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Short Form

Return of Organization Exempt From Income Tax

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning AUGUST 4, , 2015, and ending DECEMBER 31 , 20 15

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

C Name of organization
LOVE THY NEIGHBOR INCORPORATED

D Employer identification number
46-1599742

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
192 Elvern Drive

E Telephone number
269-861-3202

City or town, state or province, country, and ZIP or foreign postal code
Benton Harbor Mi, 49022

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

		1	17,820.69
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	17,820.69
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	0
	4 Investment income	4	0
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
c Less: direct expenses from gaming and fundraising events	6c	0	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
7a Gross sales of inventory, less returns and allowances	7a	0	
b Less: cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe in Schedule O)	8	1159.92	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	18,980.61	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	0
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	0
	13 Professional fees and other payments to independent contractors	13	782.09
	14 Occupancy, rent, utilities, and maintenance	14	232.69
	15 Printing, publications, postage, and shipping	15	0
	16 Other expenses (describe in Schedule O)	16	17,716.61
17 Total expenses. Add lines 10 through 16 ▶	17	18,731.39	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-249.22
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	NA
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	NONE
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	

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Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	NONE	22	NONE
23 Land and buildings	NONE	23	NONE
24 Other assets (describe in Schedule O)	NONE	24	NONE
25 Total assets		25	18,731.39
26 Total liabilities (describe in Schedule O)		26	18,980.61
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		27	

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Teach young men and women a building trade, teach our y
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 Teach the young men and women in our community a building trade . Teach them the proper technique for going to job interviews. 25-30 young men have benefited (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29 Show our children in our community (Benton Harbor Mi.) and surrounding communities the importance of learning and staying in school with gardening and farming techniques How planting the seed 10 benefited is equivalent to elementary school and so on. High school is watching the crops grow. College reap the harvest (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30 working with unwed mothers and teaching them how to raise a child thru a support staff that has changed the lives of many young women and their children. 10-15 have benefited (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31 Other program services (describe in Schedule O) (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	0

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
PAUL OBERHOLTZER	20	0	0	0
DOROTHY OBERHOLTZER	12	0	0	0
MERCEDES OBERHOLTZER	16	0		0
STEPHANIE OBERHOLTZER	4	0		0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 33 through 45b regarding organizational activities, financials, and reporting requirements.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	Yes		No
				<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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	47	Yes		No
				<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48			<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a			<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b			

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
none				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 . . ▶ _____ **0**

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ **Yes** **No**

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

Sign Here	▶ Signature of officer	Date
	▶ PAUL OBERHOLTZER	01-26-2016
	▶ Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.

May the IRS discuss this return with the preparer shown above? See instructions ▶ **Yes** **No**

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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OMB No. 1545-0047

2015

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Inspection**

Name of the organization

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Employer identification number

46-1599742

ADDITIONAL ITES FOR REVENUE

RETUNED MATERIALS TO LUMBER YARDS AND HOME IMPROVMENT CENTERS

TOTAL \$1,159.92

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Additional expenses for 2015

- 1) Building materials
- 2) Airline tickets for directors meeting
- 3) Phone bill
- 4) Gas for vechiles
- 5) Ocassional lunch young men and women in program

Total for these expenes are \$17,716 61