Part IX Statement of Functional Expens		poratica	57-1164	331 Page 1
Section 501(c)(3) and 501(c)(4) organizations must con		ther organizations must	complete column (A)	
Check if Schedule O contains a res	ponse or note to any lin	e 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) Managemen: and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Par IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
Benefits paid to or for members     Compensation of current officers directors, trustees and key employees	54,000.	40,500.	8,100	5.400
6 Compensation not included above, to discualified persons (as defined under section 4958(*)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages	90,803	33,539.	4,540.	2,724
Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits				
10 Payroll taxes	17 751.	13,205.	1,550.	996.
11 Fees for services (non-employees):				
a Management	ļ		·	
<b>b</b> Legal			,	
c Accounting	_ 814	326.	1,488.	0.
d Lobbying				
e Professional fundraising services. See Part. V. line 17				
f Investment management fees				
g Ciner (If fine 11g amoun' exceeds 10% of fine 25 column		50 414		
(A) amount, list line 11g expenses on Schedule O)	62,414.	62,414.	0.	0.
12 Advertising and promotion	8,809.	8,809.	0.	0.
13 Office expenses	672	551.	100.	21.
14 Information technology	4,923.	4,217.	430.	<u> 276.</u>
15 Royalties			<u></u>	
16 Occupancy	8,246.	6,762.	1,237.	<u>247.</u>
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	18,615.	15,546	1,625.	1,044.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e if line 24e amount exceeds 10% of line 25, co umn (A) amount, list line 24e expenses on Schedule O ).				
* Equipment@/rent/rainterance	19.282.	19,282.	0.	0.
b Program supplies	10,065	10.065	0.	0_
C Program expenses	58.381.	58,381		<u> </u>
d Outreach & Advocacy	11.078	11.078.	0	C.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	366,853.	337,075.	19,070.	10,708.
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   jif following  SOP 98-2 (ASC 958-720)	e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de			
00: 30-2 (100 300-120).				Form 990 (2015

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		0 (2015) Francisville Neichborhood Development Corporation	57-	11643	331 Page 11
128	art X				<del></del>
		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) Enc of year
	1	Cash - non-interest-bearing	7,535.	1	26,372.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	58,165.
	5	Loans and other rece vables from current and former officers, directors, trustees, key employees, and highes compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualities 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	
g	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis  Complete Part VI of Schedule D			
	ħ	Less accumulated depreciation		10 c	38.972.
	11	Investments – publicly traded securities		11	<del></del>
	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 assels See Part IV, line 11		15	739.
	16	Total assets. Add ines 1 through 15 (must equal ine 34)	7,535.	16	124,268.
	17	Accounts payable and accrued expenses		17	185
	_18_	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
.e.	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	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		23	
- 1	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities uncluding federal income tax payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	185.
ces	ı	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
an n	27	Unrestricted net assets	7,535.	27	124,093.
Ba	28	Temporarily restricted net assets		28	
ק	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.		'	;
\$	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
ē	33	Total net assets or fund balances	7,535.	33	124,083.
-	34	Total liabilities and net assets/fund balances	7,535.	34	124,268.
BA	A				Form 990 (2015)

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Fam	r 990 (2015) Francisville Neighborhood Development Corporation 57-11	64331		Page 12
Par	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			· 🛚
1	Total revenue (must equal Part VIII, column (A), line 12)	1	472	.820.
2	Total expenses (must equal Part IX, column (A), line 25)	2	365	.853.
3	Revenue less expenses Subtract line 2 from line 1	3	105	,967.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	,535.
5	Net unrealized gains (losses) on inves ments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		,531.
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 (Bi)	,	124	,083.
Par	rt XII Financial Statements and Reporting			10001
	Check if Schedule O contains a response or note to any line in this Part XII			
	Check it Schedule O contains a response of fide to any it le in this Part XII	<del>`                                    </del>		s No
4	Accounting method used to prepare the Form 990 X Cash Accrual Other	Г		S 100
•	Accounting it entrop used to prepare the Fort 1990			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?	[	2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both			-
	Separate basis Consolidated basis Both consolidated and separate basis			
b	were the organization's financial statements audited by an independent accountant?		2 b	x
	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			
	Separate basis Consolidated basis Both consolidated and separate basis	1	- (	ļ
C	If "Yes' to I ne 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?	[	2 c	<u> x</u>
	If the organization changed either its oversight process of selection process during the tax year explain in Schedule O	Γ		Ţ -
3 a	a 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?	[	3 a	х
	off Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	ſ		
Ĭ	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 Ы	
BAA			Form 990	(2015)

SCHEDULE A (Form 990 or 990-EZ)

#### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

CMB No. 1545-0047

2015

Open to Public Inspection

Departmen of the Treasury In ernal Revenue Sarvice	► In	formation about Sch	edule A (Form 990 o at www.irs.gov/fors		nd :ts in	estructions is	Inspection			
Name of the organization	<del></del>					Employer identifica	ation number			
Francisville N	Neighborho	od Developmen	t Corporation	1		57-116433	1			
					e this p	oart.) See instruction	ns.			
The organization is not	a private founda	tion because it is (For	r I nes 1 through 11, c	neck only or	ne box.)					
1 A church, cor	nvention of churc	thes or association of	churches described in	n section 17	70(b)(1)(	(A)(i)				
2 A school des	cribed in section	170(b)(1)(A)(ii) (Atta	ach Schedule E (Forn	990 cr 990	-EZ) ;		UY			
3 A hospital or	a cooperative ho	spital service organiza	ation described in sec	tion 170(b)	(1)(A)(iii	)				
teared .		, -				170(b)(1)(A)(iii) Enter ti	ne hospital's			
name city, ai	nd state									
	on operated for to		or university owned	or operated	by a gov	remmental unit described	in section			
6 A federal, sta	ite, or local gover	rnment or government	al unit described in se	ection 170(t	)(1)(A)(	v).				
		receives a substantial Complete Part II )	part of its support fro	m a governi	nenta u	nit or from the general pu	iblic described			
8 A community	trust described i	n section 170(b)(1)(A	.)(vi). (Complete Part	ii j						
from activities investment in	s related to its ex come and unrela	empt functions — subj	ect to certain except of income (less section !	ons, and (2)	no more	is, membership fees, and than 33-1/3% of its supp isses acquired by the org	oort from gross			
10 An organizati	on organized and	d operated exclusively	to test for public safe	ty See sect	tion 509	(a)(4).				
☐ or more publi	cly supported or	ganizations described	in section 509(a)(1)	or section 5	09{a}(2)	s of, or to carry out the pu . See section 509(a)(3).	rposes of one Check the box in			
a Type 1 A sup	ines 11a through 11d that describes the type of supporting organization and complete tines 11e, 11f, and 11g  Type 1 A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization is) 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 sur	poorting creaniza	ation supervised or cor g organization vested i	ntrolled in connection in the same persons t	with-its supp hat control o	orted-or or manag	rganization(s), by having. ge the supported organiz	control oration(s) You			
C Type III func	tionally integrat		nization operated in dete Part IV, Sections	connection w	⁄ith, a∩d E.	functionally integrated w	ith, its supported			
unctionally in	tegrated. The cr	egrated. A supporting ganization generally molected Part IV, Section:	rust satisfy a distribut	ion requirem	ior with ierl and	its supported organizatio an attentiveness require	n(s) that is not ment (see			
e Check this bo	x fithe organiza	-	determination from the	ne IRS that it	l is a Ty;	ce I, Type II, Type III fund	dionally			
f Enter the numbe	r of supported or	ganizations								
g Provide the follow	wing information	about the supported o	rganization(s)							
(i) Name o organ	of supported nization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions)	10 100100	on stec overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
		<del>                                     </del>	<del></del>	1		İ				
(A)		}		1	[					
<u> </u>										
(B)										
<del></del>										
(C)			<u> </u>		ļ					
(D)										
(E)			<del> </del>	<del></del>	<del> </del>					
Total		<u></u>								
BAA For Paperwork F	Reduction Act N	lotice, see the Instru	ctions for Form 990	or 990-EZ.		Schedule A (Form	n 990 or 990-EZ) 2015			

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	edule A (Form 990 or 990-EZ) 2015		lle Neighborho				
<u>Pa</u>	rt II Support Schedule for (Complete only if you chacke	Organizations	s Described in	Sections 170	l(b)(1)(A)(iv) au n failed to qualify u	nd 170(b)(1)(A	\)(vi)
	organization fails to qualify un	nder the tests listed	below, please cor	nplete Part III )	ir ieneo to quenty d	i dei i ait iii ii iiie	,
Sec	tion A. Public Support						
	endar year (or fiscal year inning in) ►	(a) 20 <sup>-</sup> 1	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gills grants, con ributions, and mantership fees received (Do not include any unusual grants.)						
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				_	_	
Sec	tion B. Total Support			/			
Cale begi	nđar year (or fiscal year nning (n) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest. dividends, payments received on securities oars, rents, royalties and income from simi ar 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	es, etc (see nstru	ctions)			12	
13	First five years. If the Form 990 is organization, check this, box and s	s for the organization top here	on s first, second, th	nird fourth or lifth	tax year as a secti	ion 501(c)(3)	
Sec	tion C. Computation of Pul	blic Support P	ercentage				
14	Public support percentage for 2015	5 (line 5, column (f	divided by line 11	, column (f))		14	%
15	Public suppor percentage from 20	114 Schedule A, Pa	ar. II, line 14	• • • • •	· · · · · · · · · · · · · · · · · · ·	15_	%
16 a	33-1/3% support test — 2015. If I and stop here. The organization q	the organization di jualifies as a public	d not check the box bly supported organ	on line 13, and li ization	ne 14 is 33-1/3% o	r more, check this	box ▶
t	33-1/3% support test — 2014. If the and stop here. The organization of	he organization cid qualifies as a public	l nor check a box o dy supported organ	n line 13 or 16a, a lization	ind line 15 is 33-1/3	3% or more, check	this box
17 a	10%-facts-and-circumstances te or more, and if the organization me the organization meets the facts-a	eets the 'facts-and-	circumstances tes	t, check this pox a	ind stop here. Exp	lain in Part VI how	, –
b	10%-facts-and-circumstances te or more and if the organization me organization meets the Yacts-and-o	eets the 'facts-and- circumstances' tes	drcumstances' tes t. The organization	I check this box a qualifies as a pub	ind stop here. Exp lic'y supported orga	lain in Part VI how anization	the
18	Private foundation If the organiza	ation cid not check	a box on line 13, 1	6a, 16b, 17a or 1	17b, check this box	and see instruction	ons ▶ ∐
BAA					Sch	edule A (Form 99	0 or 990-EZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015 Francisville Keighborhood Development Corporation 57-1164331 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support (c) 2013 Calendar year (or fiscal year beginning in) > (a) 2011 (b) 2012 (d) 2014 (e) 2015 (f) Total Gifts, grants, contributions and membership fees received (Do not include any unusual grants ) 174,279. 79,615. 153,982. 125,571 373,136. 906,583. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's lax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on facilities furnished by a governmenta unit to the organization without charge. Total. Add lines 1 through 5 79,615. 153,982. 174,279. 125,571 373,136. 906,583. 7 a 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 \_\_\_\_\_ Public support. (Subtract line 906,383. 7c from line 6.) Section B. Total Support (c) 2013 (a) 2011 (b) 2012 (d) 2014 (e) 2015 (f) Total Calendar year (or fiscal year beginning in) 3**7**3,<u>1</u>36 153,982. 174,279 125,571 906,583 9 Amounts from line 6 . . . . 79,615 10 a Gross income from interest dividends, payments received on securities loans rents, royalties and income from a 0. similar sources 0 0 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . 0\_ 0 c Adc lines 10a and 10b . . . . . 0 0 0 11 Net income from unrelated business activities not included in line 10b. whether or not the business is requisitly carried on ... Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 79,615. 153,982. 174,279. 906,583. First five years. If the Form 390 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.... Section C. Computation of Public Support Percentage 15 Pub ic support percentage for 2015 (line 8, co umn (f) divided by line 13, column (f)) . . . . . . 100.30 16 왕 16 Pub ic support percentage from 2014 Schedule A, Part III, line 15. . . . 100.30 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2015 (I ne 10c, column (f) divided by line 13, column (f) 0.00 원 0.00 ಕ 19 a 33-1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3% check this box and stop here. The organization qualifies as a publicly supported organization . b 33-1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and

line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation, if the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . . .

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Schedule A (Form 930 or 930-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Francisville Neighborhood Development Corporation

Page 4

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

_==	tion 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 purcose, 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		
3 a	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes. answer (b) and (c) below.	3a		
ŀ	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	3с		
<b>4</b> a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
t	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		
5 a	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. (ii), 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		
t	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 entiry with regard to a substantial contributor? If Yes, complete Pan 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		
9 a	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		
t	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 cerive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI	9 c		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below	10a		
t	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	-	
BAA	TEEAG404 10/12/15 Schedule A (Form 990	or 990	)-EZ)	2015

	edule A (Form 990 or 990-EZ) 2015 Francisville Neighborhood Development Corporation 57-1164331 rt IV Supporting Organizations (continued)		F	Page 5
1 6	TTTV   DUPPOTENTY OTGATILIZATIONS (COMMITTEEN)		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	T		
	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?	1a		   
	b A family member of a person described in (a) above?	16		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, cric, provide detail in Part VI	10		
Sec	tion B. Type I Supporting Organizations			
	Bulling distriction from the control of the control	_	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If No, 'describe in Part VI how the supported organization's effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe now the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If Yes, explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	-	ــــــــــــــــــــــــــــــــــــــ	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No, describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
	=	_ֈ՝	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 recent yifled as of the date of notification, and (iii) copies of the	_		
	organization's governing documents in effect on the date of notification, to the extentinor previously provided?	<del></del> -	$\dashv$	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If No, explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2) did the organization's supported organizations have a significant voice in the organization's invosement policies and in directing the use of the organization's income or assets at all times during the rax year? If Yes, describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations		<u>.</u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а				
t	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions	<i>)</i> -		
2	Activities Tes: Answer (a) and (b) below.	_[`	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes, then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
t	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	T		
	Did the organization have the power to regularly appoint or electia majority of the officers, directors, or trustees of	3a	,	
b	Did he organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If Yes, describe in Part VI the role played by the organization in this regard	3Ь		
RAA	T2200/05 12/2/15 Schedule A (Form 990 or )	an.i	E712	015

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	edule A (Form 990 or 990-EZ) 2015 Franc.sville Neighborhood Developmen  rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			.64331 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on	Novem	ber 20, 1970 See instri	uctions. All
	other Type III non-functionally integrated supporting organizations must complete Sec	ctions /	A through E	<del></del>
Sec	tion 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		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1 a		
k	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		l
•	Total (add lines 1a 1b, and 1c)	1d		:
e	Discount darmed for blockage or other factors (explain in cetail in Part VI)			
2	Acquisition indebtecness 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 (subfract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (acd I ne 7 to line 6)	8		
Sec	tion 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	<del></del>	<del></del>
_4	Enter greater of line 2 or line 3	4	·	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-integrated (see instructions).	d Туре	III supporting organization	:n
BAA			Schedule A (For	m 990 or 990-EZ) 2015

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Sche	cule A (Form 990 or 990-EZ) 2015 Francisville Neighborho			64331 Page 7					
Par	t V Type III Non-Functionally Integrated 509(a)(3) Si	upporting Organiza	tions (continued)						
Sec	tion D – Distributions			Current Year					
1	Amounts paid to supported organizations to accomplish exempt purpos	ses							
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purposes of suppo								
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approva 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 2015 from Section C, ine 6								
10	Line 8 amount divided by Line 9 amount		<u> </u>						
Sect	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015					
1	Distributable amount for 2015 from Section C, line 6								
2	Underdistributions, if any for years prior to 2015 (reasonable cause required — see instructions)								
3	Excess distributions carryover, if any, to 2015:								
а									
ь									
С									
d	From 2013								
	From 2014								
	Total of lines 3a through e								
	Applied to underdistributions of prior-years			<u> </u>					
	Applied to 2015 distributable amount			<del></del> _					
	Carryover from 2010 not applied (see instructions)			- <del></del>					
		<u></u>		<del> </del>					
	Remainder, Subtract I nes 3g, 3h, and 3i from 3f								
4	Distributions for 2015 from Section D, line 7 \$								
	Applied to underdistributions of prior years			<del></del>					
	Applied to 2015 dis ributable amount	·· <del>···</del>		<del></del>					
	Remainder Subtract lines 4a and 4b from 4			<del></del>					
5	Remaining underdistr butions for years prior to 2015, if any								
	Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)								
6	Remaining underdistr butions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).								
7	Excess distributions carryover to 2016. Add lines 3 <sub>j</sub> and 4c								
8	Breakdown of line 7			,					
a									
<u>_</u>			— <u></u>	-					
	Excess from 2013			<del> </del>					
	Excess from 2014								
e	Excess from 2015	1	<u> </u>	<u> </u>					

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Schedule A (Form 990 or 990-EZ) 2015

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TEEA0408 10/12/15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Francisville Neighborhood Development Corporation 57-1164331 Page 4

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part III, 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.)

Schedule A (Form 990 or 990-EZ) 2015

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# SCHEDULE D (Form 990)

OMB No 1545-0147

Supplemental Financial Statements

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

\* Attach to Form 990.

2015

Depar	nmer, of the Treasury at Revenur Service	► Information about Scho	Attach to For edule D (Form 990) and if		w.irs.gov/fo	rm990.	Open Insper	to Public
	of the organization		<del></del>			Employeri	dentification	
						j		
	Francisvi	ille Neighborhood	Development Corp	oration		57-116	4331	
Par		tions Maintaining Don			nds or Ac		- J J L	
1. 91		if the organization answ						
	<del></del>		(a) Donor ach	rised funds	(b) f	unds and o	ther accor	unts
1	Total number at er	nd of year						
2	Aggregate value of cor	ntributions to (during year)			<del></del>	-	*	
3		ents from (duning year)						
4	Aggregate value a	• • •						
5	Did the organization	on inform all donors and donor	r artirisors to writing that the	a assets held in donor a	dueed funds			
•		n's property subject to the or				٠ ٢	Yes	∏No
6	Did the organization	on inform all grantees, donors,	and conor advisors in wnl	ing that grant funds can	be used only	, –	_	_
	for charitable purp	cses and not for the benefit of ate benefit?	the conor or donor adviso	r, or for any other purpo	se conferning	· -	Yes	□No
_			· · · · · · · · · · · · · · · · · · ·		<del></del>		ies	NO.
Par		tion Easements. if the organization answ	ered 'Vec' on Form 0	00 Part IV line 7				
<del>-</del> -	<del></del>	ervation easements held by the						
•		f land for public use (e.g., rec	- '	Preservation c	f a historicalli	umontani	and area	
	Protection of n		realization of Education,	Preservation of	-			
	Preservation of				e ceranea n	ISIOI C SILICA	iore	
2	<u></u>	through 2d if the organization	held a qualifier consequet	on contabution in the fo	rm of a core	eca noite oc	ement on	the
-	as day of the tax		noid a qualifice conscivati					
						leld at the	End of the	e Tax Year
a	Total number of co	nservation easements	<del> </del>		2 a			
b	Total acreage restr	icted by conservat on easeme	ents		2 b			
C	Number of conserv	ation easements on a certifie	d historic structure included	din(a)	2 c			
d		ation easements included in (			. 2d			
3	Number of conserv tax year ►	valion easements modified tra	ansferred, released, extinge	ished, or terminated by	the organiza	ition during	the	<del></del>
4		where property subject to cons	servation easement is local	ed ►				
5		ion have a written policy rega			- of violations.			
-	and enforcement o	f the conservation easements	it holds?	·			Yes	No
6	Staff and volunteer	hours devoted to monitoring,	inspecting, handling of vio	lations, and enforcing co	onservation e	asements o	furing the	year
	<b>•</b>							
7	Amount of expense ►\$	es incurred in monitoring insp	ecting, handling of violation	ns, and enforcing conse	rvation easer	nerts dunn	g the year	
8	Does each conservand section 170(h)	/ation easement reported on to (4)(B)(ii)?	ine 2(d) above satisfy the r	equirements of section	170(h)(4)(B)(	°	Yes	ΠNo
9	In Part XI , cescrib	ne how the organization report le, the text of the footnote to it	is conservation easements	in its revenue and expe	nse stateme	nt, and bala	nce sheet ounting for	, and
	corservation easer	rents ions Maintaining Colle						·
Par	Complete i	if the organization answ	ered 'Yes' on Form 9	90, Part IV, line 8				
1 a	art historical treast	elected, as permitted uncer Siures, or other similar assets hit of the footnote to its financial	ekt for public exhibition, ed	ucation, or research in f	atement and urtherance of	balance she f public serv	et works o rice, provid	of de
b	historical treasures following amounts	elected, as permitled uncer S , or other similar assets held f relating to these items	for public exhibition, educa-	tion or research in furth	erance of pul	ince sheet v blic service,	vorks of ar provide th	t, ne
		ded on Form 990, Part VIII, lin				· · · \$		
		d in Form 990, Part X				· <b>≻</b> \$		
2	If the organization i	received or held works of art, to be reported under SFAS 11.	historical treasures, or other	er similar assets for final		ovide the fol	lowing	
а	Revenue included	on Form 990, Part VIII, line 1				▶\$		
b	Assets included in	Form 990, Part X				▶\$		
								0001 2015

Schedule D (Form 990) 2015 France Part III Organizations Mainta				t Corporation		
3 Using the organization's acquisition						
items (check all that apply)		. •			•	
a Public exhibition		ď	<del></del>	change programs		
b Scholarly research	41	e	Other			<del></del>
Preservation for future general     Provide a description of the organi Part XIII		ctions and explai	r how they fur	ther the organization	on's exempt purpose in	
5 During the year, did the organizate to be sold to raise funds rather that	n to be mainta	ained as part of	the organizatio	n's collection?		Yes No
Part IV   Escrow and Custodia line 9, or reported an a	i Arranger mount on F	nents. Comp orm 990, Pa	lete if the o	rganization ans	wered 'Yes' on Form	ı 990, Part IV
1 a is the organization an agent, truste on Form 990 Part X?	e custodian	or other interme	d ary for contrib	outions or other ass	sets not included	Yes No
bilf Yes, explain the arrangement in	Part XIII and	complete the fo	llowing table			
						Amount
c Beginning balance					1 c	
d Additions during the year					· 1d	<del></del>
e Distributions during the year					1 e	
f Ending balance					. 1f	Tv. Th
2 a Dic the organization include an am b If 'Yes,' explain the arrangement in					·	Yes No
b if fest explain the arrangement in	Pan XIII Sik	eck nere ii ine e	tpianation has	beer provided on i	an XIII	• • • • • • □
Part V Endowment Funds. C	omplete if	the organizat	ion answer	ed 'Yes' or For	n 990 Part IV line 1	<u>n</u>
part [2] down to the control of	(a) Current		) Prior year	(c) Two years back		(e) Four years back
1 a Beginning of year balance	14,02 0.0	1	<u> </u>	(6) (110 ) (41 ) (42 )	(4) (11/26) (6/2 0/36)	(c) 1 cc.   cc. 3 cc. x
b Contributions						<del></del>
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						
<ol><li>Provide the estimated percentage</li></ol>	of the current	year end balanc	e (line 1g colu	ımn (a)) held as		<u> </u>
a Board designated or quasi-endown	nert ►		i			
b Permanent endowment ►	ફ					
c Temporarily restricted endowment	<b>&gt;</b>					
The percentages on lines 2a, 2b, a	nd 2c should	equal 130%				
3 a Are there endowment funds not in organization by	the possessio	n of the organiza	ation that are h	eld and administer	ed for the	Yes No
(i) unrelated organizations						3a(i)
(ii) related organizations	· · · · · · ·					3a(II)
bilf "es on line 3a(ii), are the relater	i organization	s listed as requir	red on Schedu	le ₹7		35
4 Describe in Part XIII the intended of	ises of the org	anization's enco	owment funds			
Part VI Land, Buildings, and Complete if the organiz			Form 990,	Part IV, line 11	a. See Form 990, Pa	art X, line 10
Description of property		(a) Cost or othe (investmen	r basis (b	) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				38,972.		38,972.
b Buildings						
c Leasehold improvements						
d Equipment						
e Other	· · · · · ·					
Total. Acd I nes 1a through 1e. (Column	(d) must equa	al Form 990, Par	τ X, column (B	), line 10c ) .		38,972.
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Schedule D (Form 990) 2015 Francisville Neighbor	chood Development	Corporation	57-1164331	Page 3
Part VII Investments – Other Securities. Complete if the organization answered	Yes' on Form 990.	Part IV. line 11b. See	e Form 990. Part X. line	e 12.
(a) Description of security or category (including name of security)	(b) Book value		ation Cost or end-of-year market v	
(1) Financial derivatives				
(2) Crosely-held equity interests				
(3) Other				
(A)	 			
( <u>B</u> )	ļ			
(C)			<del></del>	<del></del>
(D)				<del></del>
(E)	<u> </u>	<del> </del>	<del></del>	
(F) (G)				
(H)		<del> </del>		
(1)	<del></del>	<del> </del>		
Total. (Cowmin (b) must equal Form 990, Part X, column (B) line 12.)				
Part VIII Investments - Program Related.	<u> </u>			
Complete if the organization answered "				
(a) Descript on of investment	(b) Book value	(c) Method of valuation	n Cost or end-of-year marks	et value
(1)				
(2)				
(3)				
(4)	<del></del>	<del> </del>		
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(5)				
(7)		<del></del>		· · · · · · · · · · · · · · · · · · ·
(8)				
(10)				
Total. (Cohmm (b) must equal Form 990. Part X, column (B) sine 13)				
Part IX Other Assets.	<del>-</del>	<u>' </u>		
Complete if the organization answered "		Part IV, line 11d See	Form 990, Part X line	15.
	scription		(b) Book	value
(1)		<del></del>	<del></del>	
(2)				
(4)				
(5)				
(6)				
(7)				·
(8)	· · · · · · · · · · · · · · · · · · ·		i	
(9)			<u></u>	
(10)	45.			
Total. (Column (b) must equal Form 995, Part X, column (B) in	ne 15)		· · · · · •	
Part X Other Liabilities.  Complete if the organization answered 'Yes' on F.	orm 030 Part IV line 1	1e or 11f See Form 000	Part Y line 25	
(a) Description of hability	(b) Book value	10 31 1 11. 500 1 0 111 0 50,	Tate A, and 25	
(1) Federal income taxes		_		
(2)				
(3)		_		
(4)				
(5)				
(6)				
(7)				
(8) (9)		<del> </del>		
(10)		_		
(11)	<u> </u>	_		
	<b>•</b>			
2 Liability for uncertain tax positions in Part XIII, provide the text of the footr		notal statements that reports the	organization's hability for uncertai	17
ax positions under FIN 48 (ASC 740). Check here if the text of the footnote h				🗌
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Schedule D (Form 990) 2015 Francisy: The Neighborhood Development Corporation	57-1164331. Page 4
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
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains (losses) on investments	
b Dorated services and use of facilities	_
c Recovenes of prior year grants	_
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	. 2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990 Fart VIII, line 12, but not on line 1	
a Investment expenses not included on Form 690, Part VIII, line 7b	.
b Other (Describe in Part XIII )	
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
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return.
Complete if the organization answered 'Yes' or Form 990, Part IV, line 12a.	
1 Total expenses and icsses per audited financial statements	1
2 Amounts included on line 1 out not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	_
c Ott-er losses	
d Other (Describe in Part XIII )	_
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
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 4 a	[
b Other (Describe in Part XIII )	_
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
Part XIII   Supplemental Information.	

Provice the describbins 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.

ВАА

Schedule D (Form 990) 2015

TEEA3304 06/05/15

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 Department of the Trassiny Internal Revenue Service at www.irs.gov/form990.

2015 Open to Public Inspection

OMB No. 1545-2047

Name of the organization Employer Identification number Francisville Neighborgood Development Corporation 57-1164331 Pt VI, Line 7b The CDC is a membership organization. Officers are elected. Pt VI, Line 11b The 990 is distributed prior to filing. All Board members are required to complete and sign an annual conflict Pt VI, Line 12c of interest disclosure.

echebul e a	1 _	. 1. 4. 4. 6. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.							1	OM5 1.	. 15-54)*	
SCHEDULE R (Form 990)		elated Organizati	vered 'Yes' or	Form 990,					Γ	2	015	
Departmen of the Time and Internal Reserve in Service	► Inform	ation about Schedule R (F	Attach to Form 990) and		tions is at wi	ww.Hs.g	gov/form990.			Open to Public Inspection		
Name of the organization	<del></del>								Employer ident			
Francisville ker	chborhood Development	Corporation							57-1161	3.31		
	of Disregarded Entities C		elion answe	red 'Yes'	on Form 99	20 Pa	rt IV line 33					
	··-									<del></del>		
(a) Name, address, and EIN (if applicable) of disrogarded entity		ntity Primary	activity	(c) Legat dorricale (state or loreign country		[d] ota income		(e) End-of-year assets		Direct cer		l ng
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	n of Related Tax-Exempt Or elated tax-exempt organizate			inization a	inswered '\	res ar	n Form 990, F	Part IV, I	ine 34 beca	ause il l	psd	
- CHICAT MOTOR	(a)	(b)	, (c	1	(d)		(e)		(f)		(a)	
dame, address, and	EIV of related organization	Primary activity	_egal dom	icile (state	Exempt Co section		Fublic charity st (f section 501)		Direct const	alling	(g) Sex 517 ( controlled	cunty?
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BAA For Paperwork Redu	uction Act Notice, see the Instruc	ions for Form 990.			TEE 45001 (6/	มา:11			ಎ೮ಇ	5.4(K) FC ()	-cim asi	2015

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Part III Identification of because it had	of Related Organ one or more rela	nizations	Taxable	Development as a Partners reated as a par	hin Co	molete if the or	ganızatı Çyear	on answe	ered \	es o	r Form 990.	Part IV	Ine 3	4
(a) Name address, and E N of related organization	(b) Primary activity	(c) Legal demices (size or foreign country)	(d) Direction scatroll rentity		elated, om ta i horis	(f) Share of total income	Sh. erd-	g) -ire of of-year ssets	Despt	a e naoris?	(i) Code V UB amount in br 20 of Schedu K-1 (Form 10c5)	x lanan	raic-	(k) Percentagu nemership
(1) PADO Real Istate, INC.		-								, , <u>, , , , , , , , , , , , , , , , , </u>		1	,,,,	
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Part IV Identification o	f Related Organ	izations	Taxable a	as a Corporati	on or I	Trust Complete	of the o	~~~~		worn.	f 'Vac' on E	noo ma	Port I	V
line 34 because	it had one or mo	re related	l organiza	tions treated a	s a con	cretion or trus	t during	the tax y	ear	WEIE	1 100 OIII.	Jilli 930,	1 4111	• •
line 34 because (a) Namo, address and EIN o	it hac one cr mo	re related	l organiza (b) r, acl vity	(c) Legal domicile (state or foreign	s a cont	coration or trus  (t) (Type oiling (Cocre	t during e) or entity c, S corp	the tax years (f) Share total inc	ear of	Sha	(g) are of end-of- year assets	(h)	Sec	(i) 512(b)(13) alled entri <sub>e</sub> ?
line 34 because (a) Namo, address and EIN o	it hac one cr mo	re related	l organiza (t)	(c) Legal domicile	s a cont	coration or trus  (t) (Type oiling (Cocre	t during e) or equity	the tax y	ear of	Sha	(g) are of end-af-	(h)	Sec	(1) 512(b)(13) alled entn <sub>s</sub> ?
line 34 because	if hac one or mo	re related	l organiza (t)	(c) Legal domicile (state or foreign	s a cont	coration or trus  (t) (Type oiling (Cocre	t during e) or entity c, S corp	the tax y	ear of	Sha	(g) are of end-af-	(h)	Sec	(1) 512(b)(13) alled entn <sub>s</sub> ?
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Schedub R (Frmm 99C) 2015 Francisville Neighborhood Development Corporation		57-110	64331	Page 3
Part V Transactions With Related Organizations Complete if the organization answered 'Yes' on Fo	om: 990, Part IV, line 34	, 35b, or 36		
Note: Complete line 1 if any entity is listed in Parts 1, 11 or IV of this schedule				Yes   No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations	listed in Parts II-N?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) nor from a controlled on rily	• • •	•	1 a	×
b Gall grant, or capital contribution to realed organization(s).			1 Б !	X
e GRI, gram, or capital commburion from related organization(s)	• •		1 c	
d Loans or ban guerentees to or for related organization(s)		•	. [18]	X
e Loans or oan guarantees by related organization(s)	• • • • •		· 1e	X
f Dividends from related organization(s)			. 11	<u>,                                    </u>
g Sale of assets to related organization(s)		•	. 1g	
h. Furchase of assets from relatad organization is			. 1h	<u> </u>
Exchange of assets with related organization(s)	•		11	X
1 Loads of facilities, equipment or other assots to milated organization(s) .		•	· 11	<u></u>
k Leade of facilities, equipment or other assets from related organization(s)			1 k	х
Performance of acrinces or membership or fundraising solicitations for related organization(s)	•	-	11	X L
in Performance of services or membership or fundraising solicitorions by related organization(s)	•	•	1 m	X
n. Sha inglef (adilities, equipment, mailing lists, or other assets with rota orlinoganization (s)			1.0	<u> </u>
o Shunng of paid employees with related organization(s)	•		10	
p Remoursement paid to related organization (s) for expenses			10;	×
q. Rear toursement paid by related organization(s) for expenses		•	19	Х
r Other transfer of cash or property to related organization (s)			1r	х
s Other transfer of cash or property from related organization(s)			. 15	х
2 If the answer to any of the above is ites, see the instructions for information on who must complete his line, including cover	ared relationships and transac	tion it resholds.		
ta) Name of re alled o ganization	(b)	(c) Impunt involved	(d) Method of decamount in	
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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 37 Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities imposured by total assets or gross revenue) that was not a related organization. See instructions regarding explusion for certain investment partnerships

(d)
Predominant
extrant
(related transate) excuded
for tax undar (e) Are all partners 5 retion 501/r)(3) organizations? (g) Share or end-of-year assets (c) Local domicile (state or foreign country) (f) Share of lota income (h) Disproprir-tionale alocations? ti) Code V-UBI amour' in bok 20 of Schedule K-1 (Form 1065; general or managing parmer? (a) Yame, address and EIN of orbity (b) Pomary activity sections 512 514, Yes No Yes No Yes No (2) (5) (6) (7) (8)

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Schedule R (Form 990) 2015 Francisville Neighborhood Development Corporation

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Page 5

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R (see instructions)

Schedule R (Form 990) 2015

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