ig.

99 0	Return of Organiz
rm 991	Under section 501(c), 527, or 4947(a)

EXTENDED TO JULY 16, 2018

Return of Organization Exempt From Income Tax
ection 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.

Openito Public.

Intern	al Royo	nue Service	Information about Form 990 and its instructions is at www.irs.gov/form990.	1,	inspection
A F	or the	2016 calend	ar year, or tax year beginning SEP 1 , 2016 and ending AUG 31 , 20	17	
B c	heck if pplicable	C Name o	f organization	entifi	cation number
_	Addre		HAM HOUSE		1 14 -
	Name change	 Doing be 	usiness as 13	<u>3-3</u>	721924
]initial roturn	Number	and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone no	ımbe	7
	Final return/		WILLIS AVENUE 71	8-	292-9321
	termin eted	City or t	own, state or province, country, and ZIP or foreign postal code G Gross receipte S		564,125.
	Ameno return	DYOM	X, NY 10454 H(a) is this a gro		
$oldsymbol{oldsymbol{\sqcup}}$	Applic. Lion pendîn	_ r mame a			i? ∑Yes X No
		SAME		rates ir	ncluded? Yes No
		empt status.		ich a	list. (see Instructions)
					n number ▶ 0928
				3 1	A State of legal domicile: NY
lika	it1	Summary			
ايه	1	Briefly describ	e the organization's mission or most significant activities: SEE SCHEDULE O		
Activities & Governance					
Ē			x if the organization discontinued its operations or disposed of more than 25% of its n	1	1 _
ò			ting members of the governing body (Part VI, line 1a)	3	8
8			dependent voting members of the governing body (Part VI, line 1b)	4	
e S			of Individuals employed in calendar year 2016 (Part V, line 2a)	5	22
ķ	6	Total number	of volunteers (estimate if necessary)	8	125
Ş			d business revenue from Part VIII, column (C), line 12	7a	0.
-	ь	Net unrelated	business taxable income from Form 990-T, Ilne 34	7b	0.
- 1			Prior Year	•	563,779.
익			and grants (Part VIII, line 1h)		
Revenue			ce revenue (Part VIII, line 2g)	0.	0.
ě			come (Part VIII, column (A), lines 3, 4, and 7d) 3, 65		346.
_			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.
\dashv			- add lines 8 through 11 (must equal Part VIII, column (A), line 12) 712, 45		564,125.
			milar amounts paid (Part IX, column (A), lines 1-3) 73 , 12		45,795.
		•	to or for members (Part IX, column (A), line 4)	0.	0.
ន			r compensation, employee benefits (Part IX, column (A), lines 5-10)		461,634.
뚫			undraising fees (Part IX, column (A), line 11e)		0.
Expenses			ing expenses (Part IX, column (D), line 25) 49,962.		
۳			es (Part IX, column (A), lines 11a-11d, 11f-24e)		355,584.
- 1			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		863,013.
	19	Revenue less	expenses. Subtract line 18 from line 12285, 95		-298,888.
28			Beginning of Current		End of Year
Ssets Balanc		-	Part X, line 16) 3,380,65		3,192,423.
≨	21	Total liabilities	(Part X, line 26) 4 117, 96	23.	228,615.
			fund balances. Subtract line 21 from line 20	0.	2,963,808.
		Signature			the section of the last se
			I declare that I have examined this return, including accompanying schedules and statements, and to the best		y knowledge and delier, it is
true,	correc		Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
٠.			e of officer Date		
Sign		, ,	EA BROOKS, EXECUTIVE DIRECTOR	1)	0/2020
Here	•		orint name and title	 -	= 1010 %0
_	-	Print/Type pre	- India	sck	= PTIN
Paid	F	GARRETT	The same of the sa	- t-emolos	P00543209
Prep		Firm's name	PKF O'CONNOR DAVIES, LLP Firm's El		27-1728945
Use		Firm's address			
•••	,	1 11 11 2 4 4 4 4 4 4 4	HARRISON, NY 10528-1633 Phone no	.91	4-381-8900
Mav	the IF	RS discuss this	s return with the preparer shown above? (see instructions)		X Yes No
	111-1		For Paperwork Reduction Act Notice, see the separate instructions. RECEIVED		Form 990 (2016)
		•	11/2021420	٦(اد
			, , , , , , , , , , , , , , , , , , , ,	19	
) JAN 2 1 2020		

OGDEN, UT

SEE SCHEDULE O FOR CONTINUATION(S)

632002 11-11-18

Form 990 (2016) ABRAHAM HOUSE
Part IV Checklist of Required Schedules

			V	N.
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
•	If "Yes," complete Schedule A	1	x	}
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	 _		<u>-</u>
٠	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		<u> </u>	
٠	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,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>	<u> </u>	
Ŭ	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
J	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		}	<u> </u>
	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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		_	
• •	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	X	l
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ļ	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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	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		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ĺ		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"			
	complete Schedule G. Part III	19		X
		Earn	. ggn	12016

632003 11-11-16

			<u>res</u>	NO
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		X
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	Х	
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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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		Х
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	_X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	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		X
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			۱.,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			J
•	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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			 ₩
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33_		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
05-	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		 ^
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 504(aV2) argenizations. But the argenization make any transfers to an exempt non-charitable related organization?	330		
30	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		х
27	If "Yes," complete Schedule R, Part V, line 2	30	· -	 ^ `
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31	 	
J O	Note. All Form 990 filers are required to complete Schedule O	38	х	
	Mote. On 1 only 330 mais are required to complete Schedule O.		990	

1 41	Check if Schedule O contains a response or note to any line in this Part V			
•	Chock is contocate of contains a response of note to any line in this hart v		Yes	
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		res	No
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1
Ĭ	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 22			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_X_	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		L
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			İ
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		L
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		77
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			-
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter.			
·· a	Gross income from members or shareholders			ĺ
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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L		
а	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			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			1
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	L		
14a	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	06.5	
		Form	990	(2016)

ABRAHAM HOUSE 13-3721924 Form 990 (2016) Part VI | 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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 8 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 8 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Х in Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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? X 15a a The organization's CEO, Executive Director, or top management official X 15b **b** Other officers or key employees of the organization 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 X 16a taxable entity during the year? 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 16h exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply-X Upon request Own website Another's website ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records. ALTHEA BROOKS, EXECUTIVE DIRECTOR - 718-292-9321

Form 990 (2016)

10454

342 WILLIS AVENUE, BRONX, NY

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

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 Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, 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

Check this box if neither the organiz (A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos		than d	one	Reportable	Reportable	Estimated
	hours per	box	, unle:	ss per	rson i	s both	n an	compensation	compensation	amount of
	week	\vdash	Cer an	o a c	7 6010	7,003	100,	from	from related	other
	(list any hours for	drecte			ŀ			the organization	organizations (W-2/1099-MISC)	compensation from the
	related	9	stee			nsate		(W-2/1099-MISC)	(** 25 1000 11.100)	organization
	organizations	trust	nal tru		oyee	ompe				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Ē			organizations
71	line)	르	Ē	OHU.	§.	差	Ē			
(1) ROBERT MURPHY	2.00	١,,		,,	ĺ			_		_
CHAIR	1 00	Х	<u> </u>	X		 	-	0.	0.	0.
(2) ALEXANDER LAKHANPAL	1.00	١.,							_	_
MEMBER	1 00	Х			<u> </u>			0.	0.	0.
(3) BRENT BENKOVIC	1.00	١,,							_	_
MEMBER ///	1 00	Х	<u> </u>			.	\vdash	0.	0.	0.
(4) DAVID ARCHER	1.00	₩				İ			0.	_
MEMBER (THRU 12/31/16)	1 00	X					_	0.		0.
(5) FR. ERIC CRUZ	1.00	x						0.	0.	0.
MEMBER	1.00	 ^	-			-		<u> </u>	0.	<u> </u>
(6) MSGR. KEVIN SULLIVAN MEMBER	1.00	X						0.	0.	0.
(7) PHILIP DORIAN	1.00	^	 		⊢	├	\vdash	0.	0.	
MEMBER	1.00	x						0.	0.	0.
(8) SARMAD M. KHOJASTEH	1.00	<u> </u>	-		┢	┢╌				<u></u>
MEMBER	1.00	X				İ		0.	0.	0.
(9) WILLIAM J. PHELAN	1.00	-	\vdash		-	ļ		``	-	
MEMBER		x			ŀ			0.	0.	0.
(10) ALAN SHAPIRO	1.00	-		-	<u> </u>	\vdash	\vdash	 		
MEMBER (THRU 12/31/16)		X)	0.	0.	0.
(11) MARK MCCRANE	1.00	苣					Г	 		,
MEMBER (THRU 12/31/16)		\mathbf{x}						0.	0.	0.
(12) ALTHEA BROOKS	35.00	\Box								
EXECUTIVE DIRECTOR		1		х		}	ĺ	93,276.	0.	9,144.
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Form **990** (2016)

Par			oloy I	ees,			ghes	<u>st C</u>			т			
	(A)	(B)						(E)			(F)			
	Name and title	Average	(do		Pos		า ≀than ∈	one	Reportable	Reportable	İ	Es	tımate	ed
		hours per	box	, unle	ss pe	rson I	s both	n an	compensation	compensation	ו י		ount	of
		week		Cer an		10010), u u u	T	from	from related			other	
		(list any hours for	recto						the	organizations			pensa	
		related	9.0	ee	ļ	,	sated	ļ	organization (W-2/1099-MISC)	(W-2/1099-MIS	⁽⁾		om th	
		organizations	individual trustee or director	l trustee		g	臣		(***271099***********************************		1	_	anızat I relat	
		below	dal	trona	_	l ge	st Co	_					nızatı	
		line)	ndiv	Institutional t	Officer	Key employee	Highest compensated employee	Ē			ĺ			
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1b	Sub-total								93,276.		0.	9	,1	
С	Total from continuation sheets to Part VI	l, Section A							0.		0.			0.
d_	Total (add lines 1b and 1c)							<u> </u>	93,276.		0.		, 1	<u>44.</u>
2	Total number of individuals (including but n	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				
	compensation from the organization							_						0
_											Г		Yes	No
3	Did the organization list any former officer,		istee	e, ke	y en	nplo	yee,	or I	highest compensated en	nployee on				
	line 1a? If "Yes," complete Schedule J for s										ŀ	3		X
4	For any individual listed on line 1a, is the su									ne organization	-			
_	and related organizations greater than \$150										-	_4_		X
5	Did any person listed on line 1a receive or a							ate	ed organization or individ	lual for services	ŀ	5		X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	? <i>J t</i> (or su	ich i	oe <i>r</i> s	on	_		 		3		- 12
1	Complete this table for your five highest co	mpensated ind	epe	nder	nt co	ontra	acto	s th	nat received more than \$	100,000 of comp	ensat	on fro	m	
	the organization. Report compensation for													
	(A)								(B)		_	(C	•)	
	Name and business	address	NO	ONE	<u> </u>			4	Description of s	ervices		omper	isatio	<u>n</u>
										1				
								7		-				
								_						
								}					·	
2	Total number of independent contractors (ii	ncluding but no	ot lin	nited	l to	thos	e lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organization	_				(<u></u>							
		· · · · · · · · · · · · · · · · · · ·										Form 9	990 (2016)

Form 990 (2016) ABRAHAM HOUSE
Part VIII | Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII	<u> </u>		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
इ इ	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues	1b					1 1
O, M	С	Fundraising events	1c					
ar fire	d	Related organizations	1d	45,100.				
s, Eligi	е	Government grants (contribut	ions) 1e	130,188.]
Ŝ	f	All other contributions, gifts, gran	ts, and				!	
the st		similar amounts not included abo	ve 1f	388,491.				
P F	g	Noncash contributions included in lines	1a-1f \$	388,491. 45,295.				
<u>ਨੂੰ ਵ</u>	h	Total. Add lines 1a-1f			563,779.			
				Business Code				<u> </u>
ඉ	2 a				· · · · · · · · · · · · · · · · · · ·			<u> </u>
<u>∑</u> •	b			ļ				<u> </u>
S d	С							
E a	d							
Program Service Revenue	е				· · · · · · · · · · · · · · · · · · ·			
a [All other program service reve	nue					
		_Total. Add_lines 2a-2f		_				<u> </u>
	3	Investment income (including	dividends, intere	st, and	216			246
- 1		other similar amounts)			346.			346.
- 1	4	Income from investment of tax	k-exempt bond p	roceeds 🕨	· · · · · · · · · · · · · · · · · · ·			
	5	Royalties		•		· · · · · · · · · · · · · · · · · · ·		
	_	•	(ı) Real	(II) Personal		,]
	6 a		ļ					
	b				ļ			
	C	, ,						 -J
		Net rental income or (loss)	(i) Convention	(v) Othor		· · · · · · · · · · · · · · · · · · ·		
i	/ a	Gross amount from sales of	(i) Securities	(II) Other			•	
	_	assets other than inventory Less cost or other basis						l
l	U	and sales expenses		}				}
	_	Gain or (loss)						ļ
		Net gain or (loss)						 -
ı		Gross income from fundraising	a events (not					
ã (0 0	including \$	•	[[[
Ve		contributions reported on line						
Other Reven		Part IV, line 18	а					
E E	b	Less direct expenses	b					
ō		Net income or (loss) from fund	raising events	•				
	9 a	Gross income from gaming ac	tivities See					
		Part IV, line 19	а					
	b	Less. direct expenses	b					
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns	:				
		and allowances	а					İ
	b	Less: cost of goods sold	b	L	· · · · · · · · · · · · · · · · · · ·			
	С	Net income or (loss) from sale	s of inventory					
		Miscellaneous Revenu	е	Business Code				<u> </u>
	11 a							
	b				<u> </u>			
Ì	С							
[All other revenue						
	е	Total. Add lines 11a-11d		P	ECA 105			1 246
	12_	Total revenue See instructions.		, <u>P</u>	564,125.	0.	0.	346.

Do	Check if Schedule O contains a responsion include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses .	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			1	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	45,795.	45,795.		
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			,	
5	Compensation of current officers, directors,	100 120	01 261	10 465	0 204
_	trustees, and key employees	108,130.	81,361.	18,465.	8,304
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			10	
_	persons described in section 4958(c)(3)(B)	274 127	215 776	36 500	21,773
7	Other salaries and wages	274,137.	215,776.	36,588.	41,113
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	16,229.	10,332.	2,240.	3,657
9	Other employee benefits	63,138.	60,786.	1,931.	421
10	Payroll taxes	05,130.	00,780.	1,,,,,,,	721
11	Fees for services (non-employees) Management				
a b	Legal				
C	Accounting	24,100.	22,413.	1,446.	241
d	Lobbying	21,2000			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				······································
g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A) amount, list line 11g expenses on Sch O.)	30,620.	20,447.	7,135.	3,038
12	Advertising and promotion				<u> </u>
13	Office expenses	16,947.	12,353.	4,069.	525
14	Information technology	13,160.	10,727.	2,135.	298
15	Royalties				
16	Occupancy	32,734.	30,081.	2,168.	485
17	Travel	1,248.	856.	388.	4
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		· · · <u> </u>		
20	Interest	1,036.		1,036.	·
21	Payments to affiliates	*************			
22	Depreciation, depletion, and amortization	163,300.	135,134.	19,159.	9,007
23	Insurance	39,942.	30,323.	9,220.	399
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)		,		
а	REPAIRS AND MAINTENANCE	19,545.	13,080.	6,123.	342
b	FOOD	9,749.	9,497.	252.	
c	FAMILY TRIPS & SUPPORT	1,608.	140.		1,468
d	OTHER DIRECT EXPENSES	1,595.		1,595.	
_	All other expenses				
25	Total functional expenses Add lines 1 through 24e	863,013.	699,101.	113,950.	49,962
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 If following SOP 98-2 (ASC 958-720)				

<u>[Par</u>	t 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	1,886.	1	21,953.
	2	Savings and temporary cash investments	14,650.	2	2,595.
	3	Pledges and grants receivable, net	116,707.	3	81,827.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
J		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	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	· 		
ts		employees' beneficiary organizations (see instr) Complete Part II of Sch L	···	_6_	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8_	
İ	9	Prepaid expenses and deferred charges	3,265.	9	1,027.
	10 a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 5,436,232.			
ĺ	þ	Less accumulated depreciation 10b 2,356,761.	3,242,336.	10c	3,079,471.
	11	Investments · publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12_	
}	13	Investments · program-related See Part IV, line 11		13	
	14	Intangible assets	1 015	14	E 550
	15	Other assets See Part IV, line 11	1,815.	15	5,550.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,380,659.	16	3,192,423.
	17	Accounts payable and accrued expenses	97,105.	17	200,503.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors, trustees,			
<u>≣</u>		key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	1,600.	22	237.
Liabilities	23	Secured mortgages and notes payable to unrelated third parties	19,258.	23	14,654.
	24	Unsecured notes and loans payable to unrelated third parties	13,230.	24	13,221.
	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			
i		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	117,963.	26	228,615.
		Organizations that follow SFAS 117 (ASC 958), check here X and			
ای		complete lines 27 through 29, and lines 33 and 34.			•
ခို့	27	Unrestricted net assets	3,256,996.	27	2,963,808.
ala	28	Temporarily restricted net assets	5,700.	28	0.
ä	29	Permanently restricted net assets		29	
Š		Organizations that do not follow SFAS 117 (ASC 958), check here			-
<u>ا</u>		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31_	
st	32	Retained earnings, endowment, accumulated income, or other funds		32	
					0 0 0 0 0 0 0
Z	33	Total net assets or fund balances	3,262,696. 3,380,659.	33 34	2,963,808. 3,192,423.

Form 990 (2016)

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 Total expenses (must equal Part IX, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Total expenses (must equal Part IX, column (A), line 25) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 3 -298, 888. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Constant expenses 7 Investment expenses 8 Prior pend adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII 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. Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2 Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements and selection of an independent accountant? 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 b Were the organization of financial statements and selection of an independent accountant? If the organization of the financial statements and selection of an independ		990 (2		<u>1</u> 3-	3721924	Pag	_{ge} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 2 Revenue less expenses Subtract line 2 from line 1 3 -298,888. 1 Revenue less expenses Subtract line 2 from line 1 3 -298,888. 2 Revenue less expenses Subtract line 2 from line 1 3 -298,888. 3 Revenue less expenses Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 3, 262,696. 5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 8 Prior penod adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990.	Pa	rt XI	Reconciliation of Net Assets			•	
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990. Cash Accrual Other 1 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 1 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 1 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Sparate 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 audit, review, or compilation of its financial statements and selection of an independent accountant? 1 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," din the organization undergo the required audit or audits? If the org		_	Check if Schedule O contains a response or note to any line in this Part XI				\Box
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990. Cash Accrual Other 1 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 1 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 1 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Sparate 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 audit, review, or compilation of its financial statements and selection of an independent accountant? 1 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," din the organization undergo the required audit or audits? If the org							
Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Prior period adjustments	1	Total	revenue (must equal Part VIII, column (A), line 12)	1			
A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII 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. Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis. consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis. consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis. consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis. If the organization changed either its oversight process or selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the orga	2	Total	expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990.	3	Reve	nue less expenses Subtract line 2 from line 1	3			
6 Donated services and use of facilities 7 Investment expenses 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990.	4	Net a	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,26	2,6	<u>96.</u>
7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 O. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Z, 963, 808. Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990. Cash Accrual Other 1 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 1 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Were the organization's financial statements audited by an independent accountant? 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, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both. Separate basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis, or both Consolidated basis Consolidated basis Consolidated basis Consolidated basis Consolidated basis Consolidated basi	5	Net u	nrealized gains (losses) on investments	5	·		
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X X	6	Dona	ted services and use of facilities	6			
9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting	7	Inves	tment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X Yes No Accounting method used to prepare the Form 990.	8	Prior	period adjustments	8			
Column (B)) Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990. Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 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, 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 audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	9		, , ,	9			<u>0.</u>
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Check if Schedule O contains a response or note to any line in this Part XII X				10	2,96	3,8	<u>08.</u>
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		OI aut	and, explain with in contocule of and describe any steps taken to disorge coon dedite.	11 1411111		990	(2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

	ABRA	HAM HOUSE					1	3-3721924		
Part I	Reason for Public	Charity Status (All organizations must co	omplete th	is part) Se	e instructions				
The orga	inization is not a private found									
1 🗀	A church, convention of ch	•	-	-	•	1)(A)(i).		~ 1		
2	A school described in sect					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7) T		
3	A hospital or a cooperative					in .				
4	A medical research organiz					•	(iii) Enter	the hospital's name		
- L	city, and state	anon operated in col	njunction with a nospital	described	iii Sectio	//	(iii). Littoi	the hospital s hame,		
- [An organization operated for	or the bonefit of a col	llogo or university owner	d or operat	od by a go	wornmontal un	ut dosoribe	nd in		
5	•		nege or university owner	or operat	eu by a gu	overninental ul	iit describe	90 III		
	section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
6		•								
7 <u>X</u>	An organization that norma		ntial part of its support fi	rom a gove	ernmental	unit or from th	e general p	oublic described in		
	section 170(b)(1)(A)(vi). (C									
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II)						
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	and-grant	college		
	or university or a non-land-o	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state of t	he college	or		
	university							·		
10	An organization that norma	illy receives: (1) more	than 33 1/3% of its supp	port from o	contributio	ns, membersh	ıp fees, an	d gross receipts from		
	activities related to its exer	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	n 33 1/3% of its	support f	from gross investment		
	income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	fter June 30, 1975		
	See section 509(a)(2). (Co	mplete Part III.)	•							
11 🗀	An organization organized	and operated exclusi	vely to test for public sa	fety See	section 50	09(a)(4).				
12	An organization organized	•	•				rv out the	purposes of one or		
	more publicly supported or									
	lines 12a through 12d that	-								
a [Type I. A supporting orga						-	aivina		
٠ _	the supported organization	•	•		-			- ·		
	organization You must o			cinajonty c	n the direc	tors or trustee	3 01 1116 30	pporting		
		-		tion with it	o ou onorte	d orannization	(a) by bay	una.		
b _	Type II. A supporting org	•				_	•	-		
	control or management of	• • • •		ame perso	ns mai co	ntroi or manag	e me supt	DOTTEG		
	organization(s) You mus	•								
c L	Type III functionally inte		• -				y integrate	ia with,		
_	its supported organizatio		•	·-	-	•				
d L	Type III non-functionally									
	that is not functionally int	-	- · · · · · · · · · · · · · · · · · · ·				an attentiv	/eness		
_	requirement (see instruct	ions) You must con	mplete Part IV, Sections	s A and D,	and Part	V.				
e L	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	, Type III			
	functionally integrated, or	r Type III non-functioi	nally integrated supporti	ng organız	ation.					
f En	ter the number of supported o	organizations						L		
g Pro	ovide the following information			I dual la lacona	anization listed					
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	IU AORL GOAGLU	ing document?	(v) Amount of	•	(vi) Amount of other		
	organization		above (see instructions))	Yes	No	support (see in:	structions)	support (see instructions)		
	•]				
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		[[[
						<u> </u>				
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	· · · · · · · · · · · · · · · · · · ·			-						

Part II | 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	ction A. Public Support			<u> </u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and		101		.		
	membership fees received. (Do not						
	include any "unusual grants.")	829,172.	1010948.	1000716.	705,948.	563,779.	4110563.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to		l .				
	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	829,172.	1010948.	1000716.	705,948.	563,779.	4110563.
5	The portion of total contributions						
	by each person (other than a	,		,			
	governmental unit or publicly						İ
	supported organization) included						
	on line 1 that exceeds 2% of the		1			,	
	amount shown on line 11,						
	column (f)		'				1731672.
6	Public support. Subtract line 5 from line 4						2378891.
Sec	tion B. Total Support		•		, , , , , , , , , , , , , , , , , , ,	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	829,172.	1010948.	1000716.	705,948.	563,779.	4110563.
8	Gross income from interest,		-				
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	12,557.	10,785.	4,765.	3,651.	346.	32,104.
9	Net income from unrelated business		*				**-
_	activities, whether or not the						
	business is regularly carried on	10,785.					10,785.
10	Other income Do not include gain		-				
	or loss from the sale of capital						
	assets (Explain in Part VI)	3,700.	105.	2,911.	2,854.		9,570.
11	Total support. Add lines 7 through 10						4163022.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
	First five years. If the Form 990 is for			d, fourth, or fifth ta	x vear as a section	501(c)(3)	
	organization, check this box and stop	_	•		_		
Sec	tion C. Computation of Publi		centage				
14	Public support percentage for 2016 (li	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	57.14 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	56.33 %
16a	33 1/3% support test - 2016. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				ightharpoons X
b	33 1/3% support test - 2015. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check the	is box
	and stop here. The organization quali						ightharpoons
17a	10% -facts-and-circumstances test	•			13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "fac-						
	meets the "facts-and-circumstances"					J	ightharpoons
b	10% -facts-and-circumstances test	•	•	• • •	-	7a, and line 15 is	10% or
_	more, and if the organization meets th	•					
	organization meets the "facts-and-circ						ightharpoons
18	Private foundation. If the organization		_				<u></u> ▶□
	The state of the s					dule A (Form 990	

Part IV

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.)

	Yes	No
1		
	_	
<u> </u>		
2		
3a		
3b		
3c		
4a		
70		
<u> </u>		
4b		
4c		
<u>5a</u>		
5b		
5c		
·		
6		
7	-	
8		
•		
9a		
9b	<u> </u>	
9c		
10		
10a		$\vdash \neg$
105	 -	-

632024 09-21-16

1	Net short-term capital gain	1 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			1
	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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year).		,	,
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c_		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other		,	•
	factors (explain in detail in Part VI)			·
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		
Sect	ion 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	<u>.</u> .	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
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-functionall	y integrated	Type III supporting organ	nization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2016

Par	1 ype III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
_	organizations, in excess of income from activity			
_ 3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	
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	· · · · · · · · · · · · · · · · · · ·		<u> </u>
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions	·		
_ 9	Distributable amount for 2016 from Section C, line 6			
_10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti -	ion E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
_	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016	[
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			
ن	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D,		ı	
	line 7 \$			
a_	Applied to underdistributions of prior years			
b_	Applied to 2016 distributable amount			
c_	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7.	ļ		
a_	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
<u>b</u>	Excess from 2013		<u> </u>	· · · · · · · · · · · · · · · · · · ·
c_	Excess from 2014			
<u>d</u>	Excess from 2015		٥	
e	Excess from 2016	1		

Schedule A (Form 990 or 990-EZ) 2016

Part \	Part IV, Se line 1, Par	nental ection A, t IV, Sect , lines 5, (Information. Providines 1, 2, 3b, 3c, 4b, 4 ion D, lines 2 and 3; Pa 6, and 8, and Part V, So	de the explanation c, 5a, 6, 9a, 9b, 9 art IV, Section E,	9c, 11a, 11b, and Iines 1c, 2a, 2b, 3	11c; Part IV, S 3a, and 3b; Par	Section B, lines 1 t V, line 1, Part V	17b, Part III, line and 2, Part IV, S , Section B, line	Section C.
SCHE	DULE A,	PART	II, LINE 10	, EXPLAN	ATION FOR	OTHER	INCOME:		
MISC	ELLANEOU	JS	· · · · · · · · · · · · · · · · · · ·			_ 			
2012	AMOUNT:	\$	3,700.						
2013	AMOUNT:	\$	105.						
2014	AMOUNT:	\$	2,911.		,				
2015	AMOUNT:	\$	2,854.						
	 						·	<u></u>	
								·	<u> </u>
				·					
									
			·	· · · · · · · · · · · · · · · · · · ·					
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		,		 					
									
									<u>, ' \</u>

SCHEDULE D

Department of the Treasury Internal Revenue Service

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.urs.gov/form990.

Open to Public

OMB No 1545-0047

Inspection

Name of the organization

Employer identification number

ГРа	ABRAHAM HOUSE	d Francis on Other Circles Francis on	13-3721924
Pa			Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
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 advisors in v	writing that the assets held in donor advised fu	inds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	l only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose confe	erring
	impermissible private benefit?	, , , , ,	Yes No
Pai		ganization answered "Yes" on Form 990, Part I	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e		ally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space	i reservation of a continua	Thistoric structure
2	Complete lines 2a through 2d if the organization held a qualif	ind conservation contribution in the form of a	consequation easement on the last
~		de conservation contribution in the form of a c	Held at the End of the Tax Year
_	day of the tax year		
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	at an archided of th	2b
С.	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a	ifter 8/1//06, and not on a historic structure	
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	anization during the tax
	year >		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	tion easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation e	easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)((B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes the o	rganization's accounting for
_	conservation easements	<u>-</u>	
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	Similar Assets.
-	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descri		,
b	If the organization elected, as permitted under SFAS 116 (AS		balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	addation, or resource in tartification of public s	or rico, provide the renewing amount
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$ ▶ \$
0		seurae or other eimilar accate for financial acid	
2	If the organization received or held works of art, historical treating following amounts required to be reported under SEAS 1.		i, provide
	the following amounts required to be reported under SFAS 1	10 (400 309) relating to these items.	▶ ↑
а	Revenue included on Form 990, Part VIII, line 1		S
_	Assets included in Form 990, Part X		0.1.1.1.7.15
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2016

632051 08-29-16

	dule D (Form 990) 2016 ABRAHAM					<u> 13-</u>	<u>3721924</u>	Page 2
Pai	t III Organizations Maintaining C	ollections of Art,	Historical Tr	easures, or	Other S	Similar Ass	ets (continu	ed)
3	Using the organization's acquisition, accession	on, and other records,	check any of the	following that	are a signi	ficant use of	ts collection it	ems
	(check all that apply)							
а	Public exhibition	d	Loan or ex	change progra	ıms			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain h	now they further t	the organizatio	n's exemp	t purpose in F	art XIII	
5	During the year, did the organization solicit o	r receive donations of	art, historical trea	asures, or othe	r sımılar as	sets		
-	to be sold to raise funds rather than to be ma						Yes	No_
Pai	TIV Escrow and Custodial Arrang		e if the organizati	on answered "	Yes" on Fo	orm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Par	 						
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ry for contribution	ns or other ass	ets not inc	luded		_
	on Form 990, Part X?						Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table.					
							Amount	
	Beginning balance					1c	·- <u>-</u>	
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance							
	Did the organization include an amount on Fo				-	?	Yes	⊢ No
Par	If "Yes," explain the arrangement in Part XIII							
<u> </u>	t V Endowment Funds. Complete					Three weers b	nole (-) Four v	ooro book
4.	Decimples of year balance	(a) Current year	(b) Prior year	(c) Two year	S Dack (a) Three years b	ack (e) Four y	ears Dack
	Beginning of year balance			 				
b	Contributions			 				
ن	Net investment earnings, gains, and losses			 				
d	Grants or scholarships		·					
е	Other expenditures for facilities	ĺ		1	ĺ		İ	
	and programs Administrative expenses							
,	End of year balance			-		·		
9 2	Provide the estimated percentage of the curr	ent year end halance /	line 1a. column (a)) held as				
a	Board designated or quasi-endowment	·	,e 19, column (i %	a), 11010 do.				
b	Permanent endowment	%	,,,,					
	Temporarily restricted endowment	^% %						
Ū	The percentages on lines 2a, 2b, and 2c show							
За	Are there endowment funds not in the posses	•	on that are held a	and administer	ed for the o	organization		
	by					J	T	'es No
	(i) unrelated organizations						3a(ı)	
	(ii) related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as required	d on Schedule R?	•			3b	
_4	Describe in Part XIII the intended uses of the	organization's endowi	ment funds					
Par	t VI Land, Buildings, and Equipm	ent.			•			
	Complete if the organization answered	d "Yes" on Fo <u>rm</u> 990, I	Part IV, line 11a	See Form 990,	Part X, lin	e 10.		
	Description of property	(a) Cost or oth	ner (b) Cos	st or other	(c) Acc	umulated	(d) Book	value
		basis (investme		s (other)	depre	eciation		
1a	Land			54,774.			1,054	
b	Buildings		3,9	27,477.	2,08	36,065.	1,841	<u>,412.</u>
С	Leasehold improvements							
d	Equipment			87,443.	27	70,696.		<u>,747.</u>
<u>e</u>	Other			66, <u>538.</u>				<u>,538.</u>
Total	. Add lines 1a through 1e (Column (d) must e	oual Form 990, Part X.	column (B), line	10c.)			3,079	<u>,471.</u>
						Scher	dule D (Form !	990) 2016

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2016

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(6) (7) (8) (9)

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SCHEDULE I (Form 990)

Department of the Treasury

ABRAHAM HOUSE

Name of the organization

Part

Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.us.gov/form990.

Open to Public Inspection

Employer identification number

13-3721924

2 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Part II

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

632101 11-01-16

Schedule I (Form 990) (2016)

Page 2 (f) Description of noncash assistance 13-3721924 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients ABRAHAM HOUSE (a) Type of grant or assistance Schedule I (Form 990) (2016)

Part III

CLOTHING, FOOD AND SUPPLIES BOOK 45,295. . 。 500. 240 FOOD & SUPPLIES STIPENDS

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information

PART I, LINE 2:

ABRAHAM HOUSE PROVIDES A STIPEND TO VOLUNTEERS WHO HELP IN VARIOUS

PROGRAMS: FAMILY PASTORAL, AFTER-SCHOOL, ATI, AND ADMINISTRATIVE PROJECTS.

EVERY ABRAHAM HOUSE ALSO OPERATES A FOOD PANTRY AND A CLOTHING BANK.

BAGS OF FOOD AND STAPLES ARE AVAILABLE TO ANYONE WHO SATURDAY MORNING, COMES TO OUR DOOR. IN ADDITION, NEIGHBORHOOD RESIDENTS ARE WELCOME TO

AT CLOTHES, BLANKETS AND OTHER NEW OR GENTLY USED GOODS THAT ARE AVAILABLE

ABRAHAM HOUSE.

١,

SCHEDULE I

Transactions With Interested Persons

(Form 990 or 990-EZ) ► 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.

Department of the Treasury Internal Revenue Service ► 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

2016

Open To Public Inspection

Name of the organization Employer identification number ABRAHAM HOUSE 13-3721924 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization 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 h) Approved (d) Loan to or (i) Written (a) Name of (b) Relationship (c) Purpose (e) Original (a) In (f) Balance due by board or committee? from the default? interested person with organization of loan principal amount agreement? organization? Yes Yes From No No No То Yes ALTHEA BROOKS EXECUTIVLOAN TO 1,600. 237. X X 237 Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between (c) Amount of (d) Type of (e) Purpose of assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2016

SEE PART V FOR CONTINUATIONS

SCHEDULE M (Form 990)

Noncash Contributions

16

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Inspection Employer identification number

	ABRAHAM HOUS	<u>E</u>			13	<u>3-3721</u>	<u>924</u>	
Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or litems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash cor	(d) of determin ntribution ar		s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		27,085.	COST			
6	.Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities · Publicly traded							
10	Securities - Closely held stock							
11	Securities · Partnership, LLC, or	ļ -						
	trust interests	<u></u>			<u> </u>			
12	Securities · Miscellaneous							
13	Qualified conservation contribution -				[
	Historic structures							
14	Qualified conservation contribution · Other							
15	Real estate - Residential		·					
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	4	9,525.	COST			
20	Drugs and medical supplies			<u> </u>				
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens			<u> </u>				
24	Archeological artifacts			<u> </u>				
25	Other (TOYS)	X	4	8,685.	COST			
26	Other							
27	Other							
28	Other ▶ (<u> </u>			
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions			_	
	for which the organization completed Form 828	83, Part IV, [Donee Acknowledg	jement 29			0	
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed for			لـنِــا
	exempt purposes for the entire holding period?)				30a		X
b	If "Yes," describe the arrangement in Part II							لـــــا
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribu	tions?	31		<u>X</u>
32a	Does the organization hire or use third parties of	or related or	ganizations to solic	cit, process, or sell noncash				
	contributions?					32a		<u> </u>
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is che	cked,			
	describe in Part II							
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).	Schedul	e M (Form	990) (2016)

Schedule M (Form 990) (2016)

632142 08-23-16

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 6 Open to Public

Inspection

Employer identification number

ABRAHAM HOUSE

ABRAHAM HOUSE	13-3721924
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
ABRAHAM HOUSE IS A 501(C)(3) NOT-FOR-PROFIT ORGANIZATION L	OCATED IN THE
MOTT HAVEN SECTION OF THE SOUTH BRONX. FOUNDED IN 1993 BY	RIKERS
ISLAND CATHOLIC PRISON CHAPLAINS IN RESPONSE TO THE HIGH R	ECIDIVISM
RATE AND LACK OF EFFECTIVE REHABILITATIVE SERVICES THEY WI	TNESSED IN
NEW YORK CITY JAILS; ABRAHAM HOUSE BEGAN AS AN INNOVATIVE	ALTERNATIVE
TO INCARCERATION PROGRAM FOR THOSE CONVICTED OF NONVIOLENT	CRIMES.
THE ORGANIZATION'S MISSION IS TO OFFER THE INCARCERATED AND	D THEIR
RELATIVES, AS WELL AS FAMILIES AND CHILDREN LIVING ON THE	MARGINS OF
OUR SOCIETY, A PLACE OF HOPE AND COMMUNITY WHERE LIVES CAN	BE REBUILT,
FAMILIES MENDED, LESSONS LEARNED AND WHERE MEN, WOMEN, AND	CHILDREN
RECEIVE THE NECESSARY AND PRACTICAL TOOLS TO BECOME PRODUCT	rive
CITIZENS. THE UNIQUE FOCUS AND APPROACH UTILIZED BY ABRAHA	M HOUSE
THROUGH ITS PROGRAMS, IS NOT LIMITED TO THE REHABILITATION	OF THE
CRIMINAL OFFENDER INVOLVED IN THE ALTERNATIVE TO INCARCERA	TION PROGRAM,
BUT ALSO ON THE FAMILY AS A KEY PARTNER IN THE PROCESS OF	
REHABILITATION AND PREVENTION OF FUTURE PATTERNS OF CRIMIN	AL BEHAVIOR.
EACH YEAR, ABRAHAM HOUSE PROVIDES SUPPORTIVE SERVICES TO O	VER 400
FAMILIES AND EDUCATIONAL SERVICES TO OVER 60 AT-RISK CHILD	REN.
FURTHERMORE, ABRAHAM HOUSE SERVES AN UNDUPLICATED COUNT OF	OVER 1,200
INDIVIDUALS THROUGHOUT THE VARIOUS PROGRAMS.	

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

QUALITY EDUCATION.

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization ABRAHAM HOUSE	Employer identification number 13-3721924
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN	TS:
YEARS HAS BEEN PLAGUED WITH VARIOUS SOCIAL PROBLEMS, PARTI	CULARLY
POVERTY AND CRIME.	
	_
PROGRAM HIGHLIGHTS: OUR AFTER SCHOOL PROGRAM SERVED 63 YOU	TH GRADES
K-12 DURING THE ACADEMIC YEAR, AND 35 YOUTH GRADES K-5TH D	URING SUMMER
PROGRAMMING, THE TOTAL UNDUPLICATED NUMBERS SERVED IS 83.	94% OF
STUDENTS IMPROVED IN AT LEAST ONE SUBJECT AREA, 93% OF STU	DENTS
DEMONSTRATED IMPROVEMENT IN TWO OR MORE SUBJECTS, AND 82%	ACHIEVED
IMPROVEMENT IN MULTIPLE SUBJECTS.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMEN	TS:
SUPPORT SERVICES TO OVER 160 FAMILIES. THESE SERVICES INCL	UDED:
COUNSELING, REFERRALS, IMMIGRATION SERVICES, EDUCATIONAL S	UPPORT,
WORKSHOPS, PASTORAL SERVICES, CLOTHING BANK DISTRIBUTION,	HOT MEALS,
AND FOOD PANTRY PACKAGES. APPROXIMATELY 4,800 HOT MEALS WE	RE SERVED AND
APPROXIMATELY 7,200 FOOD PANTRY PACKAGES WERE DISTRIBUTED.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMEN	TS:
ARE EXPECTED TO TAKE RESPONSIBILITY FOR THE FINANCIAL AND	EMOTIONAL
STABILITY OF THEIR FAMILIES AND TO ACT AS ROLE MODELS FOR	THEIR
CHILDREN, TO ACCEPT ALL THE RESPONSIBILITIES OF PARENTHOOD	AND TO LEARN
HOW TO BREAK PATTERNS OF BEHAVIOR THAT MAY HAVE LED TO THE	IR CURRENT
CIRCUMSTANCES.	
PROGRAM HIGHLIGHTS: EIGHTEEN ATI PARTICIPANTS WERE ACTIVEL	Y ENGAGED
DURING THIS PAST YEAR. ALL PROGRAM PARTICIPANTS PARTICIPAT	
832212 08-25-16 Sched	dule O (Form 990 or 990-EZ) (2016)

Name of the organization **Employer identification number** ABRAHAM HOUSE 13-3721924 COUNSELING, SUPPORT GROUPS, AND COMMUNITY SERVICE. ALL ARE EMPLOYED, AND ONE PARTICIPANT IS ENROLLED AS A FULLTIME UNDERGRADUATE COLLEGE STUDENT. FORM 990, PART VI, SECTION A, LINE 6: THE SOLE MEMBER OF THE ORGANIZATION IS CATHOLIC CHARITIES ALLIANCE, ACTING THROUGH ITS BOARD OF DIRECTORS. FORM 990, PART VI, SECTION A, LINE 7A: THE VOTE OF THE MAJORITY OF THE MEMBERS OF THE BOARD OF DIRECTORS OF THE CORPORATION AND THE VOTE OF A MAJORITY OF THE MEMBERS OF THE BOARD OF DIRECTORS OF THE SOLE MEMBER IS REQUIRED IN ORDER TO ELECT MEMBERS OF THE GOVERNING BODY OF THE ORGANIZATION. FORM 990, PART VI, SECTION A, LINE 7B: THE VOTE OF THE MAJORITY OF THE MEMBERS OF THE BOARD OF DIRECTORS OF THE CORPORATION AND THE VOTE OF A MAJORITY OF THE MEMBERS OF THE BOARD OF DIRECTORS OF THE SOLE MEMBER IS REQUIRED FOR THE FOLLOWING ACTIONS: - ELECTION OF DIRECTORS OF THE CORPORATION ELECTION OF THE CHAIR OF THE BOARD OF THE CORPORATION ANY AMENDMENT TO THE CERTIFICATE OF INCORPORATION, BY-LAWS OR MISSION STATEMENT OF THE CORPORATION - APPROVAL OF ANY MAJOR CAPITAL PROJECT INVOLVING THE SALE, ASSIGNMENT, LEASE, PLEDGE, TRANSFER OR OTHER ENCUMBRANCE OF SUBSTANTIAL FIXED ASSETS OF THE CORPORATION - APPROVAL OF ANY DEBT INCURRENCE SECURED BY THE PROPERTY, REVENUE OR OTHER ASSETS OF THE CORPORATION 632212 08-25-16

Name of the organization **Employer identification number** ABRAHAM HOUSE 13-3721924 - APPROVAL OF ANY UNSECURED DEBT INCURRENCE IN AN AMOUNT GREATER THAN \$3,000,000 OR 5% OF THE CORPORATION'S OPERATING BUDGET - APPROVAL OF ANY TRANSACTION THAT REQUIRES APPROVAL IN ACCORDANCE WITH THE MEMBER'S BY-LAWS - APPROVAL OF THE ESTABLISHMENT OF A NEW RELATED ENTITY OF THE CORPORATION THE VOTE OF TWO-THIRDS OF THE MEMBERS OF THE BOARD OF DIRECTORS OF THE CORPORATION AND THE VOTE OF TWO-THIRDS OF THE MEMBERS OF THE BOARD OF DIRECTORS OF THE SOLE MEMBER IS REQUIRED FOR THE FOLLOWING ACTIONS: - APPROVAL OF THE PURCHASE, SALE, MORTGAGE OR LEASE OF REAL PROPERTY WHICH CONSTITUTES A MATERIAL PORTION OF THE ASSETS OF THE CORPORATION OR THE SALE, ASSIGNMENT OR OTHER DISPOSITION OF ALL OR A MATERIAL PORTION OF THE ASSETS OF THE CORPORATION - APPROVAL OF ANY MERGER, CONSOLIDATION, PURCHASE OR JOINT OPERATING AGREEMENT INVOLVING THE CORPORATION - APPROVAL OF ANY PLAN OF DISSOLUTION OR LIQUIDATION OF THE CORPORATION REMOVAL WITH OR WITHOUT CAUSE OF ANY OR ALL OF THE DIRECTORS REMOVAL WITH OR WITHOUT CAUSE OF ANY OR ALL OF THE OFFICERS ELECTED BY THE MEMBER AND THE BOARD OR ELECTED BY THE BOARD WITH APPROVAL OF THE MEMBER FORM 990, PART VI, SECTION B, LINE 11B: ABRAHAM HOUSE HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE

SERVICE, IT IS ELECTRONICALLY SENT TO THE BOARD MEMBERS OF THE ORGANIZATION

Schedule O (Form 990 or 990-EZ) (2016)

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ABRAHAM HOUSE

Employer identification number 13-3721924

FOR ANY COMMENTS. ANY SUGGESTIONS, COMMENTS AND REMARKS ARE SUBMITTED TO

THE FINANCE COMMITTEE FOR REVIEW. ONCE ALL THE COMMENTS AND SUGGESTIONS

HAVE BEEN CLEARED, THE FINANCE COMMITTEE THEN SUBMITS THE FORM 990 TO THE

EXECUTIVE COMMITTEE FOR FINAL APPROVAL BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS APPLICABLE TO ALL DIRECTORS, OFFICERS,

COMMITTEE MEMBERS, EMPLOYEES OR AGENTS OF THE CORPORATION. THE POLICY IS

MONITORED ANNUALLY AS WELL AS THROUGHOUT THE YEAR. THE BOARD OF DIRECTORS

REQUIRES THAT ANY PERSON ASSOCIATED WITH ABRAHAM HOUSE WHO FINDS THEMSELVES

IN THIS SITUATION TO IMMEDIATELY MAKE A FULL DISCLOSURE TO THE BOARD OF

SUCH CONFLICT. THE SITUATION WILL BE LOOKED AT BY THE BOARD AND A

DETERMINATION WILL BE MADE AS TO WHETHER TO CONTINUE THE BUSINESS WITH THE

PARTY OR TO CANCEL IT. THAT INDIVIDUAL WHO MAY HAVE A CONFLICT MUST

REFRAIN FROM VOTING ON THE SITUATION.

FORM 990, PART VI, SECTION B, LINE 15:

THE SALARY FOR THE EXECUTIVE DIRECTOR IS DETERMINED BY THE BOARD OF

DIRECTORS OF ABRAHAM HOUSE. THE EXECUTIVE DIRECTOR'S SALARY WAS DETERMINED

ACCORDING TO THE INDUSTRY'S PRACTICE. THE SALARY WAS APPROVED BY THE BOARD

AFTER THE DOCUMENTATION AND APPLICATION OF THE REVIEW PROCESS. THE LAST

APPROVAL WAS DONE IN DECEMBER 2015.

THE ORGANIZATION DOES NOT HAVE ANY OTHER OFFICERS NOR DOES IT HAVE ANY KEY

EMPLOYEES. HOWEVER, IF THIS SHOULD CHANGE, THE ORGANIZATION WILL FOLLOW THE

POLICY SIMILAR FOR THE EXECUTIVE DIRECTOR.

THE OTHER EMPLOYEES' SALARIES ARE DETERMINED BY THE EXECUTIVE DIRECTOR AND
632212 08-25-16 Schedule O (Form 990 or 990-EZ) (2016)

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.cov/form990.

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2016

OMB No 1545-0047

Open to Public Inspection

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2016 Š Employer identification number 13-3721924 × entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Direct controlling End-of-year assets N/A (e) status (if section Public charity 501(c)(3)) LINE 1 Total income Exempt Code € section 501(C)(3) Ð Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) NEW YORK Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. CHURCH ABRAHAM HOUSE CATHOLIC CHARITIES ALLIANCE - 51-0429933 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity NEW YORK, NY 10022 Name of the organization 1011 FIRST AVENUE Part Part

13-3721924

Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Schedule R (Form 990) 2016 ABRAHAM HOUSE

Part III Identification of Related Organizations Taxab
organizations treated as a nartnership during the

(a) Name, address, and EIN	(b) Primary activity	(c) Legal	(d) Direct controlling	Predomina		(f) Share of total	(g) Share of		(h) Disproportionate	(i) Code V-UBI		(k) Percentage
lated organization		domicile (state or foreign country)	entity	(related, lexcluded fro		ıncome	end-of-year assets		No No	amount in box 20 of Schedule K-1 (Form 1065)		managing ownership partner?
							<u> </u>					
identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	anizations Taxable a	s a Corpo	ration or Trust. Co	omplete if th	ne organization	answered "Y _r	es" on Form	990, Part IV	, line 34 t	because it had i	one or mo	e related
(a) Name, address, and EIN of related organization	Z c	Prim	activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Type of entity (C corp., S corp., or trust)	(f) Share of total income		(g) Share of Prend-of-year o	(h) Percentage ownership	Section 512(b)(13) controlled entity?
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632162 09-06-16		İ		 						Schedu	le R (Forn	Schedule R (Form 990) 2016

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Schedule R (Form 990) 2016	45	632163 09-06-16
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		(5)
		(4)
		(3)
		(2)
		(1)
(d) Method of determining amount involved	(b) (c) Transaction Amount involved type (a·s)	(a) Name of related organization
ationships and transaction thresholds.	must complete this line, including covered re	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
1r X X		 other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)
		q Reimbursement paid by related organization(s) for expenses
		Sombius and to related organization(s) for expanses
1 T	(6	
X mt	tion(s)	m Performance of services or membership or fundraising solicitations by related organization(s)
	ition(s)	
×		k Lease of facilities, equipment, or other assets from related organization(s)
1 <u>i</u> X		j Lease of facilities, equipment, or other assets to related organization(s)
1; T		n Furdrase or assets from related organization(s) i Exchange of assets with related organization(s)
†		g Sale of assets to related organization(s)
11 X		f Dividends from related organization(s)
1e X		e Loans or loan guarantees by related organization(s)
X 1d X		d Loans or loan guarantees to or for related organization(s)
×		
1a X		 a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity b. Ciff grant or capital contribution to related organizations.
	th one or more related organizations listed in	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
Yes No		Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Schedule R (Form 990) 2016 ABRAHAM HOUSE

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) (b)	(q)	(0)	(c) (d) (e)]		(6)	(h)	()	s	(k)
Name, address, and EIN of entity	Primary activity	흜	Predominant income partie (related, unrelated, 501(rs sec. Share of (1)(3) total	e of	Share of end-of-year	Dispropor- tionale allocations?	Dispropor- Using amount in box 20 managing ownership allocations? of Schedula 4.1 partner?	General c	Percentage ownership
		country)	sections 512-514) Yes No	No income	ıme	assets	Yes No	(Form 1065)	Yes No	
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								Schedule	R (For	Schedule R (Form 990) 2016
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Schedule F	? (Form 990) 2016	<u>ABRAHAM</u>	HOUSE	<u>13-3721924</u>	Page 5
Part VII	R (Form 990) 2016 Supplemental Info				
	Provide additional infor	mation for response	es to questions on Schedule R. See instructions.		_
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