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Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990. OMB No 1545-0047

2016

Open to Public

Department of the Treasury Internal Revenue Service 2016, and ending For the 2016 calendar year, or tax year beginning D Employer identification number C Name of organization Check if applicable JUST ONE NEIGHBORHOOD PROGRAM. Address change 20-5538988 Doing business as E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Name change (201) 618-1257 Initial return 307 HIGHLAND AVENUE City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ Amended return NEWARK NJ 07104 96,022. H(a) Is this a group return for subordinates? Application pending F Name and address of principal officer Yes H(b) Are all subordinates included?
If 'No,' attach a list (see instructions) No OSCAR RODRIGUEZ 307 HIGHLAND AVENUE NEWARK NJ 07104 Tax-exempt status X 501(c)(3) 501(c) (4947(a)(1) or Website: ► H(c) Group exemption number Other > Form of organization X Corporation Trust Association L Year of formation 2006 M State of legal domicile NJ Partill Summary Briefly describe the organization's mission or most significant activities: Recreational activities for Governance If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a)..... 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2016 (Part V, line 2a) . . 5 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 · · · · · · 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h)..... 42,763. 30,513. Revenue Program service revenue (Part VIII, line 2g) 78,603. 65,509. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 366 96,022. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 500 400. Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . 13,237 13,059. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, -14f-24e) 126,812 103,871. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 117,330. 140,549. Revenue less expenses Subtract line 18 from line 12. -19,183.-21,308.8 End of Year **Beginning of Current Year** O Total assets (Part X, line 16) . . 28,859. 7,083. 21 Total liabilities (Part X, line 26) -486. -955. Net assets or fund balances, Subtract line 21 from line 20 29,345 8,038. Partille Signature Block Under penalties of perjury, I declare that I have excomplete Declaration of preparer (other than office npanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and thich preparer has any knowledge) is based on Signature of office Date Sign Here DRIGUE EXECUTIVE DIRECTOR game and title Type or pry Date Check DELLA PIA, CPA GREGORY CPA 06/13/17 GREGORY J. DELLA PIA, self-employed P00543839 Paid CPA Preparer Gregory J. Della Pia, **Use Only** Firm's address 150 RIVER ROAD, SUITE 22-2460776 MONTVILLE 07045 (973) 402-2636

SCANNED.

No

Form 990 (2016)

Yes

628

BAA	TEEA0102 11/16/16	Forr	n 990 (2016)
	am service expenses ► 86,539.		
4 d Other progr (Expenses	ram services (Describe in Schedule O) \$ including grants of \$) (Reve	enue \$)
4 4 045	and the second of the second o		
			-
			·
4 c (Code) (Expenses \$ including grants of \$) (Revenue \$)
			
4 b (Code) (Expenses \$ including grants of \$) (Revenue \$)
			-
			. _
activit	ties.		· ·
	ship skills while engaging in fun and healthy recreat		. _
sports	leagues for young residents to help them strengthen	their character and	
To help	improve the Newark neighborhoods by organizing valu	es based	
4 a (Code) (Expenses \$ 86,539. including grants of \$	0.)(Revenue \$ 6	5,509.)
and revenu	1(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocative, if any, for each program service reported	ions to others, the total expenses	7 ,
4 Describe th	scribe these changes on Schedule O le organization's program service accomplishments for each of its three largest program s 1(a)(3) and 501(a)(4) programizations are required to report the amount of grants and ellect	ervices, as measured by expensi	es
	anization cease conducting, or make significant changes in how it conducts, any program	services? Yes	X No
If 'Yes,' des	scribe these new services on Schedule O		
	or 990-EZ?		X No
2 Did the org	anization undertake any significant program services during the year which were not listed	on the prior	
			. -
· •			
	cribe the organization's mission		· · · ·
	eck if Schedule O contains a response or note to any line in this Part III		
	atement of Program Service Accomplishments	20-3538988	Page 2
Form 990 (2016)	JUST ONE NEIGHBORHOOD PROGRAM, INC.	20-5538988	Page :

Partily Checklist of Required Schedules

			Yes	No
`1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		Х
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		Х
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account 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	9		Х
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		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
	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	11 b		х
	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	11 c		Х
	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	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	_
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
	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	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E			X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15_		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
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		х

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-	and the state of t		Yes	No
`20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
1	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25a	24a		x
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
	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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26	х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
	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):		4	
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	contributions? If 'Yes,' complete Schedule M · · · · · · · · · · · · · · · · · ·	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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		Х
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		Х
	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		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		Х
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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2016) JUST ONE NEIGHBORHOOD PROGRAM, INC. Part VI Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V....

Check if Schedule O contains a response of note to any line in this Part V	· · · · ·	<u>;-</u>
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes No
	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		3
(gambling) winnings to prize winners?	. 1c	X
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b	
4 a 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)?	4 a	Х
b If 'Yes,' enter the name of the foreign country.		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		البراد المي
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	-	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		- ^-
-	. 20	
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	. 6a	Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	. 6 b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	. 7a	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	. 7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	. 7c	Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7е	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	. 7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	. 7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	. 9a	X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. 9b	X
10 Section 501(c)(7) organizations. Enter.		
a Initiation fees and capital contributions included on Part VIII, line 12		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter		
a Gross income from members or shareholders		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	. 13a	
Note. See the instructions for additional information the organization must report on Schedule O	اكن	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	1	
c Enter the amount of reserves on hand		
14 a Did the organization receive any payments for indoor tanning services during the tax year?	. 14a	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	. 14b	
BAA TEEA0105 11/16/16	Form !	990 (2016)

Form 990 (2016) JUST ONE NEIGHBORHOOD PROGRAM, INC. 20-5538988 Page 6 Partivis Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members 1 a 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X Did the organization delegate control over management duties customarily performed by or under the direct supervision Х Did the organization make any significant changes to its governing documents Х Did the organization become aware during the year of a significant diversion of the organization's assets? . . . Χ X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Χ b Are any governance decisions of the organization reserved to (or subject to approval by) members, Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code No 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a 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............. Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? Χ 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 a 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 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? 16 b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > New Jersev

18	Section 6104 requires an organization to make its Form for public inspection. Indicate how you made these ava	ns 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available. Check all that apply	aılable
	Own website Another's website	X Upon request Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization may	nade its governing documents, conflict of interest policy, and financial statements available to	

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records OSCAR RODRIGUEZ 307 HIGHLAND AVENUE NEWARK NJ 07104

J 07104 (201) 618-1257

Form 990 (2016) JUST ONE NEIGHBORHOOD PROGRAM, INC.	20-5538988	Page 7
Compensation of Officers, Directors, Trustees, Key Employees, High- Independent Contractors	est Compensated Employe	es, and
Check if Schedule O contains a response or note to any line in this Part VII		[
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compen	sated Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year er organization's tax year.	nding with or within the	
• List all of the organization's current officers, directors, trustees (whether individuals or organization compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	s), regardless of amount of	
• List all of the organization's current key employees, if any. See instructions for definition of 'key em	ployee.'	

• 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, and 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.

l l	1		(C)						
(B) Average hours	director/trustee)					n	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
2.00			х				0.	0.	0
1.00	х						0.	0.	0
1.00			х				0.	0.	0
1.00			Х				0.	0.	0
15.00	Х						12,000.	0.	0
1.00	Х						0.	0.	0
1.00	Х						0.	0.	0
1.00	Х						0.	0.	0
									<u>-</u>
	Average hours per week (list any hours for related organizations below dotted line)	Average hours per week (list any hours for related organizations below dotted line) 1.00	Average hours per week (list any hours for related organizations below dotted line)	Average hours per week (list any hours for related organizations below dotted line)	Average hours per week (list any hours for related organizations below dotted line)	Average hours per week (list any hours for related organizations below dotted line)	Average hours per week (list any hours for related organizations below dotted line)	Average hours per week (list any hours for related organizations below dotted line)	Average hours per per week (list any hours for related organizations below dotted line) X

Part পা। Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(B)			(C	C)					
(A) Name and title	Average hours per	box.	unles	ss pe	more rson i directo	than o s both or/trust	an ee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)										
(16)								-	·	
(17)										
(18)										
(19)							_			
(20)									;	
(21)										
(22)										
(23)										
(24)									-	
(25)										
1 b Sub-total							-	12,000.	0.	0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)								12,000.	0.	0.
2 Total number of individuals (including but not limited from the organization ►	to those	listed	abo	ve)	who	rece	ive		000 of reportable cor	mpensation
on line 1a? If 'Yes,' complete Schedule J for such in 4 For any individual listed on line 1a, is the sum of rec	Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual									
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If 'Yes,' or	mpensati	on fro	om a	nv ι	ınrel	lated	ora	anization or individ	iual	4 X
Section B. Independent Contractors										
1 Complete this table for your five highest compensation from the organization. Report compensation.	ed indepensation for	ndent r the c	con	trac ıdar	tors yea	that ir enc	rece ling	eived more than \$1 with or within the	00,000 of organization's tax ye	ar
(A) Name and business addre	ss							(B) Description o		(C) Compensation
Total number of independent contractors (including \$100,000 of compensation from the organization	but not lim	nited t	o the	ose	liste	d abo	ove)) who received mo	re than	

		Check if Schedule O contains a response or note to any lii	ne in this Part VIII .			
(1) ·			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b M c F d F e G	Federated campaigns				
Contribut and Othe	s g N	imilar amounts not included above . 1f 12,513. Ioncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	30,513.		T Ve I	
		Business Code	, <u>30,313.</u>		··· · · · · · · · · · · · · · · · · ·	
Program Service Revenue	2 a <u>j</u> b _ c _	PROGRAM FEES 8999	65,509.	65,509.	0.	0.
Program Se		All other program service revenue	65,509.	(X) - 2 (2) (2) (2) (4)	Elia marchi hij	Maria An
	3 lr 0 4 lr	nvestment income (including dividends, interest and other similar amounts)	63,309.	lica - e lisso - Sa di	, kuta y hi wywyd Yf Yfa	The star the star
	6a G b L c R	(i) Real (ii) Personal Gross rents Less rental expenses Rental income or (loss)				
	7 a G a: b L: a: c G	(i) Securities (ii) Other ssets other than inventory ess: cost or other basis nd sales expenses Gain or (loss) Net gain or (loss)				
Other Revenue	8 a G (r o S b L	Gross income from fundraising events not including \$ if contributions reported on line 1c) See Part IV, line 18				
0	9 a G S b L	Gross income from gaming activities Gee Part IV, line 19			1	, ,
	10a G a b L	let income or (loss) from gaming activities				(
	c N	let income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue Business Code				
	11 a _ b _ c _ d A	All other revenue				
		otal. Add lines 11a-11d	06.022	65 500	,	,

Partix Statement of Functional Expenses

<u> </u>	Check if Schedule O contains a res	` _	(B)	(C)	(D)
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	400.	400.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				A The State of the
5	Compensation of current officers, directors, trustees, and key employees	12,000.	0.	12,000.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	`			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1,059.	0.	1,059.	0.
11	` ' ' '				
	Management	180.	0.	180.	0.
	Legal				
	Accounting	3,700.	0.	3,700.	0.
-	Lobbying			and the second second	
	Professional fundraising services See Part IV, line 17 .				
-	Other. (If line 11g amount exceeds 10% of line 25, column				·····
-	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	1,561.	0.	1,561.	0.
13	Office expenses	2,925.	0.	2,925.	0.
14	Information technology				
15	Royalties				
16	Occupancy	9,839.	9,839.	0.	0.
17	Travel	512.	0.	512.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,813.	3,842.	971.	0.
20	Interest	43.	0.	43.	0.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	. * * * * * * * * * * * * * * * * * * *			The second second second
24	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)				
ē	LICENSES, FEES & PERMITS	10,256.	6,556.	3,700.	0.
t	PEQUIPMENT_RENTAL	32.	0.	32.	0.
C	BANK_FEES	227.	0.	227.	0.
	UNIFORMS & EQUIPMENT	26,996.	26,996.	0.	0
	All other expenses	42,787.	38,906.	3,881.	0.
25	Total functional expenses. Add lines 1 through 24e	117,330.	86,539.	30,791.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here Light of following SOP 98-2 (ASC 958-720)				
BAA		<u></u>			Form 000 (2016)

Part X Balance Sheet

	•	Check if Schedule O contains a response or note to any line in this Part X			
•			(A) Beginning of year		(B) End of year
	1	Cash non-interest-bearing · · · · · · · · · · · · · · · · · · ·	28,668.	1	6,934.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	191.	5	140
	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	191.	6	143.
\$	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
₹∣	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D			
	b	Less' accumulated depreciation 10b		10 c	
	11	Investments – publicly traded securities		11	
ł	12	Investments – other securities. See Part IV, line 11	· ·	12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	28,859.	16	7,083.
	17	Accounts payable and accrued expenses	,	17	
	18	Grants payable		18	
-	19	Deferred revenue		19	
- 1	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D [21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	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	-486.	25	-955.
	26	Total liabilities. Add lines 17 through 25 · · · · · · · · · · · · · · · · · ·	-486.	26	-955.
ces		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
ä	27	Unrestricted net assets	29,345.	27	8,038.
Bal	28	Temporarily restricted net assets		28	
핃	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
8	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
<u>ड</u>	33	Total net assets or fund balances	29,345.	33	8,038.
~	34	Total liabilities and net assets/fund balances	28,859.	34	7,083.

BAA

		-5538988	Page 12
Pa	Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		
• 1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	96,022.
2	Total expenses (must equal Part IX, column (A), line 25)	2	117,330.
3	Revenue less expenses Subtract line 2 from line 1	. 3	-21,308.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29,345.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	. 6	
7	Investment expenses	1 ' 1	
8	Prior period adjustments	. 8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		
1500	column (B))	· 10	<u>8,037.</u>
Hai	Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		
			Yes No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on separate basis, consolidated basis, or both	a	
	Separate basis Consolidated basis Both consolidated and separate basis	1	
b	Were the organization's financial statements audited by an independent accountant?		2 b X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate		
	basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis		
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the arreview, or compilation of its financial statements and selection of an independent accountant?	udit,	2 c X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	le 	3a X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	audit	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b
BAA			Form 990 (2016)

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016



Name of the organization Employer identification number JUST ONE NEIGHBORHOOD PROGRAM, INC. 20-5538988 Partilal Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives. (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally Integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization ${f g}$ Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 (iv) is the (v) Amount of monetary (vi) Amount of other organization listed in your governing document? support (see instructions) support (see instructions) above (see instructions)) Yes No (A) (B) (C) (D) (E)

Partill 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.)

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	39,925.	38,039.	112,962.	42,763.	30,513.	264,202.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	39,925.	38,039.	112,962.	42,763.	30,513.	264,202.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 · · · · · · · · · · · ·			a de	5- 3-		264,202.
Sec	tion B. Total Support			-			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	39,925.	38,039.	112,962.	42,763.	30,513.	264,202.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on			`			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	48,266.	38,791.	42,461.	78,603.	65,509.	273,630.
11	Total support. Add lines 7 through 10					district.	537,832.
12	Gross receipts from related activities	es, etc (see instru	ctions)	<i></i>		12	
13	First five years. If the Form 990 is organization, check this box and st	for the organization for the o	on's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ □
	tion C. Computation of Pul						
14	Public support percentage for 2016	(line 6, column (f)	divided by line 11	, column (f))		14	49.12%
15	Public support percentage from 20	15 Schedule A, Pa	irt II, line 14		• • • • • • • • •	15	49.50%
16a	33-1/3% support test—2016. If the and stop here. The organization q	e organization did ualifies as a public	not check the box ly supported organ	on line 13, and line	e 14 is 33-1/3% or	more, check this bo	ox ► [X]
b	33-1/3% support test—2015. If the and stop here. The organization q	e organization did i jualifies as a public	not check a box or cly supported organ	n line 13 or 16a, and nization	d line 15 is 33-1/3	% or more, check th	iis box ▶ □
17a	10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	st—2016. If the orgets the 'facts-and- nd-circumstances'	ganization did not e circumstances' tes test. The organiza	check a box on line st, check this box a ition qualifies as a	e 13, 16a, or 16b, a nd stop here. Exp publicly supported	and line 14 is 10% lain in Part VI how organization	▶ □
	10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-o	eets the 'facts-and- circumstances' test	circumstances' tes The organization	st, check this box a qualifies as a publ	nd stop here. Exp licly supported org	laın ın Part VI how t anızatıon	the · · · · · · ►
18	Private foundation. If the organiza	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see instruction	ns ▶ [

Partill Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked th	ne box on line 10 of Part I or if the o	organization failed to qualif	y under Part II	If the organization
fails to qualify under the tests list	ted below, please complete Part II.	1		

<u>. </u>	fails to qualify under the tes	ts listed below, ple	ase complete Part I	1)		 	
	tion A. Public Support						
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6)						
	tion B. Total Support				I	r	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
IVa	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					:	
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part Vi)						
	Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is organization, check this box and s	top here	<u> </u>	nird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) 	▶
	Bubble support percentage for 2014			(f)			0.
	Public support percentage for 2016	• •	•	` ''		<u> </u>	
	Public support percentage from 20 tion D. Computation of Inv					16	96
					<u> </u>	17	
	Investment income percentage for investment income percentage fro		•		* *		
	33-1/3% support tests—2016. If the						
	is not more than 33-1/3%, check the 33-1/3% support tests—2015. If the	nis box and stop h	ere . The organizati	on qualifies as a j	publicly supported	organization	▶ []
	line 18 is not more than 33-1/3%, or Private foundation. If the organiz	check this box and	stop here. The org	janization qualifie	s as a publicly sup	ported organization	> 📘
	The state of the s			, 100, 011601			

Part V& Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents?

 If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

and the second	Yes	No
	id.	tris.
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Ja Tara	ी अद्भारता र	
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9b		No.
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10b	!	1

Pa	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		<u> </u>
Sec	tion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
	or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
		Today Visit Visit	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3	A THE	
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
		,,		
	b The organization is the parent of each of its supported organizations. Complete line 3 below			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			1
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

	Type in Non-1 unctionally integrated 303(a)(3) Supporting Of			
<u>.</u> 1	Check here if the organization satisfied the Integral Part Test as a qualifying trust or instructions. All other Type III non-functionally integrated supporting organizations	on Nov. 2 s must co	20, 1970 (explain in Part VI) omplete Sections A through	See E
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
а	Average monthly value of securities	1a		
t	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
	Total (add lines 1a, 1b, and 1c)	1 d		
6	Discount claimed for blockage or other factors (explain in detail in Part VI)		to the second	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		<u> </u>
4	Enter greater of line 2 or line 3	4		
5_	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally integr (see instructions)	ated Typ	e III supporting organizatio	n
BAA			Schedule A (For	m 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

Par	t V Type III Non-Functionally Integrated 509(a)(3) S	upporting Organizat	tions (continued)	
Sec	tion D Distributions			Current Year
<u>`1</u>	Amounts paid to supported organizations to accomplish exempt purpo	ses		
2	Amounts paid to perform activity that directly furthers exempt purpose in excess of income from activity	s of supported organization	ns,	
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
_ 6	Other distributions (describe in Part VI) See instructions			
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions.	ation is responsive (provide	e details	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(II) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	7 1	, 12E7	
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016	ال الله الله الله الله الله الله الله ا	ar i Lairi	1,12
а	the state of the s			1
b			" , " , " , " , " , " , " , " , " , " ,	1,000
С	From 2013		, ,	
d	From 2014	, , , , ,		
е	From 2015		*	10
f	Total of lines 3a through e		, k	
g	Applied to underdistributions of prior years	1 1 1 1 1 Y		. 7
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)	ا م د الأحدا		· · · · ·
j	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7. \$	44 2	1 1 5	
	Applied to underdistributions of prior years	ratg, , ,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Applied to 2016 distributable amount		1. 14	
	Remainder. Subtract lines 4a and 4b from 4		1 2 1 3 1 1 1 1	1
5	Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than			
6	zero, explain in Part VI See instructions Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See			
	Instructions			\$ 0 <u></u>
	Excess distributions carryover to 2017. Add lines 3j and 4c			
	Breakdown of line 7.			
a	<u> </u>	1		
	Excess from 2013	, , ,	· · · · · · · · · · · · · · · · · · ·	,
	Excess from 2014			
	Excess from 2015	 		
е	Excess from 2016		, ,	,

BAA

Schedule A (Form 990 or 990-EZ) 2016

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

Pt II Ln 10 Other Income Part II, Line 10 Description: PROGRAM REVENUES 2012: 48266. 2013: 38791. 2014: 42461. 2015: 78603. 2016: 65509.

SCHEDULE D (Form.990)

Supplemental Financial Statements

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

Attach to Form 990.

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

2016

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

ellenki odnago. Inapacion Employer identification number

JUST ONE NEIGHBORHOOD PROGRAM. INC.

120-223000

Pā	Organizations Maintaining Donor A Complete if the organization answered	dvised Funds or Other Sime Yes' on Form 990, Part IV.	ilar Funds or Acco	unts.
		(a) Donor advised funds		ds and other accounts
1	Total number at end of year	(a) Donor advised rando	(2) / (3)	add und other doodants
2	Aggregate value of contributions to (during year)	****		
3	Aggregate value of grants from (during year)	· · · · · · · · · · · · · · · · · · ·		
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor adv	sors in writing that the assets held is ation's exclusive legal control?	n donor advised funds	· · · Yes No
6	Did the organization inform all grantees, donors, and for charitable purposes and not for the benefit of the impermissible private benefit?	donor or donor advisor, or for any o	ther purpose conferring	· · · · · · Yes No
Pai	Conservation Easements. Complete if the organization answered	d 'Yes' on Form 990, Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the or	ganization (check all that apply)		
	Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space	· LJ	ervation of a historically in ervation of a certified histo	·
2	Complete lines 2a through 2d if the organization held last day of the tax year	a qualified conservation contribution	n in the form of a conserv	vation easement on the
			He	ld at the End of the Tax Year
í	a Total number of conservation easements		2a	
ı	Total acreage restricted by conservation easements		2b	
•	Number of conservation easements on a certified his	toric structure included in (a)	2 c	
(Number of conservation easements included in (c) ac structure listed in the National Register	equired after 8/17/06, and not on a h	nistoric 2 d	
3	Number of conservation easements modified, transfetax year ►	rred, released, extinguished, or terr	minated by the organization	on during the
4	Number of states where property subject to conserva	tion easement is located ►		
5	Does the organization have a written policy regarding and enforcement of the conservation easements it has			Yes No
6	Staff and volunteer hours devoted to monitoring, insp	ecting, handling of violations, and e	nforcing conservation eas	sements during the year
7	Amount of expenses incurred in monitoring, inspectin ►\$	g, handling of violations, and enforce	cing conservation easeme	ents during the year
8	Does each conservation easement reported on line 2 and section 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of	of section 170(h)(4)(B)(i)	Yes No
9	In Part XIII, describe how the organization reports co include, if applicable, the text of the footnote to the o- conservation easements.	nservation easements in its revenue ganization's financial statements th	e and expense statement, at describes the organiza	and balance sheet, and tion's accounting for
Rai	Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Treas d 'Yes' on Form 990, Part IV,	ures, or Other Simil line 8.	lar Assets.
1 6	a If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held fi in Part XIII, the text of the footnote to its financial sta	or public exhibition, education, or re	evenue statement and ba search in furtherance of p	alance sheet works of bublic service, provide,
ļ	of the organization elected, as permitted under SFAS historical treasures, or other similar assets held for profollowing amounts relating to these items:	116 (ASC 958), to report in its reve ublic exhibition, education, or resear	nue statement and balanc rch in furtherance of publi	ce sheet works of art, c service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			▶\$
2	If the organization received or held works of art, histoamounts required to be reported under SFAS 116 (A	rical treasures, or other similar asse SC 958) relating to these items	ets for financial gain, prov	ide the following
6	a Revenue included on Form 990, Part VIII, line 1 🕠			►\$
	Assets included in Form 990, Part X		<u></u> <u>.</u>	►\$

Cabadula B (Farra 200) case								
Schedule D (Form 990) 2016 JUST Partill Organizations Mainta	ONE NEIGHBOR	HOOD PROGR	AM, INC.	or Other	20-5538 Similar Aced		ontinu	Page
Using the organization's acquisition								eu)
items (check all that apply).	i, accession, and other	er records, check	any of the following the	at are a sign	incant use of its	collec	tion	
a Public exhibition		d Loan	or exchange programs					
b Scholarly research		e Other						
c Preservation for future generat	ions	_						
4 Provide a description of the organiz Part XIII	zation's collections ar	nd explain how the	ey further the organizat	ion's exemp	t purpose in			
5 During the year, did the organization to be sold to raise funds rather than	on solicit or receive do n to be maintained as	onations of art, his part of the organ	storical treasures, or ot	her sımılar a	ssets	Yes	, [No
Escrow and Custodia line 9, or reported an ar	I Arrangements. mount on Form 9	. Complete if t 90, Part X, line	he organization an e 21.	swered 'Y	es' on Form	990,	Part IV	<i>,</i>
1 a Is the organization an agent, truste on Form 990, Part X?				ssets not inc	luded	Yes	; [No
b If 'Yes,' explain the arrangement in	Part XIII and comple	te the following ta	ible:					
					<i>F</i>	Amoun	t	
c Beginning balance				<u> </u>				
d Additions during the year								
e Distributions during the year								
f Ending balance				<u>'</u>				
2 a Did the organization include an ame				•				No
b If 'Yes,' explain the arrangement in			•					
Part V Endowment Funds. Co	omplete if the org	anization ans	wered 'Yes' on For	rm 990, P	art IV, line 10)		
	(a) Current year	(b) Prior year	(c) Two years ba	ck (d) T	hree years back	(e) F	Four years	back
1 a Beginning of year balance								
b Contributions	<u>-</u>							
c Net investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentage of	of the current year en	d balance (line 1g	, column (a)) held as.					
a Board designated or quasi-endowm	ient >	્ર						
b Permanent endowment ►	8	 _						
c Temporarily restricted endowment	<u> </u>	ુ						
The percentages on lines 2a, 2b, ar								
3 a Are there endowment funds not in to organization by:							Yes	No
(i) unrelated organizations						3a(i)		L
(ii) related organizations						3a(ii)		
b If 'Yes' on line 3a(ii), are the related		· ·				3b		
4 Describe in Part XIII the intended us		on's endowment for	unds					
Part: VIII Land, Buildings, and E Complete if the organization		es' on Form 9	990. Part IV. line 1	1a. See F	orm 990. Pai	rt X. I	ine 10.	
Description of property	· T	t or other basis	(b) Cost or other	Т.			Book val	
		ivestment)	basis (other)		cumulated eciation	(u) i	DOOK VAI	iue
1 a Land			, , ,					
b Buildings					- and and a second of the second			
c Leasehold improvements				1				
d Equipment				1				

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 JUST ONE NEIGHBORH	OOD PROGRAM,	INC. 20-553	8988 Page 3
Partivil Investments — Other Securities.	/os' on Form 000	Dort IV line 11h See Form 000 F	Part V line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of	
(1) Financial derivatives	(b) Book value	(C) Method of Valuation Cost or end-or	year market value
(2) Closely-held equity interests		 	· · · · · · · · · · · · · · · · · · ·
(3) Other			
(A)	· · · · · · · · · · · · · · · · · · ·		
(B)			
(C)			
(D)	·		
(E)			
(F)			
(H)	· · · · · · · · · · · · · · · · · · ·		
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12) >			
ParkVIII Investments — Program Related. Complete if the organization answered	/es' on Form 990	Part IV line 11c See Form 990 P	art X line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-c	
(1)			
(2)			
(3)			
(4)	- · · · · · · · · · · · · · · · · · · ·		
(5)			
(6)			
<u>(7)</u> (8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) >			
Complete if the organization answered '	os' on Form 000	Part IV line 11d See Form 900 F	Part Y lina 15
	scription	Fait IV, line 11d. See Folili 990, F	(b) Book value
(1)			
(2)			
(3)			
(4) (5)			
(6)	<u>-</u>		
(7)			
(8)			
(9) (10)			·
Total. (Column (b) must equal Form 990, Part X, column (B) In	ne 15)		
Part X Other Liabilities.	16 10 /		
Complete if the organization answered 'Yes' on F			
(a) Description of liability	(b) Book value		
(1) Federal income taxes (2) SALARTES PAYABLE			
(2) SALARIES PAYABLE (3) PAYROLL TAXES PAYABLE	-3,0 2,0		
(4)	2,0		
(5)			
(6)		***	
<u>(7)</u>			· · · · · · · · · · · · · · · · · · ·
(8) (9)			
(10)			The second second second second
(11)			THE WAS A STREET OF THE
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)		55.	10 mg 10
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footne	ote to the organization's fina	ncial statements that reports the organization's liabili	ty for uncertain
tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has	as been provided in Part XIII		<i>.</i>

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

Rart XIII Supplemental Information.

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

4 0

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is

at www.irs.gov/form990.

OMB No 1545-0047

2016

Open To Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

JUST ONE NEIGHBORHOOD PROGRAM, 20-5538988 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

(1)	(a) Name of disqualified person	(b) Relationship between disqualified	(c) Description of transaction	(d) Corrected?		
	(a) Native of disqualitied person	person and organization	(c) Businplion of full outsident	Yes	No	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Enter the amount of tax incurred by the organization managers or disqualified persons during the year under . ▶\$

Partill: Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person		(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(I) Written agreement?	
	1		To	From			Yes	No	Yes	No	Yes	No
(1) OSCAR RODRIGUEZ	EXECUTIVE DIRECTOR	SALARY ADVANCE		Х	414.	149.		Х	Х			Χ
(2)												
(3)												
(4)												
(5)						· · · · · · · · · · · · · · · · · · ·						
(6)												
(7)	:											
(8)												
(9)				1								
(10)								İ .			-	
otal			• • •			149			18.2			3.7

Partill Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2016

Schodula I. (Form 000 as 000 E7) 2016	TITOM	ONE	NETCURORUGOR	DD00D314	T110
Schedule L (Form 990 or 990-EZ) 2016	JUST	ONE	NFIGHBORHOOD	PROGRAM.	LNC

20-5538988

Page 2

Part IV Business	Transactions	Involving I	nterested	Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					Ī
(10)					

Supplemental Information
Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2016

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

JUST ONE NEIGHBORHOOD PROGRAM, INC

Employer identification number 20-5538988

Board members are provided with a final copy of Form 990 reconciled to

Pt VI, Line 11b the Organization's books.

Executive Director (Oscar Rodriguez) is husband of Parents Coordinator

Pt VI, Line 2 (Annette Rodriquez) and brother of Treasurer (Amparo Buono).