

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2016
Open to Public Inspection

Do not enter this information on this return

▶ 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

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

B. Employer identification number	C. Name of organization FAMILY SCHOLAR HOUSE, INC.		D. Employer identification number 61-1285124
	Address (street, P.O. box, rural route, or other delivery point) 403 REG SMITH CIRCLE		E. Telephone number (502) 584-8090
	City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40208		G. Assets or liabilities 2,331,601.
	F. Name and address of principal officer CATHE DYKSTRA 403 REG SMITH CIRCLE, LOUISVILLE, KY 40208		H(a) Is this a group return for subsidiaries? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are you an affiliated organization? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(c) Group exemption number ▶
I. Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(29) <input type="checkbox"/> 501(c)(28) <input type="checkbox"/> 501(c)(27) <input type="checkbox"/> 501(c)(26) <input type="checkbox"/> 501(c)(25) <input type="checkbox"/> 501(c)(24) <input type="checkbox"/> 501(c)(23) <input type="checkbox"/> 501(c)(22) <input type="checkbox"/> 501(c)(21) <input type="checkbox"/> 501(c)(20) <input type="checkbox"/> 501(c)(19) <input type="checkbox"/> 501(c)(18) <input type="checkbox"/> 501(c)(17) <input type="checkbox"/> 501(c)(16) <input type="checkbox"/> 501(c)(15) <input type="checkbox"/> 501(c)(14) <input type="checkbox"/> 501(c)(13) <input type="checkbox"/> 501(c)(12) <input type="checkbox"/> 501(c)(11) <input type="checkbox"/> 501(c)(10) <input type="checkbox"/> 501(c)(9) <input type="checkbox"/> 501(c)(8) <input type="checkbox"/> 501(c)(7) <input type="checkbox"/> 501(c)(6) <input type="checkbox"/> 501(c)(5) <input type="checkbox"/> 501(c)(4) <input type="checkbox"/> 501(c)(3)			
J. Website: ▶ WWW.FAMILYSCHOLARHOUSE.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: 1995 M. State of incorporation: KY			

Part I Summary

1. Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
2. Check the 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 VII, line 1a)	3	30
	4. Number of independent voting members of the governing body (Part VII, line 1a)	4	30
	5. Total number of individuals employed in calendar year 2016 (Part V, line 2c)	5	28
	6. Total number of volunteers (if not male, if necessary)	6	1976
	7a. Total unrelated business revenue from Part VIII, column (A), line 12	7a	0.
	7b. Total unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8. Contributions and grants (Part VII, line 1h)	Prior Year	Current Year
	9. Program service revenue (Part V, line 2g)	1,346,960.	1,623,831.
	10. Investment income (Part VIII, column (A), lines 3, 4, and 7d)	131,817.	121,391.
	11. Other revenue (Part VIII, column (A), lines 5, 6a, 6b, 6c, 6d, and 14e)	205,910.	205,497.
	12. Total revenue: Add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,925,917.	2,182,716.
Expenses	13. Grants and similar amounts paid (Part IX, column (A), line 13)	74,271.	106,480.
	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)	744,467.	820,815.
	16a. Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b. Total fundraising expenses (Part IX, column (B), line 25) ▶ 49,970.		
	17. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	415,374.	396,093.
18. Total expenses: Add lines 13-17 (must equal Part IX, column (A), line 25)	1,234,112.	1,323,388.	
19. Revenue less expenses: Subtract line 18 from line 12	691,805.	859,328.	
Net Assets or Liabilities	20. Total assets (Part IX, line 16)	Beginning of Current Year	End of Year
	21. Total liabilities (Part IX, line 20)	13,814,471.	14,645,857.
	22. Net assets or fund balances: Subtract line 21 from line 20	2,750,284.	2,722,342.
		11,064,187.	11,923,515.

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, this return is true, correct, and complete. Each signer of this preparer (other than a preparer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Title		
	CATHE DYKSTRA, PRESIDENT AND CEO			
Preparer Use Only	Print the preparer's name	I prepare a signature	Org	Preparer ID #
	KATHY BLACKBURN			900450629
Preparer Use Only	Firm's name	Firm's EIN	Firm's phone	
	COHNREZNICK LLP		22-1478099	
Preparer Use Only	Firm's address	Phone no. (704) 332-9100		
	525 NORTH TRYON STREET CHARLOTTE, NC 28202			

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 C contains a response or note to any item in this Part III (X)

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(29) organizations are required to report the percent of assets and allocations to officers, the total expenses, and revenue, if any, for each program service reported.

4a (a) 100 percent 1,161,788. (b) 100 percent 106,480. (c) 100 percent 121,391.

FSH WORKS TO END THE CYCLE OF POVERTY AND TRANSFORM OUR COMMUNITY BY EMPOWERING FAMILIES AND YOUTH TO SUCCEED IN EDUCATION AND ACHIEVE LIFE LONG SELF-SUFFICIENCY. FSH ACCOMPLISHES THIS MISSION THROUGH PROVIDING HOLISTIC SUPPORT FOR PARTICIPANTS, THIS BEGINS WITH ACADEMIC ADVISING TO ENSURE STUDENTS, WHO MAY HAVE BEEN AWAY FROM THE EDUCATIONAL ENVIRONMENT FOR SOME TIME, DEVELOP THE SKILL AND LEVERAGE THE TOOLS TO MAKE THEM SUCCESSFUL IN THEIR ACADEMIC ENDEAVORS. CASE MANAGEMENT IS ALSO AN INTEGRAL COMPONENT OF THE FSH SUPPORT SERVICES. PARTICIPANTS MEET WITH CASE MANAGERS TWICE MONTHLY TO IDENTIFY ANY CHALLENGES FOR THE FAMILY AND PROVIDE RESOURCES TO OVERCOME THOSE CHALLENGES. MANY OF THE PARTICIPANTS COME TO FSH LACKING SOME OF THE BASIC LIFE SKILLS NECESSARY FOR THEM TO BE SELF-SUFFICIENT INCLUDING

4b (a) 100 percent (b) 100 percent (c) 100 percent

4c (a) 100 percent (b) 100 percent (c) 100 percent

4d Other program services (Describe in Schedule O)

4e Total program service expenses 1,161,788.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(2) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule H, Schedule of Organizations?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations: Did the organization engage in lobbying activities, or have a section 501(c) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(29), or 501(c)(28) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 88-19? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8	Did the organization receive collections of works of art, historical treasures, or other tangible assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount on Part X, line 21, for escrow or custodial arrangements, serve as a custodian for amounts not listed in Part X, or jointly with another organization, debt management, debt repair, or debt resolution services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or gifts endowments? If "Yes," complete Schedule D, Part V		X
11	Has the organization's answer to any of the following questions a "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable		
11a	Did the organization report an amount for land, buildings, and equipment on Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
11b	Did the organization report an amount for investments - other securities on Part X, line 12 that is 2% or more of its total assets reported on Part X, line 16? If "Yes," complete Schedule D, Part VII		X
11c	Did the organization report an amount for investments - program related on Part X, line 13 that is 5% or more of its total assets reported on Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
11d	Did the organization report an amount for other assets on Part X, line 15 that is 5% or more of its total assets reported on Part X, line 16? If "Yes," complete Schedule D, Part IX		X
11e	Did the organization report an amount for other liabilities on Part X, line 20? If "Yes," complete Schedule D, Part X		X
11f	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 1.4810-7? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then complete Schedule D, Parts XI and XII as applicable	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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 11a? If "Yes," complete Schedule G, Part 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 6a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 8a? If "Yes," complete Schedule G, Part III		X

Part IV Checklist of Required Schedules (complete if applicable)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule I		X
20b 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 scientific organization or domestic government on Part IX, column (A) line 17? If "Yes," complete Schedule I, Parts I and II		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 27? If "Yes," complete Schedule I, Parts I and II	X	
23 Did the organization answer "Yes" to Part V, Section A, line 9-11, or to about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	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, 2007? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defer any tax-exempt bonds?		
24d Did the organization act as an 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? If "Yes," complete Schedule L, Part I		X
25b If the organization answers that it engaged in an excess benefit transaction with a disqualified person at a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 27 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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 methods, conditions, and exceptions)?		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than a \$25,000 non-cash contribution? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity described as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule P, Part I	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfer to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 3		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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanation in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1099. Enter -0- if not applicable		
1b	Enter the number of Forms W-2S included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaming) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	28	
b	Did at least one as reported on line 2a, file the organization for all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-E for this year? If "No," see 29, give an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form 8878, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or it is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 990-SS?		
6a	Does the organization file annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible or charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(e).		
a	Did the organization receive payment in excess of \$5,000 partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8869 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1099-CV?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4958?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Net stem cell and capex contracts included on Part VIII, line 12	10a	
b	Gross receipts included on Form 990, Part VIII, line 12 for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Must net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(e)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(20) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7c below, and for a "No" response to line 8a, 8b, or 15c below, describe the circumstances, processes, or changes in Schedule O. See instructions.
 Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If the organization delegates or voting rights serving members of the governing body, or if the governing body delegated local authority to an executive committee or similar committee, explain in Schedule O.	30	
1b	Enter the number of voting members included on line 1a above, who are independent.	30	
2	Did any officer, director, trustee, or key employee have a family relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management (other than customarily performed by or under the direct supervision of officers, directors, or trustees or key employees) to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant decrease of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization either prohibit or only restrict the making of contributions or donations during the year by the following?	8a	X
a	The governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9	X

Section B. Policies (regarding the policies referenced below unless otherwise required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have one or more chapters, branches, or affiliates?	10a	X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11b	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	X
12b	Were officers, directors, or trustees, and key employees required to disclose any interests that could give rise to conflicts?	12b	X
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "No," see instructions in Schedule O for details.	12c	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, compensation data, and contemporaneous justification of the deliberation and decision?	15a	X
a	The organization's CEO, Executive Director, or top management official	15b	X
b	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	X

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed. **► KY**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1041, if applicable), 990, and 990-E (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 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 prepares the organization's books and records. **►**
THE ORGANIZATION - 502-584-8090
403 REG SMITH CIRCLE, LOUISVILLE, KY 40208

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 2 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 (or any other unit of measurement) for the year	(C) Position					(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			
11) CHRISTINA ADEBY BOARD MEMBER	1.00	X					0.	0.	0.
12) JACKIE BARD BOARD MEMBER	1.00	X					0.	0.	0.
13) BERKANA KASTERSKI BOARD MEMBER	1.00	X					0.	0.	0.
14) RICHARD SOZARD BOARD MEMBER	1.00	X					0.	0.	0.
15) SHEPHERD BOGGS/CLARK BOARD MEMBER	1.00	X					0.	0.	0.
16) JOHN WOODRUM BOARD MEMBER	1.00	X					0.	0.	0.
17) LINDA GARD BOARD MEMBER	1.00	X					0.	0.	0.
18) KENNETH WILHELMSEN BOARD MEMBER	1.00	X					0.	0.	0.
19) BOB CLARY BOARD MEMBER	1.00	X					0.	0.	0.
110) JIMIE WOODRUM BOARD MEMBER	1.00	X					0.	0.	0.
111) BRUCE T. COOK CHAIR	5.00	X	X				0.	0.	0.
112) TAY PATRICK SECRETARY	2.00	X	X				0.	0.	0.
113) KRISTIE PETERSON BOARD MEMBER	1.00	X					0.	0.	0.
114) JENNIFER POWERS BOARD MEMBER	1.00	X					0.	0.	0.
115) GLORIA BRING BOARD MEMBER	1.00	X					0.	0.	0.
116) TRACY FEHON VICE CHAIR	2.00	X	X				0.	0.	0.
117) REV. ROBERT T. CENKOVICH 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 (do not include hours for related organizations below line)	(C) Position (do not check more than one box, including below line)					(D) Reportable compensation from the organization (2016-17 SCI)	(E) Reportable compensation from related organizations (2016-17 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director	Trustee	Key employee	Highest compensated employee			
(15) KELLY THOMAS BOARD MEMBER	1.00	X				0.	0.	0.	
(16) KATHRYN PATRICIA BROWN BOARD MEMBER	1.00	X				0.	0.	0.	
(17) ESTHER BARRINGTON BOARD MEMBER	1.00	X				0.	0.	0.	
(18) JENNY G. SAWYER BOARD MEMBER	1.00	X				0.	0.	0.	
(19) WILLIAM H. SIMMONS, V BOARD MEMBER	1.00	X				0.	0.	0.	
(20) MELINDA CONNOR REARD, O.F.C. BOARD MEMBER	1.00	X				0.	0.	0.	
(21) SCHEFF WALK, JR., O.F.C. BOARD MEMBER	1.00	X				0.	0.	0.	
(22) TONI COOPER BOARD MEMBER	1.00	X				0.	0.	0.	
(23) KATHLEEN GOSPER BOARD MEMBER	1.00	X				0.	0.	0.	
1b Sub-total						0.	0.	0.	
a Total from continuation sheets to Part VII, Section A						159,822.	0.	10,883.	
b Total (add lines 1b and 1c)						159,822.	0.	10,883.	

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 1

	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 without the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 0

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

(A) Name and title	(B) Average hours per week (If only hours for related organization below line)	(C) Position (check all that apply)					(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
		Officer	Director	Trustee	Key Employee	Highest Compensated Employee			
(27) ADAM BALZ PRESIDENT	2.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				0.	0.	0.
(28) CHRISTINA KEVIN SIKNER BOARD MEMBER	1.00	<input checked="" type="checkbox"/>					0.	0.	0.
(29) LAUREN BOVAK BOARD MEMBER	1.00	<input checked="" type="checkbox"/>					0.	0.	0.
(30) ALI TRITTMANN BOARD MEMBER	1.00	<input checked="" type="checkbox"/>					0.	0.	0.
(31) CATIE BURGESS PRESIDENT & CEO	60.00		<input checked="" type="checkbox"/>				159,822.	0.	10,883.
Total to Part VII, Section A, line 1c							159,822.	0.	10,883.

Part VIII Statement of Revenue

Check if Schedule D contains a response or note to any item in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded under sections 517-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events	72,405.				
	d	Related organizations					
	e	Government grants (unrelated)					
	f	All other contributions, gifts, grants, and similar amounts (unrelated)	1,551,426.				
	g	Revolving funds (unrelated)					
	h	Total. Add lines 1a-1f	1,623,831.				
Program Service Revenue	2 a	PROJECT SERVICES	Business Code 900099	116,997.	116,997.		
	b	OTHER INCOME	900099	4,394.	4,394.		
	c						
	d						
	e						
f	All other program service revenue						
g	Total. Add lines 2a-2f		121,391.				
Other Revenue	3	Investment income including dividends, interest, and other similar amounts		205,497.		205,497.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	(ii) Personal			
		Less: rental expenses					
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less: cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)				
	8 a	Gross income from fundraising events (net included \$ 72,405, of contributions reported on line 1c). See Part IV, line 10					
		b	Less: direct expenses				
		c	Net income or (loss) from fundraising events		231,997.		231,997.
	9 a	Gross revenue from gaming activities. See Part IV, line 19					
b		Less: direct expenses					
c		Net income or (loss) from gaming activities					
10 a	Gross sales of inventory less returns and allowances						
	b	Less: cost of goods sold					
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See exceptions.		2,182,716.	121,391.	0.	437,494.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(29) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 26, 26a, 26b, and 26c of Part VII	(A) Total expenses	(B) Program services 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.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	106,480.	106,480.		
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.	159,822.	133,108.	26,714.	
6 Compensation of individuals (to be qualified persons for federal under section 4959(a)(1)) and persons described in section 501(c)(3)(B).				
7 Other salaries and wages.	533,692.	498,898.	8,904.	25,890.
8 Pension plan awards and contributions (including section 401(k) and 408(a) plans, 402(a)(9) distributions).	13,899.	12,830.	1,069.	
9 Other employee benefits.	59,534.	56,949.	2,585.	
10 Payroll taxes.	53,868.	49,872.	2,462.	1,534.
11 Fees for services (non-employees):				
a Management	95.		95.	
b Legal	35,056.		35,056.	
c Accounting				
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 Schedule O.)	24,000.			24,000.
12 Advertising and promotion.	10,126.	9,211.	915.	
13 Office expenses.				
14 Information technology.				
15 Royalties.				
16 Copying.	1,090.		1,090.	
17 Travel.	11,023.	11,023.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Internet.	42,796.	42,796.		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	130,989.	116,689.	14,300.	
23 Insurance.	14,585.	4,787.	9,798.	
24 Other expenses. (For a complete list of types of above, (f) list miscellaneous expenses of line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	46,867.	46,867.		
a PROGRAM PUBLICATIONS	22,404.	22,404.		
b EMPLOYEE TRAINING	20,596.	19,511.	1,085.	
c UTILITIES	13,282.	12,107.	1,175.	
d TELEPHONE AND INTERNET	23,184.	18,256.	6,382.	-1,454.
e All other expenses	1,323,388.	1,161,788.	111,630.	49,970.
25 Total functional expenses. Add lines 1 through 24e.				
26 Joint costs. (Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising collection.)				

Part X Balance Sheet

Check if Schedule D 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		1
	2 Savings and temporary cash investments	1,694,862.	2 2,458,682.
	3 Medgca and grants receivable - net	290,762.	3 258,497.
	4 Accounts receivable - net	45,790.	4 41,770.
	5 Loans and other receivabls from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part III of Schedule D.		5
	6 Loans and other receivabls from other disqualified persons (excluded under section 505(c)(2)), persons described in section 4958(c)(3)(B), and contributing employees and sponsoring organizations of section 501(c)(3) voluntary employees' beneficiary organizations (see note). Complete Part III of Sch.		6
	7 Notes and bills receivable - net	7,647,526.	7 7,798,308.
	8 Inventories for sale or use		8
	9 Prepaid expenses and deferred charges	27,695.	9 39,927.
	10a Land, buildings, and equipment - cost or other basis. Complete Part IV of Schedule D	10a 4,374,637.	
	b Less: accumulated depreciation	10b 835,803.	10c 3,607,957.
	11 Investments - publicly traded securities		11
	12 Investments - other securities. See Part IV, line 11	499,496.	12 499,496.
	13 Investments - program-related. See Part IV, line 11		13
	14 Intangible assets		14
	15 Other assets. See Part IV, line 11	383.	15 10,343.
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,814,471.	16 14,645,857.	
Liabilities	17 Accounts payable and accrued expenses	81,385.	17 75,466.
	18 Grants payable		18
	19 Deferred revenue	16,500.	19 20,312.
	20 Tax-exempt bond liabilities		20
	21 Escrow or custodial account liabilities. 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 III of Schedule D		22
	23 Secured mortgages and loans payable to unrelated third parties	2,652,399.	23 2,626,564.
	24 Unsecured loans 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		25
	26 Total liabilities. Add lines 17 through 25	2,750,284.	26 2,722,342.
	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 Restricted net assets		10,409,239.	27 10,667,692.
28 Temporarily restricted net assets		654,948.	28 1,255,823.
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 end, building, or equipment fund			31
32 Retained earnings, endowment, accumulated income, or other funds		11,064,187.	32 11,923,515.
33 Total net assets or fund balances	13,814,471.	33 14,645,857.	
34 Total liabilities and net assets/fund balances		34	

Part XI Reconciliation of Net Assets

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

1	Total net assets (must equal Part VIII, column (A), line 12)	1	2,182,716.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,323,388.
3	Revenue less expenses. Subtract line 2 from line 1	3	859,328.
4	Net assets or fund balances at beginning of year (must equal Part X, column (A))	4	11,064,187.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Year 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 25, column (B))	10	11,923,515.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
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:			
	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		X
If the organization changed either its oversight procedure 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?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **FAMILY SCHOLAR HOUSE, INC.** Employer identification number **61-1285124**

Part I Reason for Public Charity Status (All organizations must complete this part.) (See instructions.)

- The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)
- 1 A church, congregation of churches, or association of churches described in section 170(b)(1)(A)(i).
 - 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule I, Form 990 or 990-EZ.)
 - 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
 - 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iv). Enter the hospital's name, city, and state _____.
 - 5 A governmental organization operated for the benefit of a college or university named or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part III.)
 - 6 A federal, state, or local government or government unit described in section 170(b)(1)(A)(vi).
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vii). (Complete Part III.)
 - 8 A community fund described in section 170(b)(1)(A)(viii). (Complete Part III.)
 - 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university _____.
 - 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (if any under section 513) and from insurance acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
 - 11 An organization organized and operated exclusively to test for public safety. (See section 509(a)(4).)
 - 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, organized, or controlled by its supported organization(s); typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization operated or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c **Type III functionally integrated.** A supporting organization operated in connection with and functionally integrated with its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a disbursement requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check the box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

13 Enter the number of supported organizations 1

14 Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (check all that apply 1-10 also see instructions)	(iv) Request for ruling (see instructions)		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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 1, 7, or 8 of Part I and 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 "in-kind" gifts.)	1166961.	993,599.	1072772.	1346960.	1623831.	6204123.
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	1166961.	993,599.	1072772.	1346960.	1623831.	6204123.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) excluded on line 1 that exceeds 2% of the amount shown on line 1						504,280.
6 Public support. Subtract line 5 from line 4						5699843.

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	1166961.	993,599.	1072772.	1346960.	1623831.	6204123.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	214,708.	217,536.	203,821.	205,910.	205,497.	1047472.
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.)	222,537.	201,479.	195,407.	241,230.	231,997.	1092650.
11 Total support. Add lines 7 through 10						8344245.
12 Gross receipts from related activities (see instructions)					706,780.	
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						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (e) divided by line 11, column (f))	14	68.31	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	61.75	%
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(b)(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 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.")						
2. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's 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 excluded on lines 1, 2, and 3 received from disqualified persons.						
7b. Amounts excluded on lines 2 and 3 received from disqualified persons, but less the amount of 50% of the total amount on line 3 for the year.						
8. Add lines 7a and 7b.						
9. Public support. Add lines 6 and 8.						

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.						
10b. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
11. Add lines 10a and 10b.						
12. Other income. Do not include gain or loss from the sale of capital assets (reported in Part VII).						
13. Total support. Add lines 9, 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 9, column (f) divided by line 13, column (f)).	15	33
16. Public support percentage from 2015 Schedule A, Part III, line 13.	16	3%

Section D. Computation of Investment Income Percentage

17. Investment income percentage for 2016 (line 10a, column (f) divided by line 13, column (f)).	17	3%
18. Investment income percentage from 2015 Schedule A, Part III, line 17.	18	3%

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.

19b. **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 H. If you checked 12b of Part I, complete Sections A and G. If you checked 12c of Part I, complete Sections A, D, and F. If you checked 12d of Part I, complete Sections A and D, and complete Part V.

Section A. All Supporting Organizations

1. Are all of the organization's supported organizations listed by name in the organization's governing documents? If "Yes," describe in Part VI how the supported organizations are designated. If designated by class or category, describe the designation. If historic and continuing relationship, explain.
2. Did the organization have any supported organization that does not have an IRS determination of status under sections 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a. Did the organization have a supported organization described in section 501(c)(3) (5) or (6)? If "Yes," answer (b) and (c) below.
 - b. Did the organization confirm that each supported organization qualified under section 501(c)(3), (5), or (6) and stated the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
 - c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a. Was any supported organization not organized in the United States (foreign supported organization)? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
 - b. Did the organization have a final control and direction in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and direction despite being controlled or supervised by or in connection with its supported organization.
 - c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a. Did the organization add, subtract, or modify any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide details in Part VI, including (i) the names and EIN numbers of the supported organizations added, subtracted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's governing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the governing documents).
 - b. Type I or Type II only. Was any added or subtracted supported organization part of a class already designated in the organization's governing 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 one or more of the filing organization's supported organizations? If "Yes," provide details in Part VI.
7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4956(a)(2)(C)) a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part IV of Schedule I (Form 990 or 990-E).
8. Did the organization make a loan to a disqualified person (as defined in section 4956) not described in line 7? If "Yes," complete Part I of Schedule I (Form 990 or 990-E).
- 9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons (as defined in section 4946) other than foundation managers and organizations described in section 509(a)(1) or (2)? If "Yes," provide details in Part VI.
 - b. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide details in Part VI.
 - c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide details in Part VI.
- 10a. Was the organization subject to the excess business holdings rules of section 4913 because of section 4913(f) (regarding certain Type II supporting organizations), and all Type III non-functionally integrated supporting organizations? If "Yes," answer (b) below.
 - b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

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? If "Yes" to a, b, or c, provide details in Part VII.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or members 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? If "Yes," describe in Part VII how the supported organization(s) effectively controlled, supervised, or exercised 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 constraints or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VII how possibly such benefit served the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization(s).		

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)? If "No," describe in Part VII how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

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 15th 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) supported or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "Yes," explain in Part VII how the organization established a clear and continuing working relationship with the supported organization(s).		
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 of all kinds during the tax year? If "Yes," describe in Part VII the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
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 2 below. c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VII how you supported a governmental 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? If "Yes," then in Part VII identify these supported organizations and explain how these activities directly furthered their exempt purposes; how the organization was responsive to these supported organizations; and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VII the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
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? Provide details in Part VII.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VII the role played by the organization in this regard.		

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 III). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through F.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Increases 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	Percentage 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 (put certain loans for short-term 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 brokerage or other factors (explain in detail in Part VII)		
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 general amount, see instructions)	4	
5	Fair value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.75	6	
7	Five percent 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 for 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 not-as-donor 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 selected supported organizations to which the organization is responsive. Provide details in Part VI. See instructions	
9	Deductible 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	Deductible amount for 2016 from Section C, line 6		
2	Unded distributions, if any, for years prior to 2016 (excess distributable amount required; explain in Part VI). See instructions		
3	Excess distributions carryover, if any, to 2016		
a			
b			
c	From 2015		
d	From 2014		
e	From 2013		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2016 distributable amount		
i	Carryover from 2015; 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		
d	Remaining unded distributions 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		
5	Remaining unded distributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions		
6	Remaining unded distributions 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 3c and 4c		
8	Breakdown of line 7		
a			
b	Excess from 2013		
c	Excess from 2014		
d	Excess from 2015		
e	Excess from 2016		

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

Multiple horizontal lines for supplemental information.

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 SCHOLAR HOUSE, INC.

Employer identification number

61-1285124

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(2) nonexempt charitable trust, not treated as a private foundation 527 political organization

Form 990-PF

 501(c)(2) exempt private foundation 4947(c)(3) nonexempt charitable trust treated as a private foundation 521(c)(6) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(2), (3), 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 \$1,000 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)(v); that checked Schedule A (Form 990 or 990-EZ) Part I, line 13, 16, or 15b; 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 its Form 990, Part VIII, line 11 or its 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 III, line 2, of its Form 990 or check the box on line A 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).

104 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 SCHOLAR HOUSE, INC.

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61-1285124

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	METRO UNITED WAY 344 EAST BROADWAY LOUISVILLE, KY 40204	\$ 82,326.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	GHEENS FOUNDATION 401 WEST MAIN STREET LOUISVILLE, KY 40202	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	JAMES GRAHAM BROWN FOUNDATION 4350 BROWNSBORO ROAD, SUITE 200 LOUISVILLE, KY 40207	\$ 400,820.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	GOLDRING FAMILY FOUNDATION 24 BANK ST NEW MILFORD, CT 06776	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	SANDRA FRAZIER UNIVERSITY OF LOUISVILLE, 2301 S 3RD ST LOUISVILLE, KY 40292	\$ 141,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	SIEMER INSTITUTE FOR FAMILY STABILITY 360 SOUTH THIRD STREET COLUMBUS, OH 43215	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

FAMILY SCHOLAR HOUSE, INC.

61-1285124

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

Employer identification number

FAMILY SCHOLAR HOUSE, INC.

61-1285124

Part III Federally deductible, charitable, etc., contributions to organizations described in section 501(c)(2), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (d) and the following information for each contribution. Complete (e) through (g) for each contribution. 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	
(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	
(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	
(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	

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016
Open to Public Inspection

▶ 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.

Name of the organization

FAMILY SCHOLAR HOUSE, INC.

Employer identification number

61-1285124

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 in 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? Yes <input type="checkbox"/> No <input type="checkbox"/>		
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 conforming to applicable private inurement? Yes <input type="checkbox"/> No <input type="checkbox"/>		

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):

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (b)	
d Number of conservation easements included in (c) acquired after 8/1/06, and not on a historic structure listed in the National Register	

3 Number of conservation easements modified, transferred, released, reacquired, 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? Yes No

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(e)(5)(D)(ii) and section 170(e)(5)(D)(iii)? Yes No

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 its 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 950), 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 950), 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 VII, 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 916) relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

- 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 sell or lease donations of art, historical treasures, or other similar assets to be sold to raise or levels higher 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 5 or reported an amount on Form 990, Part X, line 2:

- 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
- 1b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| a Beginning balance | _____ |
| d Additions during the year | _____ |
| e Distributions during the year | _____ |
| f Ending balance | _____ |
- 2a Did the organization include an amount on Form 990, Part X, line 21 for escrow or custodial account liability? Yes No
- 2b 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 these endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations Yes No
- (ii) related organizations Yes No

3b If "Yes" on line 3(a), are the related organizations listed as required on Schedule H?

4 Describe on 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, Part X, line 10, or Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (gross amount)	(b) Cost or other basis (net)	(c) Accumulated depreciation	(d) Book value
1a Land	_____	321,309.	_____	321,309.
b Buildings	_____	3,596,079.	513,393.	3,082,686.
c Leasehold improvements	_____	3,630.	434.	3,196.
d Equipment	_____	357,198.	236,053.	121,145.
e Other	_____	96,421.	85,923.	10,498.
Total. Add lines 1a through 1e. Exclude 9c, except costs from 9c, line 8, column (B), line 10c.	_____	_____	_____	3,538,834.

Part VII Investments - Other Securities.

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

(a) Description of security or category (see instructions)	(b) Book value	(c) Method of valuation: Cost or end of year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (do not include 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 14. 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 (do not include Form 990, Part X, col. (b) line 13) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 14. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (do not include Form 990, Part X, col. (b) line 15) ▶	

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
1. Federal income taxes	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (do not include Form 990, Part X, col. (b) line 25) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote in 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	
2	Amounts included on line 1 but not on Form 990, Part VII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Depreciated assets and use of facilities	2b		
c	Recovery of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	

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 other deductions per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part X, line 25			
a	Depreciated assets 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	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, 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	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part X, line 16)		5	

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 2a; Part V, line 4; Part X, line 2; Part XI, lines 2e and 4c; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

FAMILY SCHOLAR HOUSE, INC. ("FSH") AND ITS CONSOLIDATED NONPROFIT
CORPORATIONS ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION
501(C)(3) OF THE INTERNAL REVENUE CODE AND COMPARABLE STATE STATUTES. FSH
DID NOT HAVE ANY UNRELATED BUSINESS INCOME FOR THE YEARS ENDED JUNE 30,
2017 AND 2016. ALL NONPROFIT CORPORATIONS ARE REQUIRED TO FILE TAX RETURNS
WITH THE IRS AND OTHER TAXING AUTHORITIES. ACCORDINGLY, THESE FINANCIAL
STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES AND THERE ARE NO
OTHER TAX POSITIONS WHICH MUST BE CONSIDERED FOR DISCLOSURE. FOR THE YEARS
ENDED JUNE 30, 2017 AND 2016, THE ORGANIZATION DID NOT IDENTIFY ANY
UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE
IN THE FINANCIAL STATEMENTS. INCOME TAX RETURNS FILED BY THE ORGANIZATION

Part XIII Supplemental information

AND ITS CONSOLIDATED ENTITIES ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR A PERIOD OF THREE YEARS. WHILE NO INCOME TAX RETURNS ARE CURRENTLY BEING EXAMINED BY THE INTERNAL REVENUE SERVICE, TAX YEARS SINCE 2014 REMAIN OPEN.

Multiple horizontal lines for supplemental information.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ lines 1 and 6B. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		LUNCHEON (event type)	W&S (event type)	1 (total amount)	
Revenue	1	115,335.	329,965.	7,987.	453,287.
	2	72,405.			72,405.
	3	42,930.	329,965.	7,987.	380,882.
Direct Expenses	4		15,000.		15,000.
	5		26,002.		26,002.
	6	30,698.	17,629.		48,327.
	7		20,545.		20,545.
	8		4,130.		4,130.
	9	11,285.	15,781.	7,815.	34,881.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net event contribution. Subtract line 10 from line 3, column (d) ▶				231,997.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull-tab or hot b ball progressive raffle	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		Revenue			
Direct Expenses	1				
	2				
	3				
	4				
	5				
6	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with members? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|------------|---|
| a The organization's facility | <u>100</u> | % |
| b An out-of-facility | <u>0</u> | % |

- 14 Enter the name and address of the person who prepares the organization's gaming/charitable events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue obtained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director Employee Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributable proceeds required under state law to be distributed to all or exempt organizations that spend the organization's own gaming proceeds during the tax year ▶ \$ _____

Part IV Supplemental information. Provide the explanations required by Part I, line 3b, column (a) and (c), and Part III lines 9-10, 10c, 15b, 16, 15, and 17b, as applicable. Also provide any additional information. See instructions.

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

Name of the organization

FAMILY SCHOLAR HOUSE, INC.

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

Employer identification number
61-1285124

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantee's 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 dispensed 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) United or volunteer (book, film, animal, etc.)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of exclusions (513)(b)(3) and government grant values listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

Schedule L (Form 990) (2015) **FAMILY SCHOLAR HOUSE, INC.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Domestic Individuals. Complete if additional section is needed.
Part III can be duplicated if additional section is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
BASIC NEEDS	107	471.	25,827.0000		FINANCIAL ASSISTANCE
EDUCATION	522	5,100.	74,747.0000		EDUCATIONAL ASSISTANCE MATERIALS
FOOD	491	4,300.	20,114.0000		ESSENTIAL FOOD
TRANSPORTATION	134	0.	9,414.0000		BUS PASSENGER FEES

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

FAMILY SCHOLAR HOUSE, INC.

Employer identification number

61-1285124

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 avoidance or tax shelter 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 in order to reimburse or allow expenses incurred by officers, trustees, and others, 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 checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approved 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 control exception described in Regulation section 52.4958-46(c)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulation section 52.4958-46(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 applicable which is needed.

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

Note: The sum of columns (b), (c), (f), and (g) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 9a, except for column (b), and (c) amounts for that individual.

(A) Name and Title	(B) Breakdown of 2016 and/or 1999-2001 MISD compensation			(C) Retirement and other deferred compensation	(D) Variable benefits	(E) Total of columns (B), (C), (D), and (E)	(F) Compensation in column (F) reported as stated on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(a) FAMILY SCHOLAR HOUSE, INC. PRESIDENT & CEO	159,822.	0.	0.	5,115.	5,768.	170,705.	0.
(b)	0.	0.	0.	0.	0.	0.	0.
(c)							
(d)							
(e)							
(f)							
(g)							
(h)							
(i)							
(j)							
(k)							
(l)							
(m)							
(n)							
(o)							
(p)							
(q)							
(r)							
(s)							
(t)							
(u)							
(v)							
(w)							
(x)							
(y)							
(z)							
(aa)							

Part III Supplemental Information

Provide the information, explanation, or disclosures required for Part III, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Location of the taxpayer
principal office or other location

▶ For more information about Schedule O (Form 990 or 990-EZ) and its instructions, go to www.irs.gov/form990.

Name of the organization

FAMILY SCHOLAR HOUSE, INC.

Employee identification number
61-1285124

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

TO END THE CYCLE OF POVERTY AND TRANSFORM OUR COMMUNITY BY EMPOWERING
FAMILIES AND YOUTH TO SUCCEED IN EDUCATION AND ACHIEVE LIFE-LONG SELF
SUFFICIENCY.

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

THE MISSION OF FAMILY SCHOLAR HOUSE ("FSH") IS TO END THE CYCLE OF
POVERTY BY GIVING SINGLE-PARENT COLLEGE STUDENTS THE SUPPORT THEY NEED
TO EARN A FOUR YEAR COLLEGE DEGREE. BY EMPOWERING FAMILIES THROUGH
EDUCATION THEY ARE ABLE TO TRANSITION FROM POVERTY AND HOMELESSNESS TO
SELF SUFFICIENCY. FSH BELIEVES THAT EVERYONE DESERVES THE OPPORTUNITY
TO REALIZE THEIR FULL POTENTIAL AND THAT ACCESS TO EDUCATION IS A
SIGNIFICANT BARRIER FOR DISADVANTAGED FAMILIES. BY PROVIDING ACADEMIC
ADVISING, HOUSING, FAMILY SUPPORT SERVICES, INTER-GENERATIONAL LEARNING
OPPORTUNITIES FOR HEALTH, WELL BEING AND LIFE-SKILLS, AND CHILDCARE, WE
HELP TO ADDRESS ALL THE BARRIERS TO SUCCESS IN EDUCATION AND LIFE.

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

FINANCIAL LITERACY, HEALTHFUL EATING, STRESS MANAGEMENT AND PHYSICAL
FITNESS. WHILE THE PARENT SCHOLAR IS AT THE CENTER OF MANY PROGRAMS OF
FSH, THE CHILDREN SCHOLARS ALSO RECEIVE THE SUPPORT AND RESOURCES THEY
NEED TO BECOME SUCCESSFUL STUDENTS AND ASPIRE TO PROCEED TO HIGHER
EDUCATION IN THEIR ADULT LIFE. THIS INCLUDES PROGRAMS LIKE TODDLER BOOK
CLUB, CHILDREN FOR CHANGE AND SUMMER LEADERSHIP CAMPS. FSH CREATES A
COLLEGE-GOING CULTURE FOR EVERY PARTICIPANT IN THE PROGRAM. FSH
CAMPUSES BECOME COMMUNITIES OF PEER SUPPORT, PROVIDING A NETWORK OF

Name of the organization

FAMILY SCHOLAR HOUSE, INC.

Employer identification number

61-1285124

PEOPLE WITH SIMILAR BACKGROUNDS AND EXPERIENCES WHO STRENGTHEN AND ENCOURAGE ONE ANOTHER THROUGH THE CHALLENGES OF HIGHER EDUCATION. THUS FAMILY SCHOLAR HOUSE, INC. IS AN EDUCATIONAL PROGRAM WITH A HOUSING COMPONENT THAT UTILIZES INTERNAL RESOURCES AND COMMUNITY COLLABORATIONS TO MEET THE NEEDS OF THE FAMILIES SERVED.

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

THE 990 IS REVIEWED BY THE FINANCE COMMITTEE, INCLUDING THE BOARD TREASURER. RECOMMENDATIONS ARE THEN MADE TO THE EXECUTIVE COMMITTEE FOR ACTION. THE 990 IS THEN SIGNED BY THE PRESIDENT AND CEO.

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

EVERY BOARD MEMBER COMPLETES A CONFLICT OF INTEREST FORM ANNUALLY. THE FORMS ARE THEN REVIEWED BY THE BOARD GOVERNANCE COMMITTEE AND ANY CHANGES THAT ARE RECOMMENDED ARE REFERRED TO THE EXECUTIVE COMMITTEE AND/OR FULL BOARD FOR ACTION.

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

THE PROCESS FOR DETERMINING COMPENSATION FOR THE CEO INCLUDES REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS, USE OF DATA AS TO COMPARABLE COMPENSATION, AND CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING. THERE ARE NO OTHER OFFICERS OR KEY EMPLOYEES THAT RECEIVE COMPENSATION FROM THE ORGANIZATION.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC BY REQUEST.

Name of the organization FAMILY SCHOLAR HOUSE, INC.	Employer identification number 61-1285124
--	--

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. THE FINANCE COMMITTEE
 ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT, REVIEW, OR
 COMPILATION OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT
 ACCOUNTANT BY EVALUATING THE INDEPENDENT AUDITORS QUALIFICATIONS,
 INDEPENDENCE, AND PERFORMANCE BASED ON THE MEMBERS EXPERIENCE IN
 BUDGETING AND FINANCIAL MANAGEMENT. INTEREST IN THE MISSION OF FAMILY
 SCHOLAR HOUSE, AND THEIR DESIRE TO USE FINANCIAL SKILLS TO ASSIST IN
 THE WORK OF FAMILY SCHOLAR HOUSE.

Related Organizations and Unrelated Partnerships
 Complete if the organization answered "Yes" on Form 990, Part IV, line 23, 24, 25a, 26, or 37.
 Attach to Form 990.
 Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](#).

Name of the organization: **FAMILY SCHOLAR HOUSE, INC.**
 Employer identification number: **61-1285124**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 35.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End of year assets	(f) Disregarding entity
PROJECT HOME DEVELOPMENT LLC 26-2598775 475 RSO SMITH CIRCLE LOUISVILLE, KY 40208	CONSULTING	KENTUCKY	0.00	0.00	
828N 02, LLC 45-0744513 401 RSO SMITH CIRCLE LOUISVILLE, KY 40208	RENTAL	KENTUCKY	0.00	5,790.18	

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 36, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status of section 501(c)(29)	(f) Disregarding entity	(g) Disregarding entity	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) State of incorporation	(d) Direct controlling entity	(e) Relationship to the organization (see instructions)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations		(i) Cash value amount in box 22 of Schedule K-1 (Form 990-B)	(j) Secretary	(k) Percentage ownership
							Yes	No			
LOUISVILLE SCHOLAR HOUSE, LLC 20-0529773, 3122 ROGERS STREE, LOUISVILLE, KY 40299	CONSTRUCTION	KY	FSC, LLC	RELATED	4%	1,519,281	X		N/A	X	11%
DOWNTOWN SCHOLAR HOUSE, LLC 27-2651620, 1122 ROGERS STREET, LOUISVILLE, KY 40299	CONSTRUCTION	KY	N/A	N/A			X		N/A	X	
STEWART JOHNSTON SCHOLAR HOUSE, LLC FOOTE, 2019 27-1079775, 1122 ROGERS STREET, LOUISVILLE, KY 40299	CONSTRUCTION	KY	BOSS GP LLC	RELATED	3%	57,446	X		N/A	X	11%
FAMILY SCHOLAR HOUSE, LLC 37-1595419, 3122 ROGERS STREET, LOUISVILLE, KY 40299	CONSTRUCTION	KY	PARKLAND GP LLC	RELATED	12%	251,554	X		N/A	X	11%

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) State of incorporation	(d) Direct controlling entity	(e) Type of entity (S corp, C corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Disproportionate allocations	
								Yes	No
BOSS GP INC - 27-1079775 401 265 SMITH CIRCLE LOUISVILLE, KY 40299	CONSTR	KY	FSC INC,	C CORP	3%	571,917	100%	X	
PARKLAND GP, LLC - 47-5555154 403 887 SMITH CIRCLE LOUISVILLE, KY 40299	CONSTR	KY	FSC INC,	C CORP	3%	14	100%	X	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV line 34, 35b, or 35c.

Note: Complete line 1 if any entry is listed in Parts II, III, or IV of this schedule.

1. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II IV?

	Yes	No
a. Receipt of (a) interest (in amounts (iii) together or jointly from a controlled entity		X
b. Gift, grant, or capital contribution to related organization(s)		X
c. Gift, grant, or capital contribution from related organization(s)		X
d. Loan or loan guarantee to or for related organization(s)	X	
e. Lease or loan guarantee by related organization(s)		X
f. Dividends from related organization(s)		X
g. Sale of assets to related organization(s)		X
h. Purchase of assets from related organization(s)		X
i. Exchange of assets with related organization(s)		X
j. Lease of facilities, equipment, or other assets to related organization(s)	X	
k. Lease of facilities, equipment, or other assets from related organization(s)		X
l. Performance of services or membership or fundraising solicitations for related organization(s)		X
m. Performance of services or membership or fundraising solicitations by related organization(s)		X
n. Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o. Sharing of paid employees with related organization(s)		X
p. Reimbursement paid to related organization(s) for expenses		X
q. Reimbursement paid by related organization(s) for expenses		X
r. Other transfer of cash or property to related organization(s)		X
s. Other transfer of cash or property from related organization(s)		X

2. If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including reporting relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type(s)	(c) Amount involved	(d) Method of determining amount involved
(1) _____			
(2) _____			
(3) _____			
(4) _____			
(5) _____			
(6) _____			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Partnership (unincorporated partnership) or trust (trust) (check one)	(e) Set-aside income to charity Yes/No	(f) Share of total income	(g) Share of end-of-year assets	(h) Form 990 filed with partner/owner/pt		(i) Form 990 filed with partner/owner/pt	(k) Percentage owned by partner/owner/pt
							Yes/No	Yes/No		

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

(This area contains horizontal lines for providing supplemental information.)