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benefit trust or private foundation)

Department of the Treasury

Open to Public

	Revenue Service	I	tate repo	reing requirem		Inspection
		calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-3	0-2013			
	eck if applicab	NEIGHBORHOOD PROGRESS INC			-	ntification number
	Iress change me change	Doing Business As		34-16	11055	5
	_					
	nal return minated	Number and street (or P O box if mail is not delivered to street address) Room/sui 11327 SHAKER BLVD NO 500W	te	E Telepho	ne num	ber
	minated ended return	City or town state or country and ZID + 4		(216)	830-2	770
	olication pendi	City or town, state or country, and ZIP + 4 CLEVELAND, OH 44104				
j Api	лісаціон ренці					5 17,681,543
		F Name and address of principal officer JOEL RATNER		Is this a group affiliates?	return	for
		11327 SHAKER BLVD NO 500W CLEVELAND,OH 44104				
		CLEVELAND, OH TITET				ded?
I Ta	x-exempt stat	us				
J W	ebsite: 🕨 \	VWW NEIGHBORHOODPROGRESS ORG	H(c)	Group exempt	ion nur	nber ►
K Forr	n of organizat	on	L Year	r of formation 19	88 M	State of legal domicile OH
Pa	rt I Su	mmary				
Governance	CLEV ONLY A LEA ORGA RESO HEAL PROG	TWENTY-FIVE YEARS OF EXPERIENCE INVESTING IN COMMUNITY ELAND NEIGHBORHOOD PROGRESS WAS FOUNDED IN 1988 AND SILOCAL INTERMEDIARY IN THE NORTHEAST OHIO REGION AND IS DER FOR ENGAGING IN BEST PRACTICES IN VARIOUS FACETS OF INIZATION WAS ESTABLISHED BY PHILANTHROPIC AND BUSINESS URCES OF CLEVELAND'S PUBLIC AND PRIVATE SECTORS TO COUNTH AND LIVABILITY OF THE CITY'S NEIGHBORHOODS THE PROGRARESS IS INTENDED TO ADDRESS THE MOST CRITICAL ISSUES CONLOPMENT SYSTEM WORKING IN PARTNERSHIP WITH COMMUNITY IN DATIONS, THE BUSINESS COMMUNITY, AND GOVERNMENT,	ERVES A PROUD ' NONPRO LEADER TER DIS AMMING FRONTI	A UNIQUE FUI TO BE NATIO DFIT PROGRA RS IN ORDER SINVESTMENT GAGENDA FOI NG THE ENTI	NCTIO NALLY MMINC FO MA THAT R NEIG RE CO	N AS IT IS THE HIGHLIGHTED AS THE RSHAL THE HIMPAIRS THE HBORHOOD MMUNITY
ર્જ જુ						
ctivities &	2 Check	this box 🔭 if the organization discontinued its operations or disposed o	f more th	nan 25% of its	net as	sets
Ę					1 -	
∢		er of voting members of the governing body (Part VI, line 1a) er of independent voting members of the governing body (Part VI, line 1b)			3 4	17 16
		number of individuals employed in calendar year 2012 (Part V , line 2a) .			5	28
		number of volunteers (estimate if necessary)			6	0
		unrelated business revenue from Part VIII, column (C), line 12			7a	0
	b Net ur	nrelated business taxable income from Form 990-T, line 34			7b	0
				Prior Year		Current Year
a)		tributions and grants (Part VIII, line 1h)		3,971,9		14,023,550
Rayenue		gram service revenue (Part VIII, line 2g)		130,	_	992,635
ž		estment income (Part VIII, column (A), lines 3, 4, and 7d) er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		71,133		
		al revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	<u>,</u>	195,6		
	12)	<u> </u>	_	4,413,:		15,078,111
		nts and similar amounts paid (Part IX, column (A), lines 1-3)		2,440,8	0	6,468,229
		efits paid to or for members (Part IX, column (A), line 4)			-	0
83	5-1			1,673,8	380	1,784,976
Expenses	16a Pro	fessional fundraising fees (Part IX, column (A), line 11e)			0	0
ਡੌ	b Tota	fundraising expenses (Part IX, column (D), line 25) • 149,182				
		er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,699,4		1,690,243
		al expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		6,814,2		9,943,448
<u>_ 97</u>	19 Rev	enue less expenses Subtract line 18 from line 12		-2,401,0		5,134,663
Net Assets or Fund Balances			Degi	Year		End of Year
988 188	20 Tot			21,723,	- 2 0	25,220,512
22	I	al assets (Part X, line 16)		21,723,	29	25,220,512
20 55		al liabilities (Part X, line 26)		14,335,	118	12,697,438
	22 Net	al liabilities (Part X, line 26)			118	12,697,438
Pal Unde my ki	22 Net rt II Sign r penalties nowledge an irer has any	al liabilities (Part X, line 26)	yıng sch	14,335, 7,388,4 edules and sta	118 111 tement	12,697,438 12,523,074 ts, and to the best of
Unde my ki prepa	22 Net T II Sign r penalties nowledge ar irer has any	al liabilities (Part X, line 26)	yıng sch	14,335, 7,388, edules and sta er) is based on	118 111 tement	12,697,438 12,523,074 ts, and to the best of
Pal Unde my ki prepa	22 Net THE Sign rependities nowledge are rere has any	al liabilities (Part X, line 26)	yıng sch	14,335, 7,388, edules and sta er) is based on 2014-05-15	118 111 tement	12,697,438 12,523,074 ts, and to the best of
Unde my ki prepa	22 Net THE Sign rependities nowledge are rere has any	al liabilities (Part X, line 26)	yıng sch	14,335, 7,388,4 edules and sta er) is based on 2014-05-15 Date	tement all info	12,697,438 12,523,074 ts, and to the best of rmation of which
Unde my ki prepa Sign Here	22 Net T II Sign r penalties nowledge are rer has any ** 51	assets or fund balances Subtract line 21 from line 20	ying sch an office	14,335, 7,388,4 edules and sta er) is based on 2014-05-15 Date	tement all info	12,697,438 12,523,074 its, and to the best of rmation of which
Unde my ki prepa Sign Here	22 Net T II Sign r penalties nowledge are rer has any ** 51	assets or fund balances Subtract line 21 from line 20	ying sch an office	14,335, 7,388,4 edules and sta er) is based on 2014-05-15 Date	tement all info	12,697,438 12,523,074 its, and to the best of rmation of which

CLEVELAND, OH 441141152

May the IRS discuss this return with the preparer shown above? (see instructions)

) (Revenue \$

including grants of \$

Total program service expenses > 9,271,937 4e

(Expenses \$

Part TV	Check	dist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> 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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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 χ^{\bullet}	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 and XII	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 and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
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, Parts I and IV	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 United States? If "Yes," complete Schedule F, Parts 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 United States? If "Yes," complete Schedule F, Parts 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 $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	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? <i>If</i> "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 hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1^2 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 lines 24b through 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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part	1		
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	100	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 11b and 19?	38	Yes	

Par	Statements Regarding Other IRS Fillings and Tax Compilance			_
	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 24		103	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
	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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
	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, securities account, or other financial account)?	4a		Νo
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		Νo
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_ 7		
_		5c		N 1
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
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	- -		NI -
	file Form 8282?	7c		Νo
u	11 Tes, indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds 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?			
9	Sponsoring organizations maintaining donor advised funds.	8		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
נס	Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L 1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
L2a	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			
L3	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. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand		ļ	
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14h		

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.

1a Enter the number of voting members of the governing body at the end of the tax year	2 3 4 5 6	Yes	No No No No
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent	2 3 4 5 6	Yes	No No
body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent	2 3 4 5 6 7a	Yes	No No
 Independent	2 3 4 5 6 7a	Yes	No No
 other officer, director, trustee, or key employee?	3 4 5 6	Yes	No No
 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Leach committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the supervision of the organization of the governing body? 	4 5 6		No No
 filed?	5 6 7a		No
 6 Did the organization have members or stockholders?	6 7a		
 6 Did the organization have members or stockholders?	7a		No
 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?			
 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders or persons other than the governing body?			l No
 B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body?			No
 a The governing body?			
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8a	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b	Yes	
	e 9		No
Section B. Policies (This Section B requests information about policies not required by the Internal	Reven	ue Coa	le.)
- Control of the cont		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
Has the organization provided a complete copy of this Form 990 to all members of its governing body before fillr the form?	11a	Yes	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	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," describ 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	
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		No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			

Section C. Disclosure

- 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 Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶J BRIAN GEHMAN 11327 SHAKER BLVD SUITE 500W CLEVELAND, OH (216) 830-2770

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

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

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

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

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

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

(4)	/B)	1		(6)				(D)	(F)	(E)
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	more pers and	than on is a dir	one bot ecto	not box h an or/tr	offic ustee	ess er e)	(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
	below dotted line)	Individual trustee or director	Institutional Trustee)EI	Key employee	Highest compensated employee	ner			and related organizations
(1) BETH E MOONEY	1 00	х						0	0	0
TRUSTEE (2) COLLEEN GILSON	1 00									
SECRETARY	1 00	х		х				0	0	0
(3) ANTHONY BRANCATELLI	1 00	х						0	0	0
TRUSTEE (4) JOSEPH ROMAN	1 00									
TRUSTEE	1 00	x						0	0	0
(5) THOMAS COYNE	1 00	Х		х				0	0	0
VICE CHAIRMAN (6) TIMOTHY Y TRAMBLE	1.00									
TRUSTEE	1 00	×						0	0	0
(7) PAUL CLARK	1 00	х		х				0	0	0
CHAIRMAN (8) FREDDY COLLIER JR	1 00								-	
TRUSTEE		X						0	0	0
(9) CLAUDIA COULTON PHD	1 00	<u> </u>								
TRUSTEE		Х						0	0	0
(10) KEN MARBLESTONE	1 00	x		х				0	0	0
TREASURER									_	
(11) ANTHONY R MOORE	1 00	×						0	0	0
TRUSTEE (12) KAREN GAHL-MILLS	1 00									
TRUSTEE		X						0	0	0
(13) LINDA KANE	1 00	x		х				0	0	0
TREASURER				Ĺ				0	0	
(14) KIM KIMLIN	1 00	×						0	0	0
TRUSTEE (15) MARK MCDERMOTT	1 00									
TRUSTEE		x						0	0	0
(16) DAVID REYNOLDS	1 00	×						0	0	0
TRUSTEE								l "	U	
(17) DARYL RUSH	1 00	x						0	0	0
TRUSTEE										
										Form 990 (2012)

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	checl c, unle n office rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W- 2/1099-		(F Estim amount o compen from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099 MISC)	-	organiz	lated
(18)	BYRON WHITE	1 00	х						0		0		0
TRUS									Ů				
` '	BRIAN GEHMAN	25 00			×				107,509		o		30,090
(20)	JOEL RATNER	20 00 37 00									\dashv		
	IDENT	8 00			×				175,000		0		29,668
	LINDA WARREN	13 00									1		
SENIC	DR VICE PRESIDENT	37 00					Х		142,674	74 0			12,234
											1		
											\dashv		
											\dashv		
											\perp		
											7		
											\dashv		
41	Cub Tabal						<u> </u>				\perp		
1b c	Sub-Total	VII Section A		•	•		↓ ⊢						
d	Total (add lines 1b and 1c)	•		•	•		▶ ⊢		425,183		0		71,992
	Total number of individuals (including b			liste	d al	hove) who	rec	·				,
_	\$100,000 of reportable compensation						.,	,	erved more than				
												Yes	
3	Did the organization list any former offi	cer, director or	truste	e, ke	y em	nplo	yee, o	r hic	jhest compensate	d employee 「		1.00	
	on line 1a? If "Yes," complete Schedule 3	for such individ	lual .	•	•	•	• •				3		No
4	For any individual listed on line 1a, is t									m the			
	organization and related organizations	greater than \$1	50,000) ? If	"Yes	s," c	omple: •	te So	chedule J for such		4	Yes	
5	Did any person listed on line 1a receive	e or accrue com	pensat	ion f	rom	any	unrel	ated	d organization or in	dividual for		163	
	services rendered to the organization?								_		5		Νo
										_			
Se1	ection B. Independent Contractor Complete this table for your five highes		ındana	ndon	t cc	n+	ctorc	tha	t received mars th	an ¢100 000	of		
	compensation from the organization Re											tax year	
	(A) (B) Name and business address Description of services							T	(C) Compen				
											#	F	
											+		
											#		
	Total number of independent contractors	(including but i	not lim	ıted t	to th	iose	listed	l ab	ve) who received	more than	\perp		

\$100,000 of compensation from the organization $\blacktriangleright 0$

Part V	<u> </u>	Statement o	of Revenue ule O contains a respor	nse to any question i				<u>.</u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
v t	1a	Federated cam	paigns 1a					
ant	ь	Membership du	es 1b					
الم أور	С	Fundraising eve	ents 1c					
iffs ar/	d	Related organiz	zations 1d	215,700				
s, G mil	е	Government grant	s (contributions) 1e	369,389				
ijon r Si	f	All other contribute	ons, gifts, grants, and 1f	13,438,461				i i
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributi	ons included in lines					
Conti and (h	1a-1f \$ Total. Add lines	s 1a-1f		14,023,550			
				Business Code				_
Program Service Revenue	2a	PROGRAM SERVIC	E REVENUE	531390	992,635	992,635		
- Re ₹	ь							
66	С							
K.	d							
E	е							
Š	f	All other progra	am service revenue					
	g		s 2a-2f		992,635			
	3		ome (including dividend ar amounts)		17,725			17,725
	4	Income from inves	stment of tax-exempt bond p	proceeds 🕨				
	5	Royalties						
	6a	Gross rents	(ı) Real 24,950	(II) Personal				
	ь	Less rental	0					
	c	expenses Rental income	24,950					
	d	or (loss) Net rental inco	me or (loss)		24,950			24,950
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory		2,576,500				
	b	Less cost or other basis and		2,603,432				
		sales expenses Gain or (loss)		-26,932				
	d		[] (S)	·	-26,932	-26,932		
ψ	8a		rom fundraising					
Other Revenue		\$of contributions See Part IV , lir	s reported on line 1c) ne 18					
ē	ь	Less direct ex	penses b					
₹	С		(loss) from fundraising	events 🛌				
	9a	Gross income f See Part IV, lir	rom gaming activities ne 19 a					
	ь		penses b					
	с 10а	Net income or of Gross sales of returns and allo		vities -				
	ь		a oods sold b					
	С		(loss) from sales of inve					
	11~	Miscellaneous		Business Code 531390	46,183	46,183		
	11a b	SUBSIDIARY F	REIMBURSEMENT	331390	40,103	70,103		
	С							
	d e	All other reven	l	🕨				
	12	Total revenue.	See Instructions		46,183	4 044		15 ==
	l			٠	15,078,111	1,011,886	(42,675

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 6,468,229 6,468,229 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 425,183 294,652 102,044 28,487 key employees . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 959,106 665,738 229,615 63,753 Pension plan accruals and contributions (include section 401(k) 94,528 65,581 22,648 6,299 and 403(b) employer contributions) 193,104 Other employee benefits 133,972 46,265 12,867 10 113,055 78,435 27,087 7,533 11 Fees for services (non-employees) Management 5,973 Legal 4,144 1,431 398 Accounting 32,000 22,201 7,667 2,132 Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 139,514 97,688 32,725 9,101 Schedule O) Advertising and promotion . . 3,735 150 12 3,543 42 13 Office expenses 66,602 48,859 13,882 3,861 14 Information technology . . . 15 Royalties . 102,465 71,088 24,549 6,828 16 Occupancy **17** 52,678 44,201 6,632 1,845 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization . . . 105,536 104,598 938 23 4,458 1,068 3.093 297 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a ORGANIZATIONAL DEVELOPM 943,982 943,982 TECHNICAL SERVICES PROG 129,525 129,525 VACANT PROPERTY REFORM 35,500 35,500 d TEMPORARY SERVICES 31,508 28,211 924 2,373 36,767 28,697 5,642 2,428 e All other expenses Total functional expenses. Add lines 1 through 24e 25 9,943,448 9,271,937 522,329 149,182 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► | if following SOP 98-2 (ASC 958-720)

Assets

Net Assets or Fund Balances

Form 990 (2012)

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part X	(A)		· · · · · □ (B)
	1		Beginning of year		End of year
	1	Cash—non-interest-bearing	3,068,670	1	2,618,239
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	3,113,561	3	8,980,678
	4	Accounts receivable, net	11,767	4	42,307
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
38.	7	Notes and loans receivable, net	10,085,000		10,085,000
4	8	Inventories for sale or use	, ,	8	
	9	Prepaid expenses and deferred charges	14,450		12,810
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 300,558			,
	ь	Less accumulated depreciation 10b 263,54	2,256,016	10c	37,017
	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	1,879,760	13	1,716,467
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,294,305	15	1,727,994
	16	Total assets. Add lines 1 through 15 (must equal line 34)	21,723,529	16	25,220,512
	17	Accounts payable and accrued expenses	2,905,886	17	3,062,438
	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	
lities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Liabili		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	11,109,464	23	9,585,000
	24	Unsecured notes and loans payable to unrelated third parties	319,768	24	50,000
	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	11.00= 110	25	10.007.100
	26	Total liabilities. Add lines 17 through 25	14,335,118	26	12,697,438
ce s		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	2,707,096	-	2,411,844
ထိ	28	Temporarily restricted net assets	4,681,315	28	10,111,230
Ξ	29	Permanently restricted net assets		29	
Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
ž	30	Capital stock or trust principal, or current funds		30	
कु	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net V	33	Total net assets or fund balances	7,388,411	33	12,523,074
~	34	Total liabilities and net assets/fund balances	21,723,529	34	25,220,512

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		15,(078,111
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,9	943,448
3	Revenue less expenses Subtract line 2 from line 1	3			134,663
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			388,411
5	Net unrealized gains (losses) on investments	5			700,411
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		12,!	523,074
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. 区
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separasis, consolidated basis, or both	rate			
	Separate basis Consolidated basis 🔽 Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
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 reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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As Filed Data -

DLN: 93493135081064

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization NEIGHBORHOOD PROGRESS INC

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.

Open to Public Inspection

									34-16110				
	rt I			blic Charity Sta						structions	5.		
The o	rganı	zatıon ıs	not a privat	te foundation becaus	eitis (Forl	ınes 1 throu	ıgh 11, check	only one be	ox)				
1	Г	A chur	ch, conventi	on of churches, or a	ssociation of	churches d	escribed in s e	ection 170(l	o)(1)(A)(i).				
2	Γ	A scho	ol described	in section 170(b)(1	l)(A)(ii). (At	tach Sched	ule E)						
3	Γ	A hosp	ıtal or a coo	perative hospital se	rvice organiz	ation descr	ıbed ın sectio	n 170(b)(1)	(A)(iii).				
4	Γ	A medi	cal researcl	h organization operat	ted ın conjun	ction with a	hospital desc	cribed in sec	tion 170(b)(1)(A)(iii).	Enter the		
	_	hospita	ıl's name, cı	ty, and state									
5	ı	_	•	erated for the benefi	-	or universi	ty owned or o	perated by a	a government	al unit desc	cribed in		
	_			A)(iv). (Complete P	•								
6		A feder	al, state, or	local government or	government	al unit desc	rıbed ın secti	on 170(b)(1	L)(A)(v).				
7	~			at normally receives			support from	a governme	ental unit or fi	om the gen	eral public		
	_			on 170(b)(1)(A)(vi). described in sectior			nnlata Dart II						
8 9	<u>'</u>		•	at normally receives			•	•	utions mam	harabın faa	and groce		
9	'	_		rities related to its ex					· ·	· ·	-		
		•		oss investment inco	· ·	=							
		•						•		tax) II o i i i bi	usillesses		
10	_	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
10	<u> </u>	_		•	•		•		. , , ,				
11	ı	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												
				b						n-function	ally integrated		
e	Г	By che	cking this b	ox, I certify that the	organization	ıs not conti	rolled directly	or indirectl	y by one or n	nore disqua	lified persons		
				on managers and otl	her than one	or more pub	olicly support	ed organizat	tions describ	ed in sectio	n 509(a)(1) or		
_			1509(a)(2)		- h - h	6 th - ID	C +1-+ -+ :	T T T	. II	T T T			
f			rganization this box	received a written de	etermination	from the IR	S that it is a	iype i, iyp	e II, or I ype	III support	ing organization,		
g				2006, has the organi	ızatıon accer	ted any gift	or contribution	on from anv	of the		'		
_			ng persons?			, 5		•					
		(i) A p	erson who d	irectly or indirectly o	ontrols, eith	er alone or t	together with	persons de	scribed in (ii)		Yes No		
		and (III) below, the	governing body of th	ie supported	organızatıoı	n?			119	g(i)		
		(ii) A fa	amıly memb	er of a person descr	ıbed ın (ı) abı	ove?				11 g	ı(ii)		
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	above?			11g	(iii)		
h		Provide	the follown	ng information about	the supporte	ed organizat	ıon(s)				_		
) Nam		(ii) EIN	(iii) Type of	(iv) Is t		(v) Did you		(vi) Is		(vii) A mount of		
	uppor			organization	organizati		the organiz		organizati		monetary		
or	ganiza	ation		(described on lines 1- 9 above	col (i) list		in col (i) o		col (i) org		support		
			lines 1 - 9 above your governing support? in the U.S.? or IRC section document?										
			(see										
				instructions))	Yes	No	Yes	No	Yes	No	7		
						110	1.03	110	1.03	140			
Tabal													

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 3,893,069 10,440,934 1,753,293 3,971,944 14,023,550 34,082,790 include any "unusual grants ") 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 3,893,069 10,440,934 1,753,293 3,971,944 14,023,550 34,082,790 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 8,051,685 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 26,031,105 from line 4 Section B. Total Support Calendar year (or fiscal year (c) 2010 (d) 2011 (a) 2008 **(b)** 2009 (e) 2012 (f) Total beginning in) 🟲 1,753,293 3,971,944 14,023,550 Amounts from line 4 3,893,069 10,440,934 34,082,790 Gross income from interest, dividends, payments received on securities loans, rents, royalties 590,203 555,352 233,529 196,579 42,675 1,618,338 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of -80,576 -4,645 26,346 23,842 46,183 11,150 capital assets (Explain in Part IV) 11 Total support (Add lines 7 35,712,278 through 10) 12 Gross receipts from related activities, etc (see instructions) 12 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 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 72 890 % Public support percentage for 2011 Schedule A, Part II, line 14 15 43 490 % 16a 33 1/3% support test—2012. 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—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this ►□ box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. 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 - 2011. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	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)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493135081064

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

Supplemental Financial Statements

Open to Public

	•	m 990. ► See separate instructions.			speci	
	me of the organization IGHBORHOOD PROGRESS INC			oloyer identification	numbe	er
D.e	rt I Organizations Maintaining Donor Adv	vised Funds or Other Similar F		1611055	mole	o if the
FG	organizations maintaining bollor Adv		unus	or Accounts.	niipiei	e ii tile
		(a) Donor advised funds		(b) Funds and other	accou	nts
L	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
1	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or	-	nor adv		Yes	┌ No
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the benef			er purpose		
_	conferring impermissible private benefit?	1.054 0		<u> </u>	Yes	No
	rt II Conservation Easements. Complete if		to Forr	n 990, Part IV, lin	<u>ie /.</u>	
L	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation	or education) Γ Preservation of a		rically important land	darea	
	Protection of natural habitat	Preservation of a	certifie	d historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution in	the forr	n of a conservation		
				Held at the End	of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
C	Number of conservation easements on a certified histo	oric structure included in (a)	2c			
d	Number of conservation easements included in (c) accomistoric structure listed in the National Register	quired after 8/17/06, and not on a	2d			
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminat	ed by th	ne organization durir	ng	
	the tax year 🛌					
ŀ	Number of states where property subject to conservat	ion easement is located ►				
5	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, har	ndling of		Yes	┌ No
5	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments o	during the year		
	A mount of expenses incurred in monitoring, inspecting	a and enforcing concervation eacoment	te durin	a the year		
,	► \$	g, and emorcing conservation easement	LS GUIIII	g the year		
3	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of se	ction 1		Yes	┌ No
•	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th				S	
	the organization's accounting for conservation easeme					
<u> </u>	Complete if the organization answered "Y	es" to Form 990, Part IV, line 8.				
La	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, education,	or rese	earch in furtherance		
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	ts held for public exhibition, education,				ıc
	(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, histor following amounts required to be reported under SFAS					
а	Revenues included in Form 990, Part VIII, line 1			► \$		
	, , –					

b Assets included in Form 990, Part X

Par	Organizations Maintaining Co	llections of Art	, HIS	<u>tori</u>	<u>cai ii</u>	<u>easur</u>	es, or O	tne	r Similar As	ssets	(con	tinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	eck	any of t	the follo	wing that a	are a	significant us	e of its	•	
а	Public exhibition		d	Γ	Loan	or exch	ange progi	rams				
b	Scholarly research		e	Γ	Othe	-						
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	ollections and expla	ıın hov	v the	y furthe	er the or	rganızatıor	ı's ex	cempt purpose	ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Г Yе	-	□ No
Par	t IV Escrow and Custodial Arrang		-						es" to Form		<u> </u>	140
	Part IV, line 9, or reported an an											
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	ediary	for c	ontribu	itions o	r other ass	etsı	not	┌ Ye	s	□ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follow	ving t	able		_					
									Aı	nount		
С	Beginning balance							1c				
d	Additions during the year						-	1d				
e	Distributions during the year						-	1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?							┌ Ye	s	No No
ь	If "Yes," explain the arrangement in Part XII	I Check here If the	expla	natio	n has	been pr	ovided in F	art >	KIII			<u> </u>
Pa	rt V Endowment Funds. Complete											
1-	Paginning of year halance	(a)Current year	(b)	Prior	year	b (c) Tw	o years back	((d)	Three years back	(e) Fo	ur yea	ars back
1a b	Beginning of year balance							1				
c	Net investment earnings, gains, and losses							+				
	Net investment earnings, gams, and losses							_				
d	Grants or scholarships											
е	Other expenditures for facilities and programs											
f	Administrative expenses							\perp				
g	End of year balance											
2	Provide the estimated percentage of the cur	rent year end balan	ce (lın	e 1g	, colum	n (a)) h	eld as					
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment ►											
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%										
3a	Are there endowment funds not in the posses	ssion of the organiz	atıon t	hat	are held	d and ac	dministere	d for	the	<u> </u>	, ,	
	organization by (i) unrelated organizations		_			_	_		3a		es	No
	(ii) related organizations										\dashv	
b	If "Yes" to 3a(II), are the related organization							٠.		b		
4	Describe in Part XIII the intended uses of th	ne organization's en	dowm	ent f	unds							
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa									
	Description of property				a) Cost o sis (inve		(b) Cost or basis (oth		(c) Accumulat depreciation		d) Boo	ok value
1a	Land											
b	Buildings											
С	Leasehold improvements											
d	Equipment		•				30	0,558	263,	541		37,017
	Other											
Tota	I. Add lines 1a through 1e (Column (d) must e	aual Form 990, Part	X colu	mn (D) lina	10/-11			🕨	1		37,017

Part VII Investments—Other Securities. See I	Ollii 220, Falt A, iiie 12.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Fınancıal derıvatıves		
(2)Closely-held equity interests		
Other		
	<u> </u>	
	+	
	 	
Total. (Column (b) must equal Form 990. Part X. col (B) line 12)		
Part VIII Investments—Program Related. See		
(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	1,716,467	C
	 	
	 	
	+	
	 	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	1,716,467	
Part IX Other Assets. See Form 990, Part X, lin		
(a) Descrip		(b) Book value
(1) INTEREST RECEIVABLE		61,751
		-
(2) RELATED PARTY RECEIVABLE		1,666,243
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶ 1,727,994
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. See Form 990, Part X		
Part X Other Liabilities. See Form 990, Part X		
Part X Other Liabilities. See Form 990, Part X (a) Description of liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes	, line 25.	▶ 1,727,994
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes	, line 25.	▶ 1,727,994
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes	, line 25.	1,727,994
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes	, line 25.	1,727,994
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes	, line 25.	1,727,994
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes	, line 25.	1,727,994
(-) December of behalts	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability Federal income taxes	, line 25.	

	,		
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	15,381,048
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	302,937
3	Subtract line 2e from line 1	3	15,078,111
4	Amounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)........... 4b		
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	15,078,111
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	10,246,385
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	302,937
3	Subtract line 2e from line 1	3	9,943,448
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII).............. 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	9,943,448

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, 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, LINE 2	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, 2013, MANAGEMENT HAS DETERMINED THERE ARE NO UNCERTAIN TAX POSITIONS
PART XI, LINE 2D - OTHER ADJUSTMENTS		IMPUTED INTEREST 302,937
PART XII, LINE 2D - OTHER ADJUSTMENTS		IMPUTED INTEREST 302,937

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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

DLN: 93493135081064

Open to Public

Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service			- Attuch to Folin 550				Inspection
Name of the organization NEIGHBORHOOD PROGRESS INC						Employer identification	on number
						34-1611055	
Part I General Informati	on on Grants and	Assistance					
1 Does the organization maintain							▽ Yes ┌ N
the selection criteria used to a Describe in Part IV the organi)* 1 C 5 1
<u> </u>				United States. Con	nplete if the orga	nızatıon answered "Y	es" to
				rt II can be duplicate			
(a) Name and address of organization	(b) EIN	(c) IRC Code section	(d) A mount of cash grant	(e) A mount of non- cash	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of gran
or government		ıf applicable	grant	assistance	(book, FMV,	non cush ussistance	or assistance
					appraisal, other)		
See Additional Data Table							
See Additional Data Table							
2 Enter total number of section 5	501(c)(3) and governn	nent organizations lis	ted in the line 1 table .			.	
3 Enter total number of other org						. -	
	·			0 . N. 500555			

art III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

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

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	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

Schedule I (Form 990) 2012

Software ID:

Software Version:

EIN: 34-1611055

Name: NEIGHBORHOOD PROGRESS INC

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUCKEYE AREA DEVELOPMENT CORP 11802 BUCKEYE ROAD CLEVELAND,OH 44120	34-1097181	501(C)(3)	974,065				OPERATING AND PROGRAM SUPPORT
LAND ASSEMBLY FOR NEIGHBORHOOD DEVELOPMENT11327 SHAKER BLVD SUITE 500W CLEVELAND,OH 44104	42-1735958	501(C)(3)	500,000				OPERATING AND PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 FOUNDATION 1325 ANSEL ROAD CLEVELAND,OH 44106	34-1053534	501(C)(3)	300,850				OPERATING AND PROGRAM SUPPORT
DETROIT SHOREWAY COMMUNITY DEVELOPMENT6516 DETROIT AVENUE CLEVELAND,OH 44102	23-7376130	501(C)(3)	278,600				OPERATING AND PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD HOUSING SERVICE5700 BROADWAY AVE CLEVELAND,OH 44127	34-1166865	501(C)(3)	250,000				OPERATING AND PROGRAM SUPPORT
OHIO CITY NEAR WEST DEVELOPMENT2525 MARKET AVE SUITE A CLEVELAND.OH 44113	34-1372076	501(C)(3)	155,000				OPERATING AND PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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	501(C)(3)	150,550				OPERATING AND PROGRAM SUPPORT
TREMONT WEST DEVELOPMENT CORP2406 PROFESSOR STREET CLEVELAND,OH 44113	23-7029247	501(C)(3)	150,525				OPERATING AND PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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	501(C)(3)	150,400				OPERATING AND PROGRAM SUPPORT
BURTEN BELL CARR DEVELOPMENT CORPORATION3226 E 93RD ST CLEVELAND,OH 44104	34-1657533	501(C)(3)	150,300				OPERATING AND PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEAST SHORES DEVELOPMENT CORPORATION317 E 156TH ST CLEVELAND,OH 44110	34-1361219	501(C)(3)	150,100				OPERATING AND PROGRAM SUPPORT
COMMUNITY HOUSING SOLUTIONS12114 LARCHMERE BLVD CLEVELAND,OH 44120	23-7299143	501(C)(3)	150,000				OPERATING AND PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount 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	501(C)(3)	145,100				OPERATING AND PROGRAM SUPPORT
STL HOUSING LLC1956 W 25TH ST SUITE 200 CLEVELAND,OH 44113	57-1151167	501(C)(3)	91,273				OPERATING AND PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENTERPRISE COMMUNITY PARTNERS10227 WINCOPIN CIRCLE SUITE 500 COLUMBIA,MD 21044	52-1231931	501(C)(3)	90,000				OPERATING AND PROGRAM SUPPORT
CITY OF CLEVELAND11030 EAST BLVD CLEVELAND,OH 44106	34-0239538	501(C)(3)	71,500				OPERATING AND PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND PUBLIC LIBRARY325 SUPERIOR AVE NE CLEVELAND,OH 44114	34-6000711	501(C)(3)	45,800				OPERATING AND PROGRAM SUPPORT
ARBOR PARK PLACE11327 SHAKER BLVD SUITE 500W CLEVELAND.OH 44104	84-1628498	501(C)(3)	10,000				OPERATING AND PROGRAM SUPPORT

DLN: 93493135081064

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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.

Compensation Information

Open to Public Inspection

Name of the organization NEIGHBORHOOD PROGRESS INC **Employer identification number**

34-1611055

Pai	rt I Questions Regarding Compensation	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	\vdash	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses d			1b		
2	Did the organization require substantiation prior to directors, trustees, and the CEO/Executive Directors			2		
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all tused by a related organization to establish compen	hat apply				
	▼ Compensation committee	\vdash	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, or a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l paymen	t?	4a		No
b	Participate in, or receive payment from, a supplement	ental non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	pased co	mpensation arrangement?	4c		No
	If "Yes" to any of lines $4a-c$, list the persons and p	rovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust comp	olete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a	, did the organization pay or accrue any			
а	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 compensation contingent on the net earnings of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII,		ccured pursuant to a contract that was tions section 53 4958-4(a)(3)? If "Yes," describe			
	in Part III	iii Negula	reions section 33 4330 4(a)(3). It les, describe	8		No
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	ne rebutta	able presumption procedure described in Regulations			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation reported as deferred in prior Form 990	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)		
(1)JOEL RATNER PRESIDENT	(i) (ii)	175,000 0	0	0	12,250 0	17,418 0	204,668 0	0	
(2)LINDA WARREN SENIOR VICE PRESIDENT	(i) (ii)	142,674 0	0	0	9,987 0	2,247 0	154,908 0	0	

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

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As Filed Data -

DLN: 93493135081064

OMP No 4545 0047

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, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2012

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Name of the organ NEIGHBORHOOD PRO									1ploye -161:	r ident if	ication	numbe	r	
Part I Exces								ganıza	tions	only).				
							25a or 25b, or							
1 (a) Name o	if disquali	fied pers			between di: d organizati		(c) Descri	ption o	ftrans	saction		d) Corr /es	No No	
											- '	res	NO	
2 Enter the amo	ount of ta	x ıncurre	d by organiza	ition man	agers or dis	qualified per	sons during the	yearı	ınder	section				
4958									•	F \$				
3 Enter the amo	ount of ta	x, ir any,	on line 2, and	ove, reimi	oursea by th	ie organizati	on		•	- \$				
			rom Inter											
							, line 38a, or Fo	rm 99	0, Par	t IV, lın	e 26, oi	r ıf the		
			c) Purpose					()	. T	/ / /		(:XX/::		
(a) Name of interested	with orga			(d) Loa or from			(e)Original (f)Balance principal due		(g) In (h) default? Approved			(i)Written agreement?		
person				organıza	tion?	amount		-		by boa	by board or			
					T_				T		committee?		 	
				То	From			Yes	No	Yes	No	Yes	No	
										 		-		
					+					 	-	_		
												_		
										1		-		
												_		
Total	•			▶ \$		•	•							
			ce Benefit											
							art IV, line 27							
(a) Name of inte	rested		atıonshıp bet ted person ar		c) A mount o	of assistance	e (d) Type o	fassis	tance	(e)	Purpose	e of ass	ıstance	
person			rganization	id the										

Part IV Business Transactions Involving Interested Persons.

Complete if the organization	tion answered "Yes" on F	orm 990, Part IV, lır	ne 28a, 28b, or 28c.			
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reveni	f zation's	
				Yes	No	
(1) BETH MOONEY	DIRECTOR		NPI AND ITS AFFILIATED ORGANIZATIONS HAVE DEPOSIT ACCOUNTS, LOANS, AND CREDIT CARDS FROM KEY BANK		No	
(2) MARK MCDERMOTT	DIRECTOR	·	VP FOR OHIO OF ENTERPRISE COMMUNITY PARTNERS NEIGHBORHOOD PROGRESS PROVIDED \$90,000 IN GRANTS TO AND RECEIVED FEDERAL FUNDING GRANTS FROM THEM IN THE AMOUNT OF \$276,400		No	
(3) PAUL CLARK	DIRECTOR		REGIONAL PRESIDENT OF NORTHERN OHIO FOR PNC FINANCIAL SERVICES GROUP WHICH HAS MADE GRANTS TO NEIGHBORHOD PROGRESS AND ITS AFFILIATE VILLAGE CAPITAL CORPORATION		No	
(4) DAVID REYNOLDS	DIRECTOR		MANAGING DIRECTOR OF PRIVATE WEALTH AT JP MORGAN CHASE WHICH PROVIDES GRANTS TO NEIGHBORHOOD PROGRESS		No	
(5) TIM TRAMBLE	DIRECTOR	,	EXECUTIVE DIRECTOR AT BURTEN BELL CARR DEVELOPMENT WHICH RECEIVED GRANTS FROM NEIGHBORHOOD PROGRESS TOTALING \$178,000 ADDITIONALLY, AN AFFILIATE OF NEIGHBORHOOD PROGRESS ENGAGED THE ORGANIZATION FOR LAWN CARE SERVICES		Νο	
(6) JOSEPH ROMAN	DIRECTOR		EXECUTIVE DIRECTOR OF GREATER CLEVELAND PARTNERSHIP WHOSE AFFILIATE, CLEVELAND DEVELOPMENT PARTNERSHIP, PROVIDED A LOAN TO NEIGHBORHOOD PROGRESS WITH AN OUTSTANDING BALANCE OF \$300,000, AND ALSO PROVIDED A \$1 MILLION LINE OF CREDIT TO NEIGHBORHOOD PROGRESS' AFFILIATED ORGANZATION, VILLAGE CAPITAL CORPORATION		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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135081064

Supplemental Information to Form 990 or 990-EZ

2012

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

SCHEDULE 0

(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.

Name of the organization
NEIGHBORHOOD PROGRESS INC

Employer identification number

34-1611055

ldentifier	Return Reference	Explanation
MISSION STATEMENT CONTINUED	FORM 990, PART I, PAGE, LINE 1	OUR EFFORTS HAVE WORKED TO CREATE A STRONG AND PRODUCTIVE SYSTEM THAT HAS VISIBLY IMPROVED MANY NEIGHBORHOODS AND ENABLED THOUSANDS OF THE CITY'S RESIDENTS TO ENJOY A BETTER QUALITY OF LIFE MAJOR ACCOMPLISHMENTS OVER THE PAST TWENTY-FIVE YEARS INCLUDE - PROVISION OF \$27 MILLION IN CORE OPERATING FUNDS AND TECHNICAL ASSISTANCE SUPPORT TO COMMUNITY DEVELOPMENT CORPORATIONS - INVESTMENT OF \$67 MILLION IN HOUSING AND REAL ESTATE VALUED AT OVER \$878 MILLION - OVER \$206 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 IN 2013, NEIGHBORHOOD PROGRESS COMPLETED A TRANSFORMATIVE MERGER WITHIN CLEVELAND'S COMMUNITY DEVELOPMENT SYSTEM NEIGHBORHOOD PROGRESS SUCCESSFULLY MERGED WITH CLEVELAND NEIGHBORHOOD DEVELOPMENT COALITION (CNDC) AND LIVECLEVELAND, THUS CREATING A STRONGER CITYWIDE INTERMEDIARY WITH A DEEPER CAPACITY TO STRENGTHEN CLEVELAND'S CDC SYSTEM AND MARKET THE ASSETS AND AMENITIES OF CLEVELAND'S NEIGHBORHOODS TO A WIDER AUDIENCE A STRATEGIC PLAN FOR NEIGHBORHOOD PROGRESS WAS COMPLETED IN FALL 2012 WITH THE AFOREMENTIONED MERGER IN MIND THIS PLAN SETS FORTH AN AGGRESSIVE AGENDA THROUGH 2016 FOR THE ORGANIZATION AS IT WORKS TO STRENGTHEN NEIGHBORHOODS, BUILD CAPACITY IN THE CDC SYSTEM, INCREASE ECONOMIC OPPORTUNITIES FOR RESIDENTS, AND FURTHER ESTABLISH NEIGHBORHOOD PROGRESS' ROLE AS A LEADER IN CLEVELAND COMMUNITY DEVELOPMENT EFFO

Identifier	Return Reference Explanation						
	l ' '	THOMAS COYNE IS BROTHER OF TERRY COYNE, AN UNPAID TRUSTEE OF AFFILIATED ORGANZATION, VILLAGE CAPITAL CORPORATION					

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

ldentifier	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

ldentifier	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 TAXEXEMPT, 501(C)(3) ORGANIZATIONS) IN ORDER TO FURTHER THE ORGANIZATION'S MISSION

DLN: 93493135081064

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

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.

Department of the Treasury

NEIGHBORHOOD PROGRESS INC

Internal Revenue Service Name of the organization

Employer identification number

24-1611055

or more related tax-exempt organizations during the tax year.) (a) Name, address, and EIN of related organization Primary activity Legal domicile (state or foreign country) Primary activity Legal domicile (state or foreign country) Exempt Code section Public charity status (if section 501(c)(3)) Direct controlling entity Yes N (1) NEW VILLAGE CORP 11327 SHAKER BLVD SUITE 500W CLEVELAND, OH 44104 34-1653986					34-1611	.055		
Name, address, and EIN (if applicable) of disregarded entity Permany activity (1) INPITS LLC 1327 STANKER BLVD SUITE 500W CLEVELAND, OH 44104 27-12/43943 PERTII Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Permany activity (2) Name, address, and EIN of related organization (3) Name, address, and EIN of related organization (4) New Village CORP REAL ESTATE REVTAL. AND SALES TO COMBAT BLOCH (5) (6) (7) (9) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Part I Identification of Disregarded Entities (Com	plete if the organization	n answered "Yes"	to Form 990,	Part IV, line 33.))		
AND SALES TO COMBAT BLIGHT AN			Legal domicile (state	(d) Total income		Direct controlling		
or more related tax-exempt organizations during the tax year.) (a) Name, address, and EIN of related organization Primary activity Public charity status (if section 501(c)(3)) Primary activity Public charity status (if section 501(c)(3)) Public charity statu	11327 SHAKER BLVD SUITE 500W CLEVELAND, OH 44104	AND SALES TO COMBAT	ОН	58,605	1,148,939	NEIGHBORHOOD PROGRESS INC		
or more related tax-exempt organizations during the tax year.) (a) Name, address, and EIN of related organization Primary activity Public charity status (if section 501(c)(3)) Primary activity Public charity status (if section 501(c)(3)) Public charity statu								
or more related tax-exempt organizations during the tax year.) (a) Name, address, and EIN of related organization Primary activity Public charity status (if section 501(c)(3)) Primary activity Public charity status (if section 501(c)(3)) Public charity statu								
or more related tax-exempt organizations during the tax year.) (a) Name, address, and EIN of related organization Primary activity Public charity status (if section 501(c)(3)) Primary activity Public charity status (if section 501(c)(3)) Public charity statu								
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) (if section 501(c)(3)) (if section 501(c)(3) (if section 501(c)(3) (if section 501(c)(3) (if section 501(c								
or more related tax-exempt organizations during the tax year.) (a) Name, address, and EIN of related organization Primary activity Public charity status (if section 501(c)(3)) Primary activity Public charity status (if section 501(c)(3)) Public charity statu	Part II Identification of Related Tax-Exempt Orga	nizations (Complete	f the organization	answered "Ye	es" to Form 990.	Part IV. line 34 because it	had oi	ne
Name, address, and EIN of related organization Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) Exempt Code section Public charity status (if section 501(c)(3)) Pirect controlling entity (b) (13) (1) NEW VILLAGE CORP TO COMBAT BLIGHT TO COMBAT BLIGHT CLEVELAND, OH 44104 34-1653986 CLEVELAND, OH 44104	or more related tax-exempt organizations during		the organization			Tare IV, into 51 Bookaso ici		
(1) NEW VILLAGE CORP REAL ESTATE DEVELOPMENT TO COMBAT BLIGHT OH 501 (C)(3) LINE 7 NEIGHBORHOOD PROGRESS INC CLEVELAND, OH 44104 (2) VILLAGE CAPITAL CORP 11327 SHAKER BLVD SUITE 500W CLEVELAND, OH 44104 CLEVELAND, OH 44104			Legal domicile (state		ction Public charity st	tatus Direct controlling	Section (b) cont	on 512 (13) trolled
TO COMBAT BLIGHT CLEVELAND, OH 44104 34-1653986 CLEVELAND, OH 44104 INC NEIGHBORHOOD PROGRESS INC NEIGHBORHOOD PROGRESS INC CLEVELAND, OH 44104	(1) NEW VILLAGE CODD	DEAL ESTATE DEVELOPMENT	OH	501 (C)(3)	LINE 7	NEIGHBODHOOD BROGDESS	Yes	No No
34-1653986 (2) VILLAGE CAPITAL CORP LENDING FOR COMMUNITY DEVELOPMENT OH 501 (C)(3) LINE 11A, I NEIGHBORHOOD PROGRESS INC CLEVELAND, OH 44104			OII	301 (0)(3)	LINE 7			
(2) VILLAGE CAPITAL CORP 11327 SHAKER BLVD SUITE 500W CLEVELAND, OH 44104 LENDING FOR COMMUNITY DEVELOPMENT OH 501 (C)(3) LINE 11A, I NEIGHBORHOOD PROGRESS INC								
CLEVELAND, OH 44104	(2) VILLAGE CAPITAL CORP		ОН	501 (C)(3)	LINE 11A, I			No
	CLEVELAND, OH 44104							

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

Decause it had one of more related organizations		ai uiei:									
(a) Name, address, and EIN of related organization	Name, address, and EIN of Primary activity related organization (ractivity Legal Direct controlling Production of the control of th		(e) (f) Predominant Income(related, unrelated, excluded from tax under sections 512-514)		(h) Disproprtionate allocations?		managing partner?		(k) Percentage ownership
							Yes	No	Yes	No	
(1) FRIES AND SCHUELE LTD 11327 SHAKER BLVD SUITE 500W CLEVELAND, OH 44104 34-1947105	RESIDENTIAL REAL ESTATE TO COMBAT BLIGHT	ОН	NEIGHBORHOOD PROGRESS INC	EXCLUDED				No	Yes		99 500 %
(2) ARBOR PARK PLACE LLC 11327 SHAKER BLVD SUITE 500W CLEVELAND, OH 44104 84-1628498	RETAIL REAL ESTATE TO COMBAT BLIGHT	OH	NEW VILLAGE CORP	N/A				No		No	99 250 %
(3) STL HOUSING LLC 11327 SHAKER BLVD SUITE 500W CLEVELAND, OH 44104 57-1151167	RESIDENTIAL REAL ESTATE TO COMBAT BLIGHT	ОН	NEW VILLAGE CORP	N/A				No		No	50 000 %
(4) OPPORTUNITY HOUSING CLEVELAND 2999 PAYNE AVE CLEVELAND, OH 44114 26-3246341	RESIDENTIAL REAL ESTATE TO COMBAT BLIGHT	ОН	NEW VILLAGE CORP	EXCLUDED				No		No	50 000 %
(5) SAINT LUKE'S PHASE III LLC 11327 SHAKER BLVD SUITE 500W CLEVELAND, OH 44104 61-1717963	RETAIL REAL ESTATE TO COMBAT BLIGHT	ОН	STL GRP-E CORP	EXCLUDED				No		No	100 000 %
(6) SAINT LUKE'S PHASE III MASTER TENANT LLC 11327 SHAKER BLVD SUITE 500W CLEVELAND, OH 44104 46-3194268	RETAIL REAL ESTATE TO COMBAT BLIGHT	ОН	NEW VILLAGE CORP	EXCLUDED				No		No	100 000 %

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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	(i Sectio (b)(contr enti	n 512 13) olled ty?
(1) ST LUKE'S POINTE HOMEOWNERS' ASSOCIATION	HOMEOWNERS' ASSOCIATION		STL HOUSING LLC	С			87 000 %	Yes	No No
11327 SHAKER BLVD SUITE 500W CLEVELAND, OH 44104 20-8546912		ОН							
(2) STL GP-1 CORP 11327 SHAKER BLVD SUITE 500W CLEVELAND, OH 44104 27-4725064	DEVELOPING QUALITY AFFORDABLE HOUSING	ОН	STL HOUSING LLC	С	238,497	1,583,023	100 000 %		No
(3) STL GP-2 CORP 11327 SHAKER BLVD SUITE 500W CLEVELAND, OH 44104 46-0730923	DEVELOPING QUALITY AFFORDABLE HOUSING	ОН	STL DEVELOPMENT LLC	С			100 000 %		No
(4) CLEVELAND HOUSING RENEWAL PROJECT 11327 SHAKER BLVD SUITE 500W CLEVELAND, OH 44104	REAL ESTATE ACTIVITIES TO COMBAT BLIGHT	ОН	LAND ASSEMBLY FOR NEIGHBORHOOD	С			100 000 %		No
(5) STL GP-3 CORP 11327 SHAKER BLVD SUITE 500W CLEVELAND, OH 44104 46-3194152	RETAIL REAL ESTATE TO COMBAT BLIGHT	ОН	STL DEVELOPMENT LLC	С			100 000 %		No

(5) ARBOR PARK PLACE

Part \	Transactions With Related Organizations (Complete if the organization	on answered "Yes" to Fo	orm 990, Part IV, lin	ie 34, 35b, or 36.)					
Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No		
1 Durin	g the tax year, did the orgranization engage in any of the following transactions with one or	more related organizations	s listed in Parts II-IV?	>					
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity									
b Gif									
c Gıf									
d Loans or loan guarantees to or for related organization(s)									
e Loans or loan guarantees by related organization(s)									
f Div	idends from related organization(s)				1f		No		
g Sa	e of assets to related organization(s)				1 g		No		
h Pu	rchase of assets from related organization(s)				1h		No		
i Exc	hange of assets with related organization(s)				1 i		No		
j Lea	j Lease of facilities, equipment, or other assets to related organization(s)								
k Le	k Lease of facilities, equipment, or other assets from related organization(s)								
Performance of services or membership or fundraising solicitations for related organization(s)									
m Performance of services or membership or fundraising solicitations by related organization(s)									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
• Sharing of paid employees with related organization(s)									
p Reimbursement paid to related organization(s) for expenses									
q Reimbursement paid by related organization(s) for expenses									
r Otl	ner transfer of cash or property to related organization(s)				1r		No		
s Other transfer of cash or property from related organization(s)							No		
2 If t	he answer to any of the above is "Yes," see the instructions for information on who must co			T					
	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d Method of determinii	,	ınvolved			
(1) FRIES	AND SCHUELE LTD	A	13,060	FMV					
(2) STL HC	USING LLC	В	91,273	FMV					
(3) FRIES	AND SCHUELE LTD	D	444,808	FMV					
(4) STL HC	USING LLC	E	30,000	FMV					

В

10,000 FMV

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 re	garding exclu	sion for ce		nent	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 section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

Software ID:

Software Version:

EIN: 34-1611055

Name: NEIGHBORHOOD PROGRESS INC

Schedule R (Form 990) 2012

Page **5**

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)								
Identifier	Return Reference	Explanation						
•								