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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
NEIGHBORHOOD PROGRESS INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1956 WEST 25TH STREET NO 200

City or town, state or country, and ZIP + 4
CLEVELAND, OH 44113

D Employer identification number
34-1611055

E Telephone number
(216)830-2770

G Gross receipts $ 5,137,511

F Name and address of principal officer
JOEL RATNER
1956 WEST 25TH STREET NO 200
CLEVELAND,OH 44113

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW NEIGHBORHOODPROGRESS ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1988 | **M** State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
NEIGHBORHOOD PROGRESS (NPI) IS A LOCAL COMMUNITY DEVELOPMENT FUNDING INTERMEDIARY WITH OVER TWENTY YEARS OF EXPERIENCE INVESTING IN COMMUNITY REVITALIZATION WORK IN THE CITY OF CLEVELAND NPI WAS FOUNDED IN 1988 AND SERVES A UNIQUE FUNCTION AS IT IS THE ONLY LOCAL INTERMEDIAREY IN THE REGION AND IS PROUD TO BE NATIONALLY HIGHLIGHTD AS A LEADER FOR ENGAGING IN BEST PRACTICES IN VARIOUS FACETS OF NONPROFIT PROGRAMMING NPI WAS ESTABLISHED BY PHILANTHROPIC AND BUSINESS LEADERS IN ORDER TO MARSHAL THE RESOURCES OF CLEVELAND'S PUBLIC AND PRIVATE SECTORS TO COUNTER DISINVESTMENT THAT IMPAIRS THE HEALTH AND LIVABILITY OF THE CITY'S NEIGHBORHOODS NPI'S PROGRAMMING IS INTENDED TO ADDRESS THE MOST CRITICAL ISSUES CONFRONTING THE ENTIRE COMMUNITY DEVELOMENT SYSTEM WORKING IN PARTNERSHIP WITH COMMUNITY DEVELOPMENT CORPORATIONS, LOCAL FOUNDATIONS, THE BUSINESS COMMUNITY AND GOVERNMENT, OUR EFFORTS HAVE WORKED TO CREATE A STRONG AND PRODUCTIVE SYSTEM THAT HAS VISIBLY IMPROVED MANY-SEE SCHED O

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	21
6	Total number of volunteers (estimate if necessary)	**6**	15
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	1,753,293	3,971,944
9	Program service revenue (Part VIII, line 2g)	10,743	130,341
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	34,559	115,221
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	225,316	195,619
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,023,911	4,413,125
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,063,269	2,440,856
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,554,738	1,673,880
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶126,917		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,140,775	2,699,480
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,758,782	6,814,216
19	Revenue less expenses Subtract line 18 from line 12	-3,734,871	-2,401,091
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	26,318,870	21,723,529
21	Total liabilities (Part X, line 26)	16,534,561	14,335,118
22	Net assets or fund balances Subtract line 21 from line 20	9,784,309	7,388,411

Part II Signature Block

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

Sign Here

****** | 2013-05-09
Signature of officer | Date

JOEL RATNER PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ ZACHARY FORTSCH | Date | Check if self-employed ▶ ☐ | Preparer's taxpayer identification number (see instructions) P00052725

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MCGLADREY LLP
1001 LAKESIDE AVE SUITE 200
CLEVELAND, OH 441141152

EIN ▶ 42-0714325

Phone no ▶ (216) 523-1900

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

OUR MISSION IS TO FOSTER COMMUNITIES OF CHOICE AND OPPORTUNITY THROUGHOUT CLEVELAND OUR VISION IS THAT ALL OF CLEVELAND'S NEIGHBORHOODS ARE ATTRACTIVE, VIBRANT COMMUNITIES WHERE PEOPLE FROM ALL INCOMES, RACES AND GENERATIONS THRIVE, PROSPER AND CHOOSE TO LIVE, LEARN, WORK, INVEST, AND PLAY

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 6,129,889 including grants of $ 2,440,856) (Revenue $ 244,602)

STRATEGIC INVESTMENT INITIATIVE (SII) NEIGHBORHOOD PROGRESS CREATED ITS STRATIGIC INVESTMENT INITIATIVE (SII) IN 2004 OUT OF EXPERIENCE AND RESEARCH ON NATIONAL BEST PRACTICES IN NEIGHBORHOOD PLANNING AND PROGRAM DESIGN THE INTENTION WAS TO DEVELOP A MODEL FOR REBUILDING DISTRESSED COMMUNITIES THAT CAN BE REPLICATED CITYWIDE, DEMONSTRATING THAT THROUGH TARGETED AND LAYERED INVESTMENT, PARTNERSHIP AND PLANNING, NEIGHBORHOODS CAN PROSPER, EVEN IN AN ERA OF DIMINISHED PUBLIC RESOURCES THROUGH A COMPETITIVE GRANT PROCESS, NPI CURRENTLY PROVIDES SUPPORT TO NINE STRATEGIC INVESTMENT COMMUNITY DEVELOPMENT CORPORATIONS (CDC'S) IN THE FOLLOWING NEIGHBORHOODS BUCKEYE, CENTRAL-KINSMAN, DETROIT SHOREWAY, FAIRFAX, GLENVILLE-WADE PARK, NORTHEAST SHORES, OHIO CITY, SLAVIC VILLAGE-BROADWAY AND TREMONT NEIGHBORHOODS THE SSI AND ITS FUNDERS HAVE COMMITTED RESOURCES TO THESE NINE NEIGHBORHOODS AS A COMPREHENSIVE STRATEGY FOR BUILDING MARKET STRENGTH AND HEALTHY COMMUNITIES IT INCORPORATES REAL ESTATE DEVELOPMENT WITH OTHER ASPECTS OF HEALTHY COMMUNITY LIFE SUCH AS SAFETY, ACCESS TO WORK, CIVIC INVOLVEMENT, AMENITIES AND SCHOOLS ON AVERAGE, THE SSI AREAS CONTAIN BETWEEN 3,000 AND 5,000 HOUSEHOLDS AND REPRESENT A DIVERSE RANGE OF INCOMES, BUILDING CONDITIONS AND SOCIAL CONDITIONS THE POPULATIONS OF THE SERVICE AREAS OF THE NINE SSI CDC'S IS APPROXIMATELY 124,384 THE TARGETED GEOGRAPHIES ARE RECOGNIZED AS HUD NEIGHBORHOOD STABILIZATION PROGRAM (NSP) AREAS, HAVING SUFFERED GREATLY FROM THE EFFECT OF FORECLOSURES AND ABANDONMENT

4b (Code) (Expenses $ including grants of $) (Revenue $)

REIMAGINING CLEVELAND ADDITIONALLY, WE MANAGE CITYWIDE VACANT LAND REUSE AND VACANT PROPERTY RECLAMATION AND PREVENTION PROGRAMMING TO THE AREAS HARDEST HIT BY FORECLOSURE AND PROPERTY ABANDONMENT CRISIS IN 2011, NEIGHBORHOOD PROGRESS AND ITS PARTNERS RECEIVED THE AMERICAN PLANNING ASSOCIATION'S NATIONAL PLANNING EXCELLENCE AWARD FOR INNOVATION IN SUSTAINING PLACES FOR THE CREATIVE LAND REUSE INITIATIVE, REIMAGINING CLEVELAND, WHICH HAS TRANSFORMED 195 UNPRODUCTIVE VACANT PARCELS INTO 124 GREENSPACE PROJECTS WITHIN THE CITY OF CLEVELAND, INCLUDING VINEYARDS, ORCHARDS, MARKET AND COMMUNITY GARDENS, SIDEYARDS, AND POCKET PARKS REIMAGINING CLEVELAND IS MADE POSSIBLE THROUGH THE PARTNERSHIP OF THE CITY OF CLEVELAND, CLEVELAND URBAN DESIGN COLLABORATIVE, LAND STUDIO, AND NEIGHBORHOOD PROGRESS, INC NEIGHBORHOOD PROGRESS ALSO PARTNERS WITH THE CLEVELAND HOUSING NETWORK, COMMUNITY DEVELOPMENT NONPROFIT STAFF, THE CITY OF CLEVELAND, AND FORECLOSURE PREVENTION AGENCIES IN SIX OF THE NINE SII NEIGHBORHOODS ON THE OPPORTUNITY HOMES INITIATIVE

4c (Code) (Expenses $ including grants of $) (Revenue $)

OPPORTUNITY HOMES OPPORTUNITY HOMES IS A THREE-TIERED PROGRAM CONSISTING OF THE RENOVATION OF HOMES THAT HAVE BECOME VACANT THROUGH FORECLOSURE, DEMOLITION OF VACANT OR ABANDONED HOMES NOT SUITABLE FOR RENOVATION, AND-THROUGH COUNSELING, ORGANIZING AND ADVOCATING FOR FAMILIES IN DISTRESS - PREVENTING FAMILIES FROM LOSING THEIR HOMES THROUGH FORECLOSURE THIS INITIATIVE BUILDS UPON A NETWORK OF STRONG COMMUNITY DEVELOPMENT ORGANIZATIONS THE 27-YEAR TRACK RECORD OF THE CLEVELAND HOUSING NETWORK, THE FINANCIAL AND DEVELOPMENT CAPACITY OF NEIGHBORHOOD PROGRESS, THE COMMUNITY DEVELOPMENT NONPROFITS' TIES TO THE NEIGHBORHOOD AND RESIDENTS, THE PROVEN TRACK RECORD OF COUNSELING AGENCIES SUCH AS EMPOWERING AND STRENGTHENING OHIO'S PEOPLE (ESOP) IN FACILITATING LOAN MODIFICATIONS AND WORKOUTS, AND A COMMITMENT OF THE CITY OF CLEVELAND TO TARGET RESOURCES AND PROGRAMMING TO THESE SIX NEIGHBORHOODS THAT WILL SUPPORT THEM NOW AND IN THE FUTURE AS GREAT PLACES TO LIVE THE OPPORTUNITY HOMES PROGRAM HAS SEEN THE ACQUISITION AND REHAB OF 66 HOMES WITH AN AVERAGE SALES PRICE OF $109,061 IN ADDITION, THROUGH CLOSE COORDINATION AND COLLABORATION WITH OUR PARTNERS IN THESE TARGET AREAS, OVER 350 BLIGHTED AND ABANDONED STRUCTURES HAVE BEEN DEMOLISHED, 86 FORECLOSURES WERE AVERTED THROUGH WORK WITH COUNSELING AGENCIES, OVER 160 LOW INCOME HOUSING TAX CREDIT HOMES WERE COMPLETED, AND 50 VACANT LOTS HAVE BEEN BROUGHT BACK TO BENEFICIAL USE, E G LANDSCAPING, POCKET PARKS, PLAYGROUND OR COMMUNITY GARDENS

(Code) (Expenses $ including grants of $) (Revenue $)

ECONOMIC OPPORTUNITY IN 2011 NEIGHBORHOOD PROGRESS ENGAGED CORPORATION FOR ENTERPRISE DEVELOPMENT (CFED) TO CONDUCT AN ASSESSMENT OF THE NEEDS, OPPORTUNITIES AND INSTITUTIONAL CAPACTIY FOR INDIVIDUAL AND COMMUNITY ASSET-BUILDING IN THE CITY OF CLEVELAND THE ASSESSMENT WAS DESIGNED TO SHED LIGHT ON THE CURRENT STATE OF FINANCIAL SECURITY IN CLEVELAND AND PROVIDE INFORMATION TO COMMUNITY STAKEHOLDERS ON A SET OF STRATEGIES THAT WOULD MOVE CLEVELAND RESIDENTS TOWARDS FINANCIAL EMPOWERMENT CFED FOUND THAT CLEVELAND IS HOME TO 5 OF THE TOP 30 UNBANKED CENSUS TRACTS IN THE NATION, AND NEARLY HALF OF ALL CLEVELAND HOUSEHOLDS ARE LIVING IN ASSET POVERTY, MEANING THEY DO NOT HAVE ENOUGH ASSETS TO SURVIVE THREE MONTHS AT THE POVERTY LINE WITHOUT AN INCOME THE ASSET POVERTY RATE IS MUCH HIGHER IN CLEVELAND (48%) THAN IN OHIO (29%) OR CUYAHOGA COUNTY (34%) SINCE THE STUDY WAS COMPLETED, NEIGHBORHOOD PROGRESS DEVELOPED A PARTNERSHIP WITH KEY BANK TO STAFF ITS FINANCIAL EDUCATION CENTER IN THE BUCKEYE NEIGHBORHOOD THE FINANCIAL EDUCATION CENTER HAS HELPED MORE THAN 16,000 INDIVIDUALS INVEST IN THEMSELVES, BETTER MANAGE THEIR FINANCES, AND ACHIEVE THEIR FINANCIAL GOALS SINCE 2004 THE FREE FINANCIAL CURRICULUM AT THE CENTER, TITLED "LEARN AND EARN", IS COMPRISED OF THIRTEEN INTERACTIVE CLASSES ON TOPICS INCLUDING MANAGING CREDIT, SAVING FOR EMERGENCIES AND FOR THE FUTURE, AND HOMEOWNERSHIP THE CENTER ALSO OFFERS CONFIDENTIAL ONE-ONE FINANCIAL COACHING AND FINANCIAL LITERACY WORKSHOPS IN ADDITION TO THE FINANCIAL EDUCATION CENTER, NPI DEVELOPED A BUILDING ASSETS FOR GLENVILLE RENTERS PROJECT THE PROJECT IS DESIGNED TO BUILD THE FINANCIAL SECURITY OF LOW-INCOME FAMILIES WITHIN THE GLENVILLE NEIGHBORHOOD OF CLEVELAND WORKING IN PARTNERSHIP WITH KEYBANK AND FAMICOS FOUNDATION, THE PROJECT IS DESIGNED TO BREAKDOWN TRADITIONAL BARRIERS TO WEALTH BUILDING OPPORTUNITIES FOR LOW-INCOME FAMILIES, PRIMARILY FEMALE SINGLE PARENTS, RESIDING IN AFFORDABLE HOUSING DEVELOPMENTS

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 6,129,889

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	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, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
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**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	26		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	21			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		No
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		No
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ OH

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

J BRIAN GEHMAN
1956 WEST 25TH STREETSUITE 200
CLEVELAND, OH 44113
(216) 830-2770

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK NASCA CHAIRMAN	1 00	X		X				0	0	0
(2) BETH E MOONEY TRUSTEE	1 00	X						0	0	0
(3) COLLEEN GILSON SECRETARY	1 00	X		X				0	0	0
(4) ANTHONY BRANCATELLI TRUSTEE	1 00	X						0	0	0
(5) JOSEPH ROMAN TRUSTEE	1 00	X						0	0	0
(6) MICHAEL SCHOOP PHD TRUSTEE	1 00	X						0	0	0
(7) THOMAS COYNE TRUSTEE	1 00	X						0	0	0
(8) TIMOTHY Y TRAMBLE TRUSTEE	1 00	X						0	0	0
(9) PAUL CLARK VICE CHAIRMAN/TREASURER	1 00	X		X				0	0	0
(10) FREDDY COLLIER JR TRUSTEE	1 00	X						0	0	0
(11) CLAUDIA COULTON PHD TRUSTEE	1 00	X						0	0	0
(12) KEN MARBLESTONE TRUSTEE	1 00	X						0	0	0
(13) ARI MARON TRUSTEE	1 00	X						0	0	0
(14) ANTHONY R MOORE TRUSTEE	1 00	X						0	0	0
(15) JAYSON ROGERS TRUSTEE	1 00	X						0	0	0
(16) BRIAN GEHMAN CFO	18 00			X				104,378	0	29,334
(17) JOEL RATNER PRESIDENT	40 00			X				180,000	0	29,734

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LINDA WARREN SENIOR VICE PRESIDENT	16 00					X		146,694	0	11,861
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								431,072	0	70,929

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 3

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	234,323			
	e	Government grants (contributions)	1e	545,731			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,191,890			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		3,971,944			
Program Service Revenue			Business Code				
	2a	PROGRAM SERVICE REVENU	531390	130,341	130,341		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		130,341			
	3	Investment income (including dividends, interest and other similar amounts)		24,802			24,802
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents	171,777				
	b	Less rental expenses	0				
	c	Rental income or (loss)	171,777				
	d	Net rental income or (loss)		171,777			171,777
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		814,805			
	b	Less cost or other basis and sales expenses		724,386			
	c	Gain or (loss)		90,419			
	d	Net gain or (loss)			90,419	90,419	
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	SUBSIDIARY REIMBURSEME	531390	23,842	23,842		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		23,842			
	12	**Total revenue.** See Instructions		4,413,125	244,602	0	196,579

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,440,856	2,440,856		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	431,072	292,317	113,388	25,367
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	815,845	577,289	188,460	50,096
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	120,912	57,942	57,942	5,028
9	Other employee benefits	208,118	141,128	54,743	12,247
10	Payroll taxes	97,933	66,410	25,760	5,763
11	Fees for services (non-employees)				
a	Management				
b	Legal	2,265	1,585	556	124
c	Accounting	31,800	21,564	8,365	1,871
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	195,364	143,709	42,212	9,443
12	Advertising and promotion	11,720	7,984	3,053	683
13	Office expenses	64,402	44,198	16,510	3,694
14	Information technology				
15	Royalties . .				
16	Occupancy	106,166	71,993	27,926	6,247
17	Travel	60,976	48,353	10,315	2,308
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	332,823	330,258	2,565	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	118,045	114,380	2,995	670
23	Insurance	9,963	6,756	2,620	587
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	OTHER PROGRAMMATIC EXPE	1,404,905	1,404,905		
b	ORGANIZATIONAL DEVELOPM	172,568	172,568		
c	VACANT PROPERTY REFORM	86,500	86,500		
d	TECHNICAL SERVICES PROG	59,657	59,657		
e					
f	All other expenses	42,326	39,537		2,789
25	**Total functional expenses.** Add lines 1 through 24f	6,814,216	6,129,889	557,410	126,917
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,400,027	1	3,068,670
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		4,062,064	3	3,113,561
	4	Accounts receivable, net		1,687	4	11,767
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		12,435,000	7	10,085,000
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		17,926	9	14,450
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 3,860,276			
	b	Less accumulated depreciation	10b 1,604,260	2,910,291	10c	2,256,016
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		1,918,961	13	1,879,760
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,572,914	15	1,294,305
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		26,318,870	16	21,723,529
Liabilities	17	Accounts payable and accrued expenses		3,287,849	17	2,905,886
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	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		12,921,751	23	11,109,464
	24	Unsecured notes and loans payable to unrelated third parties		319,768	24	319,768
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		5,193	25	0
	26	**Total liabilities.** Add lines 17 through 25		16,534,561	26	14,335,118
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,479,210	27	2,707,096
	28	Temporarily restricted net assets		6,305,099	28	4,681,315
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		9,784,309	33	7,388,411
	34	Total liabilities and net assets/fund balances		26,318,870	34	21,723,529

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,413,125
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,814,216
3	Revenue less expenses Subtract line 2 from line 1	3	-2,401,091
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,784,309
5	Other changes in net assets or fund balances (explain in Schedule O)	5	5,193
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7,388,411

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NEIGHBORHOOD PROGRESS INC

Employer identification number
34-1611055

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,544,952	3,893,069	10,440,934	1,753,293	3,971,944	22,604,192
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	2,544,952	3,893,069	10,440,934	1,753,293	3,971,944	22,604,192
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)						11,766,207
6 **Public Support.** Subtract line 5 from line 4						10,837,985

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	2,544,952	3,893,069	10,440,934	1,753,293	3,971,944	22,604,192
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	729,335	590,203	555,352	233,529	196,579	2,304,998
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	45,582	-80,576	-4,645	26,346	23,842	10,549
11 **Total support** (Add lines 7 through 10)						24,919,739

12 Gross receipts from related activities, etc (See instructions)	12	337,988

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	43 490 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	47 760 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in IRC 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

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
NEIGHBORHOOD PROGRESS INC	34-1611055

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount	508,450				508,450
b Lobbying ceiling amount (150% of line 2a, column(e))					762,675
c Total lobbying expenditures	10,000				10,000
d Grassroots non-taxable amount	127,113				127,113
e Grassroots ceiling amount (150% of line 2d, column (e))					190,670
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NEIGHBORHOOD PROGRESS INC

Employer identification number
34-1611055

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		3,579,759	1,354,790	2,224,969
c Leasehold improvements				
d Equipment				
e Other		280,517	249,470	31,047
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				2,256,016

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVEST IN FRIES AND SCHUELE	1,879,760	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	1,879,760	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) FRIES AND SCHUELE LLC - PROJECTS IN DEVELOPMENT	153,828
(2) ORGANIZATIONAL COSTS, NET	44,958
(3) INTEREST RECEIVABLE	78,288
(4) RELATED PARTY RECEIVABLE	1,017,231
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	1,294,305

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
See Additional Data Table	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,413,125
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,814,216
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,401,091
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	5,193
9	Total adjustments (net) Add lines 4 - 8	9	5,193
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,395,898

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

1	Total revenue, gains, and other support per audited financial statements			1	4,743,383
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	330,258		
e	Add lines **2a** through **2d**			2e	330,258
3	Subtract line **2e** from line **1**			3	4,413,125
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	4,413,125

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	7,144,474
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	330,258		
e	Add lines **2a** through **2d**			2e	330,258
3	Subtract line **2e** from line **1**			3	6,814,216
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	6,814,216

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) PROVIDES GUIDANCE FOR HOW UNCERTAIN INCOME TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, DISCLOSED AND PRESENTED IN THE FINANCIAL STATEMENTS THIS REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE ORGANIZATION'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE MORE-LIKELY-THAN-NOT OF BEING SUSTAINED WHEN CHALLENGED OR WHEN EXAMINED BY THE APPLICABLE TAX AUTHORITY TAX POSITIONS NOT DEEMED TO MEET THE MORE-LIKELY-THAN-NOT THRESHOLD WOULD BE RECORDED AS A TAX BENEFIT OR EXPENSE AND LIABILITY IN THE CURRENT YEAR FOR THE YEAR ENDED JUNE 30, 2012, MANAGEMENT HAS DETERMINED THERE ARE NO UNCERTAIN TAX POSITIONS
PART XII, LINE 2D - OTHER ADJUSTMENTS		IMPUTED INTEREST 330,258
PART XIII, LINE 2D - OTHER ADJUSTMENTS		IMPUTED INTEREST 330,258

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NEIGHBORHOOD PROGRESS INC

Employer identification number
34-1611055

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) DETROIT SHOREWAY COMMUNITY DEVELOPMENT6516 DETROIT AVENUE CLEVELAND,OH 44102	23-7376130		231,000				OPERATING AND PROGRAM SUPPORT
(2) TREMONT WEST DEVELOPMENT CORP2406 PROFESSOR STREET CLEVELAND,OH 44113	23-7029247		196,200				OPERATING AND PROGRAM SUPPORT
(3) SLAVIC VILLAGE DEVELOPMENT5620 BROADWAY CLEVELAND,OH 44127	34-1344279		218,250				OPERATING AND PROGRAM SUPPORT
(4) OHIO CITY NEAR WEST DEVELOPMENT2525 MARKET AVE SUITE A CLEVELAND,OH 44113	34-1372076		213,081				OPERATING AND PROGRAM SUPPORT
(5) UNION MILES DEVELOPMENT CORP9250 MILES PARK AVENUE CLEVELAND,OH 441055151	34-1336972		25,000				OPERATING AND PROGRAM SUPPORT
(6) BUCKEYE AREA DEVELOPMENT CORP 11802 BUCKEYE ROAD CLEVELAND,OH 441202621	34-1097181		399,085				OPERATING AND PROGRAM SUPPORT
(7) FAMICOS FOUNDATION1325 ANSEL ROAD CLEVELAND,OH 44106	34-1053534		180,000				OPERATING AND PROGRAM SUPPORT
(8) SHAKER SQUARE AREA DEVELOPMENT CORP 11811 SHAKER BOULEVARD SUITE 206 CLEVELAND,OH 441201927	34-1184478		129,966				OPERATING AND PROGRAM SUPPORT
(9) FAIRFAX RENAISSANCE DEVELOPMENT CORP8111 QUINCY AVENUE SUITE 100 CLEVELAND,OH 44104	34-1706856		170,000				OPERATING AND PROGRAM SUPPORT
(10) NORTHEAST SHORES DEVELOPMENT CORPORATION317 E 156TH ST CLEVELAND,OH 44110	34-1361219		195,000				OPERATING AND PROGRAM SUPPORT
(11) BURTON BELL CARR DEVELOPMENT CORPORATION3226 E 93RD ST CLEVELAND,OH 44104	34-1657533		180,000				OPERATING AND PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 11

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 A CONTRACT IS EXECUTED BETWEEN NPI AND EACH OF THE CDCS CONTAINING STIPULATIONS AND CONDITIONS THE CDC MUST MEET NPI STAFF MEET PERIODICALLY WITH CDC STAFF, TYPICALLY QUARTERLY TWO TIMES A YEAR, WRITTEN REPORTS ARE REQUIRED FROM THE CDCS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 34-1611055
Name: NEIGHBORHOOD PROGRESS INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DETROIT SHOREWAY COMMUNITY DEVELOPMENT6516 DETROIT AVENUE CLEVELAND,OH 44102	23-7376130		231,000				OPERATING AND PROGRAM SUPPORT
TREMONT WEST DEVELOPMENT CORP2406 PROFESSOR STREET CLEVELAND,OH 44113	23-7029247		196,200				OPERATING AND PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SLAVIC VILLAGE DEVELOPMENT5620 BROADWAY CLEVELAND,OH 44127	34-1344279		218,250				OPERATING AND PROGRAM SUPPORT
OHIO CITY NEAR WEST DEVELOPMENT2525 MARKET AVE SUITE A CLEVELAND,OH 44113	34-1372076		213,081				OPERATING AND PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNION MILES DEVELOPMENT CORP9250 MILES PARK AVENUE CLEVELAND,OH 441055151	34-1336972		25,000				OPERATING AND PROGRAM SUPPORT
BUCKEYE AREA DEVELOPMENT CORP11802 BUCKEYE ROAD CLEVELAND,OH 441202621	34-1097181		399,085				OPERATING AND PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FAMICOS FOUNDATION1325 ANSEL ROAD CLEVELAND,OH 44106	34-1053534		180,000				OPERATING AND PROGRAM SUPPORT
SHAKER SQUARE AREA DEVELOPMENT CORP11811 SHAKER BOULEVARD SUITE 206 CLEVELAND,OH 441201927	34-1184478		129,966				OPERATING AND PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FAIRFAX RENAISSANCE DEVELOPMENT CORP8111 QUINCY AVENUE SUITE 100 CLEVELAND,OH 44104	34-1706856		170,000				OPERATING AND PROGRAM SUPPORT
NORTHEAST SHORES DEVELOPMENT CORPORATION317 E 156TH ST CLEVELAND,OH 44110	34-1361219		195,000				OPERATING AND PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BURTON BELL CARR DEVELOPMENT CORPORATION3226 E 93RD ST CLEVELAND,OH 44104	34-1657533		180,000				OPERATING AND PROGRAM SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NEIGHBORHOOD PROGRESS INC

Employer identification number
34-1611055

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOEL RATNER	(i)	180,000	0	0	12,600	17,134	209,734	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NEIGHBORHOOD PROGRESS INC

Employer identification number
34-1611055

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BETH MOONEY	CHAIRMAN AND CHIEF EXECUTIVE OFFICER-KEY BANK		NPI AND ITS AFFILIATED ORGANIZATIONS HAVE DEPOSIT ACCOUNTS AND LOANS FROM KEY BANK		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NEIGHBORHOOD PROGRESS INC

Employer identification number
34-1611055

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	THOMAS COYNE AND TERRY COYNE, TRUSTEES OF NPI AND VCC, RESPECTIVELY, ARE BROTHERS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 10B	THE ORGANIZATION'S BOARD OF DIRECTORS APPROVES ALL CHANGES TO GOVERNING DOCUMENTS OF THE AFFILIATES IT CONTROLS THE BOARD OF DIRECTORS IS REGULARLY UPDATED ON THE ACTIVITIES OF ITS AFFILIATES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	FORM 990 IS PREPARED BY A PROFESSIONAL TAX FIRM, REVIEWED BY THE CHIEF FINANCIAL OFFICER AND REVIEWED AND SIGNED BY THE PRESIDENT OF NPI A COPY OF FORM 990 IS PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12	THE ORGANIZATION MAINTAINS A WRITTEN CONFLICT OF INTEREST POLICY IF THE POSSIBILITY OF A CONFLICT OF INTEREST EXISTS, STAFF ARE REQUIRED TO DISCLOSE THE DETAILS OF THE SITUATION TO THEIR SUPERVISOR AND BOARD MEMBERS SHALL RECUSE THEMSELVES FROM VOTING ANNUALLY EACH TRUSTEE AS WELL AS SENIOR STAFF MEMBERS MUST COMPLETE AND SIGN A CONFLICT OF INTEREST QUESTIONNAIRE DISCLOSING IN WRITING ANY POTENTIAL CONFLICTS OF INTEREST SUCH ANNUAL STATEMENTS AND ANY OTHER DISCLOSURES OF A POSSIBILITY OF A CONFLICT OF INTEREST SHALL BE MANTAINED BY THE OFFICE MANAGER TO VERIFY THIS CONFLICT OF INTEREST POLICY HAS BEEN FOLLOWED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT AND CEO IS DETERMINED BY THE BOARD OF DIRECTORS, WHO ARE LOCAL BUSINESS LEADERS FAMILIAR WITH COMPARABILITY OF COMPENSATION LEVELS FOR EXECUTIVES IN THE GEOGRAPHIC REGION AND DRAW UPON VAST BUSINESS EXPERTISE. THE SALARIES OF KEY EMPLOYEES IN THE ORGANIZATION ARE DETERMINED BY THE PRESIDENT AND CEO, AND ARE COMMENSURATE WITH THE SIZE OF THE ORGANIZATION AS WELL AS THE LEVEL AND SCOPE OF RESPONSIBILITY. COMPARABILITY DATA HAS BEEN USED FOR CONFIRMING COMPENSATION LEVELS OF CERTAIN STAFF

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
	FORM 990, PART VII-HOURS DEVOTED TO WORK AT RELATED ORGANIZATIONS	NEW VILLAGE CORP VILLAGE CAPITAL CORP JOEL RATNER 4 1 LINDA WARREN 20 14 BRIAN GEHMAN 16 11

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	MINORITY INTEREST IN PARTNERSHIPS 5,193 TOTAL TO FORM 990, PART XI, LINE 5 5,193

Identifier	Return Reference	Explanation
AUDIT OVERSIGHT	FORM 990, PART XI, LINE 2C	NPI'S AUDIT COMMITTEE ASSUMES OVERSIGHT OF THE AUDIT AND RECOMMENDS TO THE FULL NPI BOARD APPROVAL OF THE SELECTION OF THE INDEPENDENT ACCOUNTANT AND ALSO RECOMMENDS TO THE FULL NPI BOARD APPROVAL OF THE FINAL AUDIT REPORTS THIS PROCESS DID NOT CHANGE FROM PRIOR YEAR

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PAGE 1, PART I, LINE 1	NEIGHBORHOODS AND ENABLED THOUSANDS OF THE CITY'S RESIDENTS TO ENJOY A BETTER QUALITY OF LIFE. NPI'S MAJOR ACCOMPLISHMENTS OVER THE PAST TWENTY YEARS INCLUDE -PROVISION OF $26 MILLION IN CORE OPERATING FUNDS AND TECHNICAL ASSISTANCE SUPPORT TO COMMUNITY DEVELOPMENT CORPORATIONS -INVESTMENT OF $65 MILLION IN HOUSING AND REAL ESTATE VALUED AT OVER $828 MILLION -OVER $150 MILLION IN NEW DEVELOPMENT WITHIN THE CITY OF CLEVELAND, INCLUDING AFFORDABLE AND MARKET-RATE HOUSING, SHOPPING CENTERS AND GROCERY STORES -COMPLETION OF 7,421 UNITS OF NEW AND REHABILITATED HOUSING -DEVELOPMENT OF 1 7 MILLION SQUARE FEET OF NEW AND REHABILITATED COMMERCIAL SPACE (850,000 SQUARE FEET SINCE 2004) -IMPROVEMENTS TO OVER 350 MODEL BLOCK HOMES -NEW AND IMPROVED GREEN SPACES, TRAILS, AND PUBLIC ART INSTALLATIONS -COMMUNITY ENGAGEMENT AND NEIGHBORHOOD PLANS -AN EXTENSIVE NETWORK OF BLOCK CLUBS AND ISSUE COMMITTEES -A CITYWIDE COMMUNITY DEVELOPMENT INFRASTRUCTURE -A NEW CIVIC DIALOGUE AND INNOVATIVE PLANS ON SUSTAINABLE VACANT LAND REUSE -A BROAD NEIGHBORHOOD STABILIZATION PROGRAM RESPONDING TO THE FORECLOSURE CRISIS

Identifier	Return Reference	Explanation
ORGANIZATION INVESTED IN PARTNERSHIPS	FORM 990, PART VI, SECTION B, LINE 16A	THE ORGANIZATION INVESTED IN SEVERAL PARTNERSHIPS THE ORGANIZATION ALSO CONTRIBUTED FUNDING TO STL HOUSING LLC, A PARTNERSHIP BETWEEN AFFILIATE NEW VILLAGE CORPORATION AND BUCKEYE AREA DEVELOPMENT CORPORATION (BOTH TAX-EXEMPT, 501(C)(3) ORGANIZATIONS) IN ORDER TO FURTHER THE ORGANIZATION'S MISSION

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NEIGHBORHOOD PROGRESS INC

Employer identification number
34-1611055

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NPIFS LLC 1956 W 25TH ST SUITE 200 CLEVELAND, OH 44113 27-1243843	REAL ESTATE RENTAL AND SALES TO COMBAT BLIGHT	OH	316,797	3,042,196	NEIGHBORHOOD PROGRESS INC

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) NEW VILLAGE CORP 1956 W 25TH ST SUITE 200 CLEVELAND, OH 44113 34-1653986	REAL ESTATE DEVELOPMENT TO COMBAT BLIGHT	OH	501 (C)(3)	LINE 7	NEIGHBORHOOD PROGRESS INC		No
(2) VILLAGE CAPITAL CORP 1956 W 25TH ST SUITE 200 CLEVELAND, OH 44113 34-1704488	LENDING FOR COMMUNITY DEVELOPMENT	OH	501 (C)(3)	LINE 11A, I	NEIGHBORHOOD PROGRESS INC		No

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) FRIES AND SCHUELE LTD 1956 W 25TH ST SUITE 200 CLEVELAND, OH 44113 34-1947105	RESIDENTIAL REAL ESTATE TO COMBAT BLIGHT	OH	NEIGHBORHOOD PROGRESS INC	EXCLUDED				No		Yes		
(2) ARBOR PARK PLACE LLC 1956 W 25TH ST SUITE 200 CLEVELAND, OH 44113 84-1628498	RETAIL REAL ESTATE TO COMBAT BLIGHT	OH	NEW VILLAGE CORP	N/A				No			No	
(3) STL HOUSING LLC 1956 W 25TH ST SUITE 200 CLEVELAND, OH 44113 57-1151167	RESIDENTIAL REAL ESTATE TO COMBAT BLIGHT	OH	NEW VILLAGE CORP	N/A				No			No	
(4) OPPORTUNITY HOUSING CLEVELAND 2999 PAYNE AVE CLEVELAND, OH 44114 26-3246341	RESIDENTIAL REAL ESTATE TO COMBAT BLIGHT	OH	NEW VILLAGE CORP	EXCLUDED				No			No	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ST LUKE'S POINTE HOMEOWNERS' ASSOCIATION 1956 W 25TH ST SUITE 200 CLEVELAND, OH 44113 20-8546912	HOMEOWNERS' ASSOCIATION	OH	STL HOUSING LLC	C			87 000 %
(2) FRIES AND SCHUELE CONDOMINIUM ASSOCIATION 1956 W 25TH ST SUITE 200 CLEVELAND, OH 44113 26-1561986	CONDOMINIUM ASSOCIATION	OH	FRIES AND SCHUELE LTD	C			51 000 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p		No
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) FRIES AND SCHUELE LTD	A	15,041	
(2) STL HOUSING LLC	B	65,000	
(3) FRIES AND SCHUELE LTD	D	250,000	
(4) FRIES AND SCHUELE LTD	D	143,200	
(5) FRIES AND SCHUELE LTD	D	68,548	
(6) STL HOUSING LLC	E	60,000	

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 (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 34-1611055
Name: NEIGHBORHOOD PROGRESS INC

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	FRIES AND SCHUELE LTD	A	15,041	
(2)	STL HOUSING LLC	B	65,000	
(3)	FRIES AND SCHUELE LTD	D	250,000	
(4)	FRIES AND SCHUELE LTD	D	143,200	
(5)	FRIES AND SCHUELE LTD	D	68,548	
(6)	STL HOUSING LLC	E	60,000	

Additional Data

Software ID:
Software Version:
EIN: 34-1611055
Name: NEIGHBORHOOD PROGRESS INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ including grants of $) (Revenue $)

ECONOMIC OPPORTUNITY IN 2011 NEIGHBORHOOD PROGRESS ENGAGED CORPORATION FOR ENTERPRISE DEVELOPMENT (CFED) TO CONDUCT AN ASSESSMENT OF THE NEEDS, OPPORTUNITIES AND INSTITUTIONAL CAPACTIY FOR INDIVIDUAL AND COMMUNITY ASSET-BUILDING IN THE CITY OF CLEVELAND THE ASSESSMENT WAS DESIGNED TO SHED LIGHT ON THE CURRENT STATE OF FINANCIAL SECURITY IN CLEVELAND AND PROVIDE INFORMATION TO COMMUNITY STAKEHOLDERS ON A SET OF STRATEGIES THAT WOULD MOVE CLEVELAND RESIDENTS TOWARDS FINANCIAL EMPOWERMENT CFED FOUND THAT CLEVELAND IS HOME TO 5 OF THE TOP 30 UNBANKED CENSUS TRACTS IN THE NATION, AND NEARLY HALF OF ALL CLEVELAND HOUSEHOLDS ARE LIVING IN ASSET POVERTY, MEANING THEY DO NOT HAVE ENOUGH ASSETS TO SURVIVE THREE MONTHS AT THE POVERTY LINE WITHOUT AN INCOME THE ASSET POVERTY RATE IS MUCH HIGHER IN CLEVELAND (48%) THAN IN OHIO (29%) OR CUYAHOGA COUNTY (34%) SINCE THE STUDY WAS COMPLETED, NEIGHBORHOOD PROGRESS DEVELOPED A PARTNERSHIP WITH KEY BANK TO STAFF ITS FINANCIAL EDUCATION CENTER IN THE BUCKEYE NEIGHBORHOOD THE FINANCIAL EDUCATION CENTER HAS HELPED MORE THAN 16,000 INDIVIDUALS INVEST IN THEMSELVES, BETTER MANAGE THEIR FINANCES, AND ACHIEVE THEIR FINANCIAL GOALS SINCE 2004 THE FREE FINANCIAL CURRICULUM AT THE CENTER, TITLED "LEARN AND EARN", IS COMPRISED OF THIRTEEN INTERACTIVE CLASSES ON TOPICS INCLUDING MANAGING CREDIT, SAVING FOR EMERGENCIES AND FOR THE FUTURE, AND HOMEOWNERSHIP THE CENTER ALSO OFFERS CONFIDENTIAL ONE-ONE FINANCIAL COACHING AND FINANCIAL LITERACY WORKSHOPS IN ADDITION TO THE FINANCIAL EDUCATION CENTER, NPI DEVELOPED A BUILDING ASSETS FOR GLENVILLE RENTERS PROJECT THE PROJECT IS DESIGNED TO BUILD THE FINANCIAL SECURITY OF LOW-INCOME FAMILIES WITHIN THE GLENVILLE NEIGHBORHOOD OF CLEVELAND WORKING IN PARTNERSHIP WITH KEYBANK AND FAMICOS FOUNDATION, THE PROJECT IS DESIGNED TO BREAKDOWN TRADITIONAL BARRIERS TO WEALTH BUILDING OPPORTUNITIES FOR LOW-INCOME FAMILIES, PRIMARILY FEMALE SINGLE PARENTS, RESIDING IN AFFORDABLE HOUSING DEVELOPMENTS