

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

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

2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FAMILY LEAGUE OF BALTIMORE CITY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2305 N. CHARLES STREET 200 City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21218 F Name and address of principal officer: DEMAUNE MILLARD SAME AS C ABOVE	D Employer identification number 52-1734848 E Telephone number 410-662-5500 G Gross receipts \$ 30,093,585. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.FAMILYLEAGUE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1991 M State of legal domicile: MD

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: LEADS, DEVELOPES AND IMPLEMENTS COLLABORATIVE SOLUTIONS TO HELP STRUGGLING FAMILIES.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	86
	6	Total number of volunteers (estimate if necessary)	6	20
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	30,053,130.
9		Program service revenue (Part VIII, line 2g)	11,663.	2,870.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	58.	112.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-14,429.	0.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,050,422.	30,093,585.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,494,178.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,148,494.	4,275,924.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	247,167.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 185,465.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,133,666.	10,227,784.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	30,023,505.	30,077,846.
	19	Revenue less expenses. Subtract line 18 from line 12	26,917.	15,739.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	10,125,089.	9,329,306.
	21	Total liabilities (Part X, line 26)	6,919,973.	6,108,451.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,205,116.	3,220,855.

Part II Signature Block

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

Sign Here	Signature of officer DEMAUNE MILLARD, PRESIDENT/CEO Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name PAMELA GRAY	Preparer's signature	Date 12/04/17	Check if self-employed <input type="checkbox"/>	PTIN P01237506
	Firm's name ▶ SB & COMPANY, LLC	Firm's EIN ▶ 20-2153727		Phone no. (410) 584-0060	
	Firm's address ▶ 200 INTERNATIONAL CIRCLE, SUITE 5500 HUNT VALLEY, MD 21030				

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: FAMILY LEAGUE OF BALTIMORE SERVES AS AN ARCHITECT OF CHANGE IN BALTIMORE BY PROMOTING DATA-DRIVEN, COLLABORATIVE INITIATIVES AND ALIGNING RESOURCES TO CREATE LASTING OUTCOMES FOR CHILDREN, FAMILIES AND COMMUNITIES.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 15,929,931. including grants of \$ 10,073,346.) (Revenue \$ 2,870.) THE COMMUNITY SCHOOLS PARTNERSHIP-BASED STRATEGY AND MODEL FOCUSES ON STUDENT ACHEIVEMENT AND FAMILY AND COMMUNITY WELL-BEING. ITS INTEGRATED FOCUS ON ACADEMICS, ENRICHMENT, HEALTH AND SOCIAL SUPPORTS, YOUTH AND COMMUNITY DEVELOPMENT AND FAMILY ENGAGEMENT LEADS TO STUDENT SUCCESS, STRONG FAMILIES AND HEALTHLY COMMUNITIES. ANCHORED BY A COMMUNITY SCHOOL COORDINATOR, THE PARTNERSHIPS ALLOW SCHOOLS TO BECOME RESOURCES TO THE COMMUNITY AND OFFER PROGRAMS AND OPPORTUNITIES THAT ARE OPEN TO ALL. OUT OF SCHOOL TIME- I.E., AFTER SCHOOL PROGRAMMING- IS ALIGNED WITH EVERY COMMUNITY SCHOOL TO EXTEND AND ENRICH THE EDUCATIONAL EXPERIENCE OF EVERY STUDENT AT 52 COMMUNITY SCHOOLS. THE FOOD ACCESS PROGRAM PROVIDES SNACK, SUPPER, AND SUMMER MEALS TO 251 SCHOOL-YEAR SITES AND 156 SUMMER SITES WITHIN BALTIMORE CITY AND PRINCE GEORGE'S

4b (Code:) (Expenses \$ 5,773,167. including grants of \$ 3,561,571.) (Revenue \$) THE EARLY CHILDHOOD INITIATIVE FOCUSES ON REDUCING INFANT MORTALITY THROUGH IMPROVING POLICIES, REFERRAL SYSTEMS AND HOME VISITING SERVICES IN BALTIMORE CITY. FAMILIES LEAGUE IS AN IMPLEMENTING PARTNER OF B'MORE FOR HEALTH BABIES, A CITYWIDE INITIATIVE LED BY THE BALTIMORE CITY HEALTH DEPARTMENT WITH HEALTHCARE ACCESS OF MARYLAND. AS A RESULT OF OUR COLLABORATION, THE INFANT MORTALITY RATE FOR BALTIMORE CITY HAS DROPPED TO AN UNPRECEDENTED LOW.

4c (Code:) (Expenses \$ 7,644,691. including grants of \$ 1,939,221.) (Revenue \$) TO PROVIDE SUPPORT FOR PROGRAMS FOR WHICH FAMILY LEAGUE ADMINISTERS FUNDING, ESTABLISHES AND MONITORS CONTRACTS, AND PROVIDES TECHNICAL ASSISTANCE TO COMMUNITY-BASED SERVICE PROVIDERS. WHILE THESE SERVICE PROVIDERS ARE SERVING BALTIMORE YOUTH AND FAMILIES, THEY ARE NOT DIRECTLY LINKED TO INITIATIVES IN WHICH FAMILIES LEAGUE IS EITHER LEADING OR CO-LEADING.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 29,347,789.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (15), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD
18 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.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: JEFF WALLEY - 410-662-5500 2305 N. CHARLES STREET, SUITE 200, BALTIMORE, MD 21218

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 organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GINGER MIHALEK CHAIR	1.00	X		X			0.	0.	0.	
(2) DR. TERRIS KING BOARD MEMBER/VICE CHAIR	1.00	X		X			0.	0.	0.	
(3) MICHAEL HUBER SECRETARY	1.00	X		X			0.	0.	0.	
(4) CHARLES WERHANE TREASURER	1.00	X		X			0.	0.	0.	
(5) CARL DELORENZO BOARD MEMBER	1.00	X					0.	0.	0.	
(6) A HASSAN CHARLES BOARD MEMBER	1.00	X					0.	0.	0.	
(7) NANCY K. BLACKWELL BOARD MEMBER	1.00	X					0.	0.	0.	
(8) ALLISON PERKINS-COHEN BOARD MEMBER	1.00	X					0.	0.	0.	
(9) OLIVIA FARROW BOARD MEMBER	1.00	X					0.	0.	0.	
(10) REV. DR. ALVIN HATHAWAY BOARD MEMBER	1.00	X					0.	0.	0.	
(11) DWAIN JOHNSON BOARD MEMBER	1.00	X					0.	0.	0.	
(12) KELSEY JOHNSON BOARD MEMBER	1.00	X					0.	0.	0.	
(13) LYNN MUMMA BOARD MEMBER	1.00	X					0.	0.	0.	
(14) DAWN KIRSTAETTER BOARD MEMBER	1.00	X					0.	0.	0.	
(15) TERRY HICKEY BOARD MEMBER	1.00	X					0.	0.	0.	
(16) BARRY SOLOMON BOARD MEMBER	1.00	X					0.	0.	0.	
(17) PHILIP SYMONDS BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MOLLY MCGRATH TIERNEY BOARD MEMBER	1.00	X						0.	0.	0.
(19) TOMI HIERS BOARD MEMBER	1.00	X						0.	0.	0.
(20) SEAN BLOODSWORTH BOARD MEMBER	1.00	X						0.	0.	0.
(21) JONATHON RONDEAU PRESIDENT & CEO	50.00			X				171,127.	0.	20,531.
(22) DEMAUNE MILLARD CHIEF OPERATING OFFICER	50.00			X				135,539.	0.	14,488.
(23) JEFF WALLEY CHIEF FINANCIAL OFFICER	50.00			X				122,953.	0.	18,114.
(24) JULIA BAEZ CHIEF STRATEGY OFFICER	40.00			X				105,160.	0.	6,200.
(25) KAREN JANSSEN SENIOR DIRECTOR OF FUNDED PARTNERSHI	40.00			X				95,409.	0.	9,447.
1b Sub-total								630,188.	0.	68,780.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								630,188.	0.	68,780.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WATSON HALL PARTNERS 1 AZAR CT, BALTIMORE, MD 21227	FOOD VENDOR	2,384,867.
OVERLEA CATERERS 6809 BELAIR RD, BALTIMORE, MD 21206	FOOD VENDOR	1,911,115.
ST VINCENT DEPAUL ENTERPRISES, INC., 2305 N. CHARLES ST, SUITE 300, BALTIMORE, MD	FOOD VENDOR	1,652,912.
ADVANCED METRICS, 320 HIGHLAND DR (PO BOX 597), MOUNTVILLE, PA 17554	SOFTWARE CONSULTING	970,730.
SOCIAL SOLUTIONS, 425 WILLIAMS CT, SUITE 100, BALTIMORE, MD 21220	SOFTWARE CONSULTING	181,772.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	28,922,099.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,168,504.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		30,090,603.				
Program Service Revenue	2 a	RENTAL INCOME	Business Code	532000	2,870.	2,870.		
	b						
	c						
	d						
	e						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			2,870.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			112.		112.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a							
							
							
	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See instructions.			30,093,585.	2,870.	0.	112.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,574,138.	15,574,138.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	698,967.	355,563.	314,992.	28,412.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,465,805.	1,254,349.	1,111,223.	100,233.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	156,825.	156,825.		
9 Other employee benefits	653,297.	365,685.	245,347.	42,265.
10 Payroll taxes	301,030.	153,133.	135,660.	12,237.
11 Fees for services (non-employees):				
a Management				
b Legal	24,895.	20,513.	4,382.	
c Accounting	45,218.		45,218.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,837,963.	1,633,171.	204,792.	
12 Advertising and promotion	69,063.	26,329.	41,503.	1,231.
13 Office expenses	49,036.	7,456.	41,359.	221.
14 Information technology				
15 Royalties				
16 Occupancy	343,462.	9,500.	333,962.	
17 Travel	39,861.	24,872.	14,758.	231.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	319,878.	261,700.	57,543.	635.
20 Interest	8,079.		8,079.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	88,934.		88,934.	
23 Insurance	20,581.	200.	20,381.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD VENDOR	5,290,341.	5,290,341.		
b CHILDCARE PROVIDER	1,328,300.	1,328,300.		
c PROGRAM EXPENSES	491,926.	491,666.	260.	
d OTHER	163,398.	29,561.	133,837.	
e All other expenses	106,849.	2,364,487.	-2,257,638.	
25 Total functional expenses. Add lines 1 through 24e	30,077,846.	29,347,789.	544,592.	185,465.
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)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,937,643.	1	1,376,890.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	4,911,744.	4	7,208,798.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	7,263.	9	7,073.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,284,930.		
	b Less: accumulated depreciation	10b 548,385.	268,439.	10c 736,545.
	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		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,125,089.	16	9,329,306.	
Liabilities	17 Accounts payable and accrued expenses	6,217,088.	17	5,123,624.
	18 Grants payable		18	
	19 Deferred revenue	555,305.	19	822,451.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	147,580.	25	162,376.
	26 Total liabilities. Add lines 17 through 25	6,919,973.	26	6,108,451.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,009,708.	27	3,012,695.
	28 Temporarily restricted net assets	195,408.	28	208,160.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	3,205,116.	33	3,220,855.	
34 Total liabilities and net assets/fund balances	10,125,089.	34	9,329,306.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,093,585.
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,077,846.
3	Revenue less expenses. Subtract line 2 from line 1	3	15,739.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,205,116.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,220,855.

Part XII 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 _____
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:
 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
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2016)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22836680.	23233348.	25241530.	29985064.	30090603.	131387225
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	22836680.	23233348.	25241530.	29985064.	30090603.	131387225
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						131387225

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	22836680.	23233348.	25241530.	29985064.	30090603.	131387225
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,752.	1,548.	46.	58.	112.	5,516.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						131392741
12 Gross receipts from related activities, etc. (see instructions)					12	83,015.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	100.00	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	99.98	%
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section 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	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the 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	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, 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:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

FAMILY LEAGUE OF BALTIMORE CITY, INC.

Employer identification number

52-1734848

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization FAMILY LEAGUE OF BALTIMORE CITY, INC.	Employer identification number 52-1734848
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BALTIMORE CITY MAYORS OFFICE 100 N. HOLIDAY STREET BALTIMORE, MD 21202	\$ 8,614,856.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MARYLAND GOVERNOR'S OFFICE OF CHILDREN 301 W. PRESTON STREET BALTIMORE, MD 21201	\$ 2,928,978.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MARYLAND STATE DEPT OF EDUCATION 200 W. BALTIMORE STREET BALTIMORE, MD 21201	\$ 8,300,954.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MARYLAND STATE DEPT OF HUMAN RESOURCES 311 W. SARATOGA STREET BALTIMORE, MD 21201	\$ 2,662,202.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BALTIMORE CITY HEALTH DEPARTMENT 1001 E. FAYETTE STREET BALTIMORE, MD 21202	\$ 1,931,938.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MD DEPT OF HEALTH AND MENTAL HYGIENE 301 W. PRESTON STREET BALTIMORE, MD 21201	\$ 1,111,928.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FAMILY LEAGUE OF BALTIMORE CITY, INC.	Employer identification number 52-1734848
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization FAMILY LEAGUE OF BALTIMORE CITY, INC.	Employer identification number 52-1734848
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

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.irs.gov/form990.**

OMB No. 1545-0047

2016
Open to Public Inspection

Name of the organization FAMILY LEAGUE OF BALTIMORE CITY, INC. **Employer identification number** 52-1734848

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

	(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Temporarily restricted endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		308,504.	206,433.	102,071.
d Equipment		799,352.	196,224.	603,128.
e Other		177,074.	145,728.	31,346.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				736,545.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	162,376.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	162,376.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	30,093,585.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	30,093,585.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	30,093,585.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	30,077,846.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	30,077,846.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	30,077,846.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM THE PAYMENT OF INCOME TAXES ON INCOME OTHER THAN NET UNRELATED BUSINESS INCOME UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

THE PROVISIONS INCLUDED IN ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2017, AND DETERMINED THAT THERE WERE NO MATTERS

Part XIII Supplemental Information (continued)

THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY
 HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS. AS OF JUNE 30, 2017, THE STATUTE
 OF LIMITATIONS FOR FISCAL YEARS 2014 THROUGH 2017 REMAIN OPEN WITH THE
 U.S. FEDERAL JURISDICTION OR THE STATE AND LOCAL JURISDICTION IN WHICH THE
 ORGANIZATION FILES TAX RETURNS. IT IS THE ORGANIZATION'S POLICY TO
 RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF
 ANY, AS INCOME TAX EXPENSE.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" 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.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization **FAMILY LEAGUE OF BALTIMORE CITY, INC.** Employer identification number **52-1734848**

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AARP EXPERIENCE CORPS 601 E STREET NW WASHINGTON, DC 20049	26-3698436	501(C)(3)	176,000.	0.			GENERAL SUPPORT
ACCESS ARTS 2446 WASHINGTON BALTIMORE, MD 21230	52-2275407	501(C)(3)	229,153.	0.			GENERAL SUPPORT
ADELANTE LATINA 2907 W. STRATHMORE AVENUE BALTIMORE, MD 21209	46-4288885	501(C)(3)	8,789.	0.			GENERAL SUPPORT
AFYA BALTIMORE 11 REGESTER AVE. BALTIMORE, MD 21213	20-8527876	501(C)(3)	182,478.	0.			GENERAL SUPPORT
BALTIMORE CITY HEALTH DEPARTMENT 210 GUILFORD AVENUE BALTIMORE, MD 21202	52-6000769	501(C)(3)	27,693.	0.			GENERAL SUPPORT
BALTIMORE CITY HEALTHY START 2521 N. CHARLES STREET BALTIMORE, MD 21218	52-1694523	501(C)(3)	163,636.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 90.

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

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

Schedule I (Form 990) (2016)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BALTIMORE CITY PUBLIC SCHOOLS 2301 GWYNN FALLS PARKWAY BALTIMORE, MD 21217	52-2064235	501(C)(3)	31,501.	0.			GENERAL SUPPORT
BALTIMORE CLAYWORKS 5707 SMITH AVE BALTIMORE, MD 21209	52-1409133	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BALTIMORE COMMUNITY FOUNDATION, INC - 2 EAST READ STREET, 9TH FLOOR - BALTIMORE, MD 21202	23-7180620	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BALTIMORE CURRICULUM PROJECT 2707 E. FAYETTE ST BALTIMORE, MD 21224	52-1961406	501(C)(3)	129,490.	0.			GENERAL SUPPORT
BALTIMORE EDUCATION RESEARCH CONSORTIUM - 12529 COLLECTIONS CENTER DRIVE - CHICAGO, IL 60693	52-0595110	501(C)(3)	80,255.	0.			GENERAL SUPPORT
BALTIMORE HUNGER PROJECT 1829 REISTERSTOWN ROAD - SUITE 430 BALTIMORE, MD 21208	47-2281875	501(C)(3)	5,000.	0.			GENERAL SUPPORT
BALTIMORE MEDICAL SYSTEM 3501 SINCLAIR LANE BALTIMORE, MD 21213	52-1358241	501(C)(3)	190,574.	0.			GENERAL SUPPORT
BALTIMORE'S TEACHER NETWORK 2701 NORTH CHARLES STREET BALTIMORE, MD 21218	52-2085844	501(C)(3)	53,813.	0.			GENERAL SUPPORT
BALTIMORE URBAN DEBATE LEAGUE 2601 N. HOWARD STREET - SUITE 150 BALTIMORE, MD 21218	81-0596405	501(C)(3)	5,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BALTIMORE URBAN LEADERSHIP FOUNDATION - 219 N. CHESTER ST - BALTIMORE, MD 21231	52-1708248	501(C)(3)	94,895.	0.			GENERAL SUPPORT
BALTIMORE YOUTH ALLIANCE, INC. 6101 LOCH RAVEN BLVD BALTIMORE, MD 21239	52-2129371	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BEYOND THE NATURAL FOUNDATION, INC. - 7 FAIRVIEW AVE - CATONSVILLE, MD 21228	46-5003638	501(C)(3)	30,000.	0.			GENERAL SUPPORT
BLUE WATER BALTIMORE, INC. 3545 BEL AIR ROAD BALTIMORE, MD 21213	52-1420138	501(C)(3)	5,000.	0.			GENERAL SUPPORT
BON SECOURS OF MD 26 N FULTON AVW BALTIMORE, MD 21223	52-1732800	501(C)(3)	270,063.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUB OF BALTIMORE 1100 EAST FAYETTE STREET BALTIMORE, MD 21202	52-1641045	501(C)(3)	589,886.	0.			GENERAL SUPPORT
BRIGHT FUTURE MENTORING SCHOOL 4322 BERGER AVE BALTIMORE, MD 21206	46-1132929	501(C)(3)	9,500.	0.			GENERAL SUPPORT
BUILDING EDUCATED LEADERS FOR LIFE 60 CLAYTON STREET DORCHESTER, MA 02122	04-3182053	501(C)(3)	453,723.	0.			GENERAL SUPPORT
CAMP FARTHEST OUT 1325 MADISON STREET BALTIMORE, MD 21217	52-0819092	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP PUH'TOK FOR BOYS AND GIRLS, INC. - 17433 BIG FALLS ROAD - MONKTON, MD 21111	26-0214249	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CASA DE MARYLAND 8181 15TH AVENUE HYATTSVILLE, MD 20783	52-1372972	501(C)(3)	60,000.	0.			GENERAL SUPPORT
CATHERINE'S FAMILY AND YOUTH POST OFFICE BOX 11580 BALTIMORE, MD 21229	47-3335842	501(C)(3)	17,500.	0.			GENERAL SUPPORT
CHILD FIRST AUTHORITY 2901 DRUID PARK DRIVE BALTIMORE, MD 21215	52-1992391	501(C)(3)	1,409,885.	0.			GENERAL SUPPORT
CIVIC WORKS 2701 ST. LO DRIVE BALTIMORE, MD 21213	52-1925614	501(C)(3)	129,433.	0.			GENERAL SUPPORT
CODE IN THE SCHOOLS, INC. 203 BOLTON PL BALTIMORE, MD 21217	46-2234897	501(C)(3)	15,000.	0.			GENERAL SUPPORT
CREATIVE ALLIANCE 3134 EASTERN AVENUE BALTIMORE, MD 21224	52-1919988	501(C)(3)	64,872.	0.			GENERAL SUPPORT
CRISTATA CARES, INC. 1926 DOYLE DRIVE WOODSTOCK, MD 21163	45-4596483	501(C)(3)	30,000.	0.			GENERAL SUPPORT
DIGITAL HARBOR TECH CENTER 1045 LIGHT STREET BALTIMORE, MD 21230	45-2536579	501(C)(3)	75,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWNTOWN SAILING CENTER 1425 KEY HIGHWAY BALTIMORE, MD 21230	52-1867434	501(C)(3)	71,590.	0.			GENERAL SUPPORT
DRU HEALTHY FAMILIES 1211 DRUID HILL AVE BALTIMORE, MD 21217	14-1918174	501(C)(3)	1,150,434.	0.			GENERAL SUPPORT
EAST BALTIMORE COMMUNITY CORP 301 NORTH GAY STREET BALTIMORE, MD 21202	52-0906413	501(C)(3)	433,642.	0.			GENERAL SUPPORT
EBLO 606 S. ANN STREET BALTIMORE, MD 21231	65-1255947	501(C)(3)	237,329.	0.			GENERAL SUPPORT
ENOCH PRATT FREE LIBRARY 400 CATHEDRAL STREET BALTIMORE, MD 21201	52-6001143	501(C)(3)	17,732.	0.			GENERAL SUPPORT
EPISCOPAL COMMUNITY SERVICES 1014 W. 36TH ST BALTIMORE, MD 21211	52-0591564	501(C)(3)	75,483.	0.			GENERAL SUPPORT
FAMILY RECOVERY PROGRAM, INC. 239 N GAY ST BALTIMORE, MD 21202	45-4904725	501(C)(3)	1,258,237.	0.			GENERAL SUPPORT
FITNESS FUN & GAMES 5503 BOXHILL LANE BALTIMORE, MD 21210	52-1724298	501(C)(3)	92,813.	0.			GENERAL SUPPORT
FRIENDSHIP EDUCATION FOUNDATION, INC. - PO BOX 2228 - BATON ROUGE, LA 70821	46-4655147	501(C)(3)	18,929.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FULL GOSPEL FELLOWSHIP CHURCH 5011 PARK HEIGHTS AVENUE BALTIMORE, MD 21215	52-0591543	501(C)(3)	58,750.	0.			GENERAL SUPPORT
FUND FOR EDUCATIONAL EXCELLENCE 800 NORTH CHARLES STREET, STE 400 BALTIMORE, MD 21201	52-1129402	501(C)(3)	5,000.	0.			GENERAL SUPPORT
FUSION PARTNERSHIPS, INC. 1601 GULLFORD AVE 2 SOUTH BALTIMORE, MD 21202	52-5148413	501(C)(3)	217,669.	0.			GENERAL SUPPORT
GIRL SCOUTS OF CENTRAL MARYLAND, INC. - 4806 SETON DRIVE - BALTIMORE, MD 21215	52-0780207	501(C)(3)	9,862.	0.			GENERAL SUPPORT
GIRLS EXPECTING MORE SUCCESS, LLC 1544 CLAIRIDGE ROAD BALTIMORE, MD 21207	46-5510049		50,696.	0.			GENERAL SUPPORT
GLAM PROGRAM, INC 3504 NORTH ROLLING ROAD WINDSOR MILL, MD 21244	46-1554319	501(C)(3)	21,825.	0.			GENERAL SUPPORT
HIGHER ACHIEVEMENT 1414 KEY HIGHWAY, SUITE 300 BALTIMORE, MD 21230	52-1383374	501(C)(3)	186,299.	0.			GENERAL SUPPORT
HOLISTIC LIFE FOUNDATION 2601 N HOWARD STREET BALTIMORE, MD 21218	03-0375886	501(C)(3)	67,649.	0.			GENERAL SUPPORT
HUMANIM, INC 6355 WOODSIDE COURT COLUMBIA, MD 21046	52-0962588	501(C)(3)	542,176.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
I AM O'KAH!, INC. 444 MARYLAND AVE # 34375 BALTIMORE, MD 21221	37-1636156	501(C)(3)	27,604.	0.			GENERAL SUPPORT
INNER HARBOR PROJECT 616 WATER STREET - SUITE 318 BALTIMORE, MD 21202	46-3277334	501(C)(3)	133,750.	0.			GENERAL SUPPORT
INTERSECTION OF CHANGE PO BOX 12764 BALTIMORE, MD 21217	52-2002294	501(C)(3)	7,500.	0.			GENERAL SUPPORT
JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET, NO. D200 BALTIMORE, MD 21218	52-0595110	501(C)(3)	128,889.	0.			GENERAL SUPPORT
KOINONIA BAPTIST CHURCH 5000 SPENCER STREET LAS VEGAS, NV 89119	52-1774175	501(C)(3)	152,209.	0.			GENERAL SUPPORT
LET'S GO BOYS AND GIRLS 19 HARNESS CREEK VIEW CT ANNAPOLIS, MD 21403	61-1612453	501(C)(3)	30,000.	0.			GENERAL SUPPORT
LIVING CLASSROOMS FOUNDATION 802 S. CAROLINE STREET BALTIMORE, MD 21231	52-1369524	501(C)(3)	140,846.	0.			GENERAL SUPPORT
MEASTRO ENSEMBLES, INC. 2414 KEN OAK ROAD BALTIMORE, MD 21209	52-2359361	501(C)(3)	25,695.	0.			GENERAL SUPPORT
MD COMMUNITY HEALTH INITIATIVES DBA KIDS SAFE ZONE 1622 N. CAREY STREET - BALTIMORE, MD 21217	01-0657461	501(C)(3)	115,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL EDUCATION RESOURCES INITIATIVES FOR TEENS - 5200 EASTERN AVE MASON F. LORD CENTER TOWER, SUITE	47-1139530	501(C)(3)	49,500.	0.			GENERAL SUPPORT
NOTRE DAME OF MARYLAND UNIVERSITY, INC. - 4701 N CHARLES STREET - BALTIMORE, MD 21210	52-0591641	501(C)(3)	10,000.	0.			GENERAL SUPPORT
P.O.P. INC. 520 PARK AVE - 409 BALTIMORE, MD 21201	37-1762917	501(C)(3)	90,426.	0.			GENERAL SUPPORT
PARK HEIGHTS RENAISSANCE 4151 PARK HEIGHTS AVE BALTIMORE, MD 21215	77-0673126	501(C)(3)	58,868.	0.			GENERAL SUPPORT
PARKS AND PEOPLE FOUNDATION 800 WYMAN PARK DRIVE/SUITE 010 BALTIMORE, MD 21211	52-1349346	501(C)(3)	20,000.	0.			GENERAL SUPPORT
PATTERSON PARK PUBLIC CHARTER SCHOOL - 27 N. LAKEWOOD AVENUE - BALTIMORE, MD 21224	01-0819395	501(C)(3)	116,209.	0.			GENERAL SUPPORT
PRESSLEY RIDGE 530 MARSHALL AVENUE PITTSBURGH, PA 15214	25-0965460	501(C)(3)	341,446.	0.			GENERAL SUPPORT
ROBERTA'S HOUSE, INC. 5719 YORK ROAD BALTIMORE, MD 21212	26-0517415	501(C)(3)	207,431.	0.			GENERAL SUPPORT
SMART STEPS CHILDREN'S CENTERS 4330 B PIMLICO ROAD BALTIMORE, MD 21215	27-0523477	501(C)(3)	77,810.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCCER WITHOUT BORDERS 9 WATERHOUSE ST CAMBRIDGE , MA 02138	20-3786129	501(C)(3)	85,431.	0.			GENERAL SUPPORT
SOUTHEAST COMMUNITY DEVELOPMENT CORP - 3323 EASTERN AVE - BALTIMORE, MD 21224	52-1034466	501(C)(3)	108,406.	0.			GENERAL SUPPORT
ST. FRANCES NEIGHBORHOOD CENTER 501 E CHASE STREET BALTIMORE, MD 21202	52-1738895	501(C)(3)	102,855.	0.			GENERAL SUPPORT
STAND FOR YOUTH 7111 PARK HEIGHTS AVENUE - SUITE 50 BALTIMORE, MD 21215	83-0483893	501(C)(3)	22,500.	0.			GENERAL SUPPORT
STRONG CITY BALTIMORE, INC. 3503 N CHARLES STREET BALTIMORE, MD 21218	52-0897806	501(C)(3)	514,917.	0.			GENERAL SUPPORT
THE FAMILY TREE 2108 N CHARLES ST BALTIMORE, MD 21218	52-1110645	501(C)(3)	358,606.	0.			GENERAL SUPPORT
THE HOUSE OF RESTORATION, LLC 4640 EDMONDSON AVE BALTIMORE, MD 21229	20-3377171	501(C)(3)	15,375.	0.			GENERAL SUPPORT
TREATMENT RESOURCES FOR YOUTH, INC. - 3319 WEST BELVEDERE AVE - BALTIMORE, MD 21215	52-1094169	501(C)(3)	304,894.	0.			GENERAL SUPPORT
THE LEAGUE FOR PEOPLE WITH DISABILITIES - 1111 EAST COLD SPRING LANE - BALTIMORE, MD 21239	52-0591579	501(C)(3)	37,896.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MARYLAND FOOD BANK 2200 HALETHORPE FARMS ROAD BALTIMORE, MD 21227	52-1135690	501(C)(3)	225,000.	0.			GENERAL SUPPORT
THE WESTHILLS COMMUNITY IMPROVEMENT CORPORATION - 5010 BRIARCLIFT ROAD - BALTIMORE, MD 21229	52-2330822	501(C)(3)	29,746.	0.			GENERAL SUPPORT
U. S. DREAM ACADEMY 5950 SYMPHONY WOODS RD COLUMBIA, MD 21044	59-3514841	501(C)(3)	69,083.	0.			GENERAL SUPPORT
UMAR BOXING PROGRAM, INC. 1217 W. NORTH AVENUE BALTIMORE, MD 21217	52-2118412	501(C)(3)	35,000.	0.			GENERAL SUPPORT
UNIVERSITY OF MARYLAND EXTENSION 1105 SYMONS HALL COLLEGE PARK, MD 20742	52-6002033	501(C)(3)	161,215.	0.			GENERAL SUPPORT
UNIVERSITY OF MD BALTIMORE COUNTY 1000 HILLTOP CIRCLE BALTIMORE, MD 21250	52-6002033	501(C)(3)	444,558.	0.			GENERAL SUPPORT
VILLAGE LEARNING PLACE 2521 ST PAUL STREET BALTIMORE, MD 21218	52-2109848	501(C)(3)	122,487.	0.			GENERAL SUPPORT
VSP OF SINAI HOSPITAL 2401 WEST BELVEDERE AVE BALTIMORE, MD 21215	52-0486540	501(C)(3)	471,368.	0.			GENERAL SUPPORT
WIDE ANGLE YOUTH MEDIA 2601 N HOWARD STREET, SUITE 160 BALTIMORE, MD 21218	52-2276602	501(C)(3)	35,555.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN IN TRANSITION, INC. 3219 VICKERS ROAD BALTIMORE, MD 21216	71-0916438	501(C)(3)	23,250.	0.			GENERAL SUPPORT
YMCA OF CENTRAL MD 20 S CHARLES ST BALTIMORE, MD 21201	31-0022422	501(C)(3)	1,250,920.	0.			GENERAL SUPPORT
YOUNG AUDIENCES OF MARYLAND, INC. 2600 N HOWARD STREET, NO 1300 BALTIMORE, MD 21218	52-0698849	501(C)(3)	10,000.	0.			GENERAL SUPPORT
YOUTH AS RESOURCES 10 WEST EAGER STREET, 3RD FLOOR BALTIMORE, MD 21201	45-2432904	501(C)(3)	64,250.	0.			GENERAL SUPPORT

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2016

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

FAMILY LEAGUE OF BALTIMORE CITY, INC.

Employer identification number

52-1734848

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JONATHON RONDEAU PRESIDENT & CEO	(i)	171,127.	0.	0.	8,665.	11,866.	191,658.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DEMAUNE MILLARD CHIEF OPERATING OFFICER	(i)	135,539.	0.	0.	2,754.	11,734.	150,027.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

FAMILY LEAGUE OF BALTIMORE CITY, INC.

Employer identification number

52-1734848

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

COUNTY.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MAYOR OF BALTIMORE CITY APPROVES THOSE WHO WILL SERVE ON THE FAMILY
LEAGUE OF BALTIMORE CITY'S BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE TREASURER AND PRESIDENT. THEN, THE FORM 990
IS SENT VIA EMAIL TO THE FULL BOARD FOR REVIEW PRIOR TO FILING.

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

THE ORGANIZATION REQUIRES MEMBERS OF THE BOARD OF DIRECTORS TO SIGN A
WRITTEN CONFLICT OF INTEREST STATEMENT EACH YEAR. IF THERE IS A CONFLICT OF
INTEREST THAT CANNOT BE RESOLVED, THE CHAIR OF THE BOARD OF DIRECTORS AND
THE PRESIDENT/CEO MAY ASK THE BOARD MEMBER TO RESIGN. IF THE CONFLICT OF
INTEREST CAN BE RESOLVED, THE AGREED RESOLUTION WILL BE DULY NOTED IN
WRITING AND A COPY WILL BE MAINTAINED IN THE BOARD OF DIRECTOR'S FILES.
MANAGEMENT HAS INSTRUCTED STAFF TO BE VIGILANT FOR CONFLICTS OF INTEREST
DURING THE PERFORMANCE OF THEIR DUTIES.

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

COMPENSATION FOR THE PRESIDENT AND CEO, CFO AND OTHER OFFICERS OF THE
ORGANIZATION IS BASED ON COMPARABLE SALARIES BY POSITION FOR OTHER SIMILAR
NON-PROFITS. CEO COMPENSATION IS APPROVED BY THE BOARD OF DIRECTORS AND
INCLUDES CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING FOR DELIBERATIONS

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 FAMILY LEAGUE OF BALTIMORE CITY, INC.	Employer identification number 52-1734848
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AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT. PAY RANGES BY STAFF CATEGORY ARE APPROVED BY THE BOARD. THE CEO IS NOT IN ATTENDANCE AND DOES NOT VOTE WHEN HIS/HER SALARY IS BEING DETERMINED.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE UPON REQUEST. IN ADDITION, THE FORM 990 IS POSTED ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XII, LINE 2C :

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. FAMILY LEAGUE OF BALTIMORE CITY, INC.	Employer identification number (EIN) or 52-1734848
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2305 N. CHARLES STREET, NO. 200	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21218	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JEFF WALLEY

• The books are in the care of ▶ **2305 N. CHARLES STREET, SUITE 200 - BALTIMORE, MD 21218**
Telephone No. ▶ **410-662-5500** Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.