

Forms 990 / 990-EZ Return Summary

For calendar year 2015, or tax year beginning 07/01/15 , and ending 06/30/16

93-0721567

CHAMBERLIN HOUSE, INC.

Net Asset / Fund Balance at Beginning of Year 3,160,867

Revenue

Contributions	1,875
Program service revenue	3,250,044
Investment income	4,808
Capital gain / loss	20,100
Fundraising / Gaming:	
Gross revenue	_____
Direct expenses	_____
Net income	_____
Other income	25,342

Total revenue 3,302,169

Expenses

Program services	2,403,069
Management and general	537,970
Fundraising	_____

Total expenses 2,941,039

Excess / (deficit) 361,130

Changes 35,143

Net Asset / Fund Balance at End of Year 3,557,140

Reconciliation of Revenue

Total revenue per financial statements	3,308,694
Less:	
Unrealized gains	2,935
Donated services	_____
Recoveries	_____
Other	3,590
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u>3,302,169</u>

Reconciliation of Expenses

Total expenses per financial statements	2,944,629
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	3,590
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u>2,941,039</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	3,160,867	3,642,118	
Liabilities	_____	84,978	
Net assets	<u>3,160,867</u>	<u>3,557,140</u>	<u>396,273</u>

Miscellaneous Information

Amended return	_____
Return / extended due date	11/15/16
Failure to file penalty	_____

Accuity, LLC
436 1st Avenue W
PO Box 1072
Albany, OR 97321-0415
541-223-5555

September 13, 2016

CONFIDENTIAL

Chamberlin House, Inc.
421 Water Ave. NE, Suite 3100
Albany, OR 97321

Dear Judie:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

Tax professionals, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding the privacy of client information. Our firm has been, and continues to be, bound by professional standards of confidentiality that are even more stringent than those required by law. We have always protected your right to privacy.

Types of Nonpublic Personal Information We Collect

We collect nonpublic personal information that is either provided by you or obtained with your authorization.

Parties to Whom We Disclose Information

We do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law for both current and former clients. Permitted disclosures include, for instance, providing information to our employees, and in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

Protecting the Confidentiality and Security of Current and Former Clients' Information

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional

guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards. In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Glen O. Kearns, CPA
Accuity, LLC

**Accuity, LLC
436 1st Avenue W
PO Box 1072
Albany, OR 97321-0415
541-223-5555**

Filing Instructions

Chamberlin House, Inc.

Exempt Organization Tax Return

Taxable Year Ended June 30, 2016

Date Due: November 15, 2016

Remittance: None is required. Your Form 990 for the tax year ended 6/30/16 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

Accuity, LLC
PO Box 1072
Albany, OR 97321-0415

Other: Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records. If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2015, or fiscal year beginning 7/01, 2015, and ending 6/30, 20 16.

Department of the Treasury
Internal Revenue Service

u Do not send to the IRS. Keep for your records.
u Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

2015

Name of exempt organization

CHAMBERLIN HOUSE, INC.

Employer identification number

93-0721567

Name and title of officer

DARLENE COOKS
BOARD PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>3,302,169</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize ACCUITY, LLC to enter my PIN 21567 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } 09/13/16

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

93445607980
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature }

Date } 09/13/16

ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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 2015 calendar year, or tax year beginning 07/01/15, and ending 06/30/16

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <div style="text-align: center; border: 1px solid black; padding: 2px;">CHAMBERLIN HOUSE, INC.</div> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <div style="border: 1px solid black; padding: 2px;">421 WATER AVE. NE, SUITE 3100</div> City or town, state or province, country, and ZIP or foreign postal code <div style="border: 1px solid black; padding: 2px;">ALBANY OR 97321</div>	D Employer identification number <div style="border: 1px solid black; padding: 2px;">93-0721567</div> E Telephone number <div style="border: 1px solid black; padding: 2px;">541-967-7729</div> G Gross receipts \$ 3,312,259
F Name and address of principal officer: <div style="border: 1px solid black; padding: 2px;">JUDIE FOSTER-LUPKIN</div>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "No," attach a list. (see instructions)</small>

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: u WWW.CHAMBERLINHOUSE.ORG	H(c) Group exemption number u
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u	L Year of formation: 1980	M State of legal domicile: OR

Part I Summary																				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ENRICH THE LIVES OF ADULTS CHALLENGED WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES BY PROVIDING HOUSING AND OPPORTUNITIES TO LEARN, EXPERIENCE AND ACHIEVE.																			
	2 Check this box <input type="checkbox"/> u if the organization discontinued its operations or disposed of more than 25% of its net assets.																			
	3 Number of voting members of the governing body (Part VI, line 1a)	8																		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	8																		
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	86																		
	6 Total number of volunteers (estimate if necessary)	15																		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0																		
	7b Net unrelated business taxable income from Form 990-T, line 34	0																		
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">2,100</td> <td style="text-align: right;">1,875</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">3,010,766</td> <td style="text-align: right;">3,250,044</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">53,566</td> <td style="text-align: right;">24,908</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">13,362</td> <td style="text-align: right;">25,342</td> </tr> <tr> <td>12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">3,079,794</td> <td style="text-align: right;">3,302,169</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	2,100	1,875	9 Program service revenue (Part VIII, line 2g)	3,010,766	3,250,044	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	53,566	24,908	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,362	25,342	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,079,794	3,302,169
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Expenses		<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td> <td style="text-align: right;">2,386,045</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) u</td> <td style="text-align: right;">0</td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td> <td style="text-align: right;">490,289</td> </tr> <tr> <td>18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">2,876,334</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">203,460</td> </tr> </tbody> </table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,386,045	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	b Total fundraising expenses (Part IX, column (D), line 25) u	0	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	490,289	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,876,334	19 Revenue less expenses. Subtract line 18 from line 12	203,460		
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Net Assets or Fund Balances		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning of Current Year</th> <th style="text-align: center;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">3,160,867</td> <td style="text-align: right;">3,642,118</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">0</td> <td style="text-align: right;">84,978</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">3,160,867</td> <td style="text-align: right;">3,557,140</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	3,160,867	3,642,118	21 Total liabilities (Part X, line 26)	0	84,978	22 Net assets or fund balances. Subtract line 21 from line 20	3,160,867	3,557,140						
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Part II Signature Block

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

Sign Here	Signature of officer <div style="border: 1px solid black; padding: 2px; display: inline-block;">DARLENE COOKS</div>	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">BOARD PRESIDENT</div>
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name GLEN O. KEARNS, CPA	Preparer's signature Date 09/13/16
	Firm's name } ACCUITY, LLC PO BOX 1072 Firm's address } ALBANY, OR 97321-0415	Check <input type="checkbox"/> if self-employed PTIN P00129289 Firm's EIN } 45-4207980 Phone no. 541-223-5555

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO ENRICH THE LIVES OF ADULTS CHALLENGED WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES BY PROVIDING HOUSING AND OPPORTUNITIES TO LEARN, EXPERIENCE AND ACHIEVE.

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

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

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

4a (Code:) (Expenses \$ 2,403,069 including grants of \$) (Revenue \$ 3,250,044) CHAMBERLIN HOUSE INC. PROVIDES HOUSING AND SUPPORT SERVICES FOR INTELLECTUALLY AND DEVELOPMENTALLY DISABLED CITIZENS. CHAMBERLIN HOUSE INC. IS DEDICATED TO ENHANCING THE HUMAN EXPERIENCE OF EVERY PERSON INVOLVED WITH CHAMBERLIN HOUSE INC. BY MAXIMIZING ACHIEVEMENT POTENTIAL THROUGH TEAM APPROACH BASED PARTICIPATORY MANAGEMENT.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses u 2,403,069

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		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(h) 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)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		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 maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? 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 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? 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 disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts 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
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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 explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Rows include questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 4 columns: Question, 1a, 8, Yes, No. Rows include questions about voting members, family relationships, management delegation, and document changes.

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

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and document retention.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed u OR
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: u

JUDIE FOSTER-LUPKIN 421 WATER AVENUE NE, SUITE 3100 ALBANY OR 97321 541-967-7729

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NANCY BAISINGER DIRECTOR	1.00 0.00	X						0	0	0
(2) ROLAND BROWER DIRECTOR	1.00 0.00	X						0	0	0
(3) DAVE SCHNEBLY BOARD TREASURER	1.00 0.00	X		X				0	0	0
(4) LIZE CARLE DIRECTOR	1.00 0.00	X						0	0	0
(5) DARLENE COOKS BOARD PRESIDENT	1.00 0.00	X		X				0	0	0
(6) JOY HENKLE VICE-PRESIDENT	1.00 0.00	X		X				0	0	0
(7) ELAINE CHAPMAN BOARD SECRETARY	1.00 0.00	X		X				0	0	0
(8) AMY PRICE DIRECTOR	1.00 0.00	X						0	0	0
(9) JUDIE FOSTER-LUPKIN EXECUTIVE DIRECTOR	40.00 0.00			X				118,664	0	3,547
(10)										
(11)										

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,875				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f	u	1,875				
Program Service Revenue	2a GOVERNMENT CONTRACTS	Busn. Code	2,990,554	2,990,554			
	b TENANT ROOM & BOARD		238,548	238,548			
	c GRANTS		13,213	13,213			
	d CLIENT SERVICES		7,729	7,729			
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u	3,250,044				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	4,808			4,808	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	23,690	6,500		
	b Less: cost or other basis & sales exps.			10,090			
	c Gain or (loss)		23,690	-3,590			
	d Net gain or (loss)	u	20,100	20,100			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
b Less: direct expenses	b						
c Net income or (loss) from fundraising events	u						
9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory	u						
Miscellaneous Revenue		Busn. Code					
11a MISCELLANEOUS REVENUE			25,342	25,342			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	u		25,342				
12 Total revenue. See instructions.	u		3,302,169	3,295,486	0	4,808	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,773,228	1,471,330	301,898	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	460,864	424,550	36,314	
10 Payroll taxes	183,786	145,508	38,278	
11 Fees for services (non-employees):				
a Management				
b Legal	3,616	723	2,893	
c Accounting	28,342	5,668	22,674	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	4,774	4,774		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	12,934	2,587	10,347	
12 Advertising and promotion				
13 Office expenses	15,147	9,295	5,852	
14 Information technology				
15 Royalties				
16 Occupancy	116,785	66,585	50,200	
17 Travel	13,566	11,760	1,806	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	122,633	96,794	25,839	
23 Insurance	17,272	13,207	4,065	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	76,901	66,011	10,890	
b FOOD EXPENSE	56,461	54,638	1,823	
c HOUSEHOLD	21,229	20,344	885	
d DUES AND SUBSCRIPTIONS	12,494	688	11,806	
e All other expenses	21,007	8,607	12,400	
25 Total functional expenses. Add lines 1 through 24e	2,941,039	2,403,069	537,970	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	357,844	1	602,852
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	39,529
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	60,496
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,925,050		
	b	Less: accumulated depreciation	10b 778,104	10c 1,010,052	1,146,946
	11	Investments—publicly traded securities	1,789,736	11	1,791,874
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,235	15	421
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,160,867	16	3,642,118	
Liabilities	17	Accounts payable and accrued expenses		17	9,609
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	75,369
	26	Total liabilities. Add lines 17 through 25	0	26	84,978
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	3,147,077	27	3,541,722
	28	Temporarily restricted net assets	13,790	28	15,418
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	3,160,867	33	3,557,140	
34	Total liabilities and net assets/fund balances	3,160,867	34	3,642,118	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,302,169
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,941,039
3	Revenue less expenses. Subtract line 2 from line 1	3	361,130
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,160,867
5	Net unrealized gains (losses) on investments	5	2,935
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	32,208
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,557,140

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? 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		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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.		

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.
u Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

CHAMBERLIN HOUSE, INC.

Employer identification number

93-0721567

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 11, check only one box.)

- 1 A church, convention 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 E (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)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - 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 distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
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 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%

16a 33 1/3% support test—2015. 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

b 33 1/3% support test—2014. 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

17a 10%-facts-and-circumstances test—2015. 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

b 10%-facts-and-circumstances test—2014. 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

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,639	7,873	1,732	2,100	1,875	26,219
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,666,695	2,651,152	2,888,914	3,024,128	3,275,386	14,506,275
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	2,679,334	2,659,025	2,890,646	3,026,228	3,277,261	14,532,494
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						14,532,494

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	2,679,334	2,659,025	2,890,646	3,026,228	3,277,261	14,532,494
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,803	19,990	42,279	53,566	4,808	136,446
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	15,803	19,990	42,279	53,566	4,808	136,446
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	2,695,137	2,679,015	2,932,925	3,079,794	3,282,069	14,668,940
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	99.07%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	98.94%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	1%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	1%

- 19a 33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2014.** 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 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

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 VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test. **Answer (a) and (b) below.**

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
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 VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

CHAMBERLIN HOUSE, INC.

Employer identification number

93-0721567

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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. (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 (a), (d) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

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 **u** %
 - b Permanent endowment **u** %
 - c Temporarily restricted endowment **u** %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		183,880		183,880
b Buildings		1,434,415	710,205	724,210
c Leasehold improvements				
d Equipment		306,755	67,899	238,856
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **u** 1,146,946

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ACCRUED PAYROLL & TAXES	75,369	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	75,369	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	3,308,694
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	2,935	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	3,590	
e	Add lines 2a through 2d	2e		6,525
3	Subtract line 2e from line 1	3		3,302,169
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		3,302,169

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

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

1	Total expenses and losses per audited financial statements		1	2,944,629
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c	3,590	
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		3,590
3	Subtract line 2e from line 1	3		2,941,039
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		2,941,039

Part XIII Supplemental Information.

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

PART X - FIN 48 FOOTNOTE

MANAGEMENT EVALUATES TAX POSITIONS ANNUALLY BASED ON THE GUIDANCE IN FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740. FASB ASC 740 PRESCRIBES A COMPREHENSIVE MODEL FOR RECOGNIZING, MEASURING, PRESENTING, AND DISCLOSING, IN THE FINANCIAL STATEMENTS, TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN, INCLUDING POSITIONS THAT THE ORGANIZATION IS EXEMPT FROM INCOME TAXES OR NOT SUBJECT TO INCOME TAXES ON UNRELATED BUSINESS INCOME. THE ORGANIZATION PRESENTLY DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OF WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE, RESPECTIVELY, THAT A LIABILITY HAS BEEN INCURRED FOR UNRECOGNIZED INCOME TAX BENEFITS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

CHAMBERLIN HOUSE, INC.

Employer identification number

93-0721567

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS
A REVISIONS TO THE ORGANIZATION'S BY-LAWS WAS APPROVED BY THE BOARD OF
DIRECTORS ON NOVEMBER 16, 2015.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
A COMPLETE COPY OF FORM 990 AND RELATED SCHEDULES WERE REVIEWED AND
APPROVED BY THE EXECUTIVE DIRECTOR AND BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE EXECUTIVE DIRECTOR AND BOARD OF DIRECTORS ENFORCE THE CONFLICTS OF
INTEREST POLICY WHERE DEEMED NECESSARY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE EXECUTIVE
DIRECTOR'S COMPENSATION PACKAGE ANNUALLY.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE COMPENSATION PACKAGE
FOR KEY EMPLOYEES ANNUALLY.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
CHAMBERLIN HOUSE, INC.'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE
MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

Name of the organization

Employer identification number

CHAMBERLIN HOUSE, INC.

93-0721567

LOSSES REPORTED ON RETURN \$ -3,590

LOSS ON DISPOSAL OF ASSETS \$ 3,590

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

CHAMBERLIN HOUSE, INC.

Identifying number

93-0721567

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	54,928

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	54,426
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u		

Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	109,354
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:											
7	House - Sander	4/30/96	76,044				76,044	20	HY S/L	72,239	3,802
10	House - Robb	6/25/96	83,544				83,544	20	HY S/L	80,646	2,898
12	Improvements	8/09/96	22,355				22,355	20	HY S/L	21,241	1,114
13	Improvements	8/09/96	14,535				14,535	20	HY S/L	13,812	723
17	Improvements	5/01/99	26,251				26,251	20	HY S/L	21,171	1,312
19	House - Scheler	8/31/99	153,115				153,115	20	HY S/L	118,667	7,656
26	Furnace	12/18/00	6,453				6,453	20	HY S/L	4,682	323
28	Sewer	8/10/01	3,400				3,400	27	MMS/L	1,642	85
30	Lehigh House	3/31/04	137,597			X	68,798	20	HY S/L	72,412	3,440
33	Bldg Improvements	7/08/04	11,661			X	6,051	20	HY S/L	5,610	302
47	Sprinkler System	6/01/08	6,128				6,128	27	MMS/L	1,431	153
54	2000 GMC Bus	9/30/08	12,512				12,512	7	HY S/L	9,828	894
59	Security Alarm System	12/10/08	8,015				8,015	27	MMS/L	1,688	201
85	Remodel - Mitchell	12/03/09	49,460				49,460	39	MMS/L	6,852	1,237
103	House Remodel	6/08/10	50,028				50,028	39	MMS/L	6,306	1,250
104	Fence-Backyard	6/08/10	3,180			X	1,590	15	HY S/L	2,173	106
113	Building Remodel	12/07/10	166,170			X	123,772	20	HY S/L	42,398	6,189
121	New Furnace & A/C	1/18/11	7,922			X	5,421	15	HY S/L	2,501	361
128	New Roof	4/25/11	10,355			X	7,227	15	HY S/L	3,128	482
132	New Office	5/01/11	44,384			X	30,973	15	HY S/L	13,411	2,064
133	Remodel Kitchen & Bath	5/01/11	20,904			X	16,018	20	HY S/L	4,886	801
134	ADA Bathroom	5/05/11	76,228			X	58,413	20	HY S/L	17,815	2,921
140	ADA Bathroom	6/09/11	17,967			X	13,769	20	HY S/L	4,198	689
143	Bath Remodel	8/01/11	7,424			X	5,281	15	HY S/L	2,143	352
156	Activity Center	2/17/12	268,927			X	210,364	15	HY S/L	58,563	14,024
164	Heat Pump	10/09/12	6,994			X	5,890	15	HY S/L	1,104	393
179	Construction - Robb House	2/25/13	15,672			X	13,083	20	HY S/L	2,589	654
			<u>1,307,225</u>				<u>1,078,490</u>			<u>593,136</u>	<u>54,426</u>
Other Depreciation:											
1	Land	3/15/80	15,000				15,000	0	-- Land	0	0
2	House-808 Elm St	3/15/80	48,080				48,080	20	MO S/L	48,080	0
3	1994 Dodge Van 464ADC	4/13/94	16,927				16,927	7	MO S/L	16,927	0
	Sold/Scrapped: 8/31/15										
6	Land - Sander	4/30/96	27,796				27,796	0	-- Land	0	0
9	Land - Robb	6/25/96	33,884				33,884	0	-- Land	0	0
16	1999 Subaru Legacy	11/01/98	22,167				22,167	7	MO S/L	22,167	0
	Sold/Scrapped: 9/03/15										
18	Land - Scheler	8/31/99	45,600				45,600	0	-- Land	0	0
20	2000 Ford Van XCQB17	10/20/99	23,578				23,578	7	MO S/L	23,578	0
	Sold/Scrapped: 10/01/15										
23	2000 Ford Econoline Van	6/20/00	21,167				21,167	7	MO S/L	21,167	0
	Mass Sale: 9/30/15										
24	1999 Ford Van XNG961	6/23/00	24,363				24,363	7	MO S/L	24,363	0
	Mass Sale: 9/09/15										
25	1998 Nissan Sentra XV	9/26/00	9,997				9,997	7	MO S/L	9,997	0
	Sold/Scrapped: 8/31/15										
29	Land-Lehigh	3/31/04	61,600				61,600	0	-- Land	0	0
31	2004 Ford Econoline Van	6/01/04	0				0	7	MO S/L	0	0
	Mass Sale: 4/11/16										
32	2004 Ford Econoline Van	6/01/04	0				0	7	MO S/L	0	0
43	Wheelchair Lift	4/11/08	3,975				3,975	7	MO200DB	3,975	0
	Mass Sale: 9/30/15										
91	Roof - Robb	2/28/10	9,995				9,995	18	MO S/L	2,961	556
180	Window Replacement	7/09/13	5,000				5,000	15	MO S/L	667	333
181	Roof	8/13/13	10,200				10,200	15	MO S/L	1,303	680
182	Van Lifts - Robb	11/19/13	9,056				9,056	5	MO S/L	2,868	302
	Mass Sale: 9/09/15										
183	2006 Scion w/Lifts	9/16/13	11,000				11,000	5	MO S/L	3,850	2,200
184	House Remodel - Robb	12/05/13	4,957				4,957	20	MO S/L	392	248
185	Van Lifts - Sander	9/09/13	8,698				8,698	5	MO S/L	3,189	1,305
	Mass Sale: 4/11/16										
186	Fire Control	8/01/13	2,617				2,617	7	MO S/L	717	373
187	Phone System	12/16/14	5,646				5,646	5	MO S/L	565	1,129
188	Computer System	3/17/15	33,910				33,910	5	MO S/L	1,695	6,782
189	Fire Monitoring System	7/15/14	800				800	5	MO S/L	160	160
190	Fire Monitoring System	7/15/14	800				800	5	MO S/L	160	160
191	Washing Machine	1/25/15	1,699				1,699	5	MO S/L	142	339

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
192	Fire Monitoring System	7/15/14	800			800	5 MO S/L	160	160
193	Refrigerator	12/01/14	896			896	5 MO S/L	105	179
194	Sprinkler System	12/16/14	11,283			11,283	10 MO S/L	564	1,128
195	Fire Monitoring System	7/15/14	800			800	5 MO S/L	160	160
196	Sprinkler System	1/28/15	13,445			13,445	10 MO S/L	560	1,345
197	Fire Monitoring System	7/15/14	2,400			2,400	5 MO S/L	480	480
198	Dumpster Building Mitchell	4/05/16	6,245			6,245	15 MO S/L	0	104
199	Bathroom Remodel Lehigh	4/19/16	15,784			15,784	15 MO S/L	0	175
200	Concrete Work Chamberlain	11/17/15	1,500			1,500	15 MO S/L	0	58
201	Concrete Work Sander	11/17/15	2,365			2,365	15 MO S/L	0	92
202	Concrete Work Scheler	11/01/15	4,015			4,015	15 MO S/L	0	178
203	Flooring Basement & Stairs Chamberlin	12/22/15	4,216			4,216	15 MO S/L	0	141
204	2016 Ford Transist Van with Lift	3/22/16	60,305			60,305	7 MO S/L	0	2,154
205	2016 Ford Transit Van with Lift	3/22/16	60,305			60,305	7 MO S/L	0	2,154
206	Dodge Grand Caravan	9/01/15	19,469			19,469	3 MO S/L	0	5,408
207	Dodge Grand Caravan	9/01/15	19,574			19,574	3 MO S/L	0	5,437
208	Dodge Grand Caravan	9/09/15	15,179			15,179	3 MO S/L	0	4,216
209	Dodge Grand Caravan	9/09/15	19,219			19,219	3 MO S/L	0	5,339
210	Dodge Grand Caravan	10/05/15	17,844			17,844	3 MO S/L	0	4,461
211	Dodge Grand Caravan	10/05/15	17,353			17,353	3 MO S/L	0	4,338
212	2000 Ford Bus	10/05/15	3,000			3,000	1 MO S/L	0	2,250
213	Computer System - Team Leaders	1/19/16	1,545			1,545	3 MO S/L	0	215
214	Speed Queen Washer	3/03/16	1,699			1,699	3 MO S/L	0	189
Total Other Depreciation			<u>757,753</u>			<u>757,753</u>		<u>190,952</u>	<u>54,928</u>
Total ACRS and Other Depreciation			<u>757,753</u>			<u>757,753</u>		<u>190,952</u>	<u>54,928</u>
Grand Totals			2,064,978			1,836,243		784,088	109,354
Less: Dispositions and Transfers			139,928			139,928		128,231	1,607
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>1,925,050</u>			<u>1,696,315</u>		<u>655,857</u>	<u>107,747</u>

Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
30	Lehigh House	3/31/04	137,597		0	0	68,799	68,798
33	Bldg Improvements	7/08/04	11,661		0	0	5,610	6,051
104	Fence-Backyard	6/08/10	3,180		0	0	1,590	1,590
113	Building Remodel	12/07/10	166,170		0	0	42,398	123,772
121	New Furnace & A/C	1/18/11	7,922		0	0	2,501	5,421
128	New Roof	4/25/11	10,355		0	0	3,128	7,227
132	New Office	5/01/11	44,384		0	0	13,411	30,973
133	Remodel Kitchen & Bath	5/01/11	20,904		0	0	4,886	16,018
134	ADA Bathroom	5/05/11	76,228		0	0	17,815	58,413
140	ADA Bathroom	6/09/11	17,967		0	0	4,198	13,769
143	Bath Remodel	8/01/11	7,424		0	0	2,143	5,281
156	Activity Center	2/17/12	268,927		0	0	58,563	210,364
164	Heat Pump	10/09/12	6,994		0	0	1,104	5,890
179	Construction - Robb House	2/25/13	15,672		0	0	2,589	13,083
Form 990, Page 1			<u>795,385</u>		<u>0</u>	<u>0</u>	<u>228,735</u>	<u>566,650</u>
Grand Total			<u>795,385</u>		<u>0</u>	<u>0</u>	<u>228,735</u>	<u>566,650</u>

93-0721567

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
7	House - Sander	4/30/96	76,044	0	0
10	House - Robb	6/25/96	83,544	0	0
12	Improvements	8/09/96	22,355	0	0
13	Improvements	8/09/96	14,535	0	0
17	Improvements	5/01/99	26,251	1,313	0
19	House - Scheler	8/31/99	153,115	7,656	0
26	Furnace	12/18/00	6,453	322	0
28	Sewer	8/10/01	3,400	85	0
30	Lehigh House	3/31/04	137,597	3,440	0
33	Bldg Improvements	7/08/04	11,661	292	0
47	Sprinkler System	6/01/08	6,128	153	0
54	2000 GMC Bus	9/30/08	12,512	0	0
59	Security Alarm System	12/10/08	8,015	200	0
85	Remodel - Mitchell	12/03/09	49,460	1,236	0
103	House Remodel	6/08/10	50,028	1,251	0
104	Fence-Backyard	6/08/10	3,180	106	0
113	Building Remodel	12/07/10	166,170	5,879	0
121	New Furnace & A/C	1/18/11	7,922	337	0
128	New Roof	4/25/11	10,355	449	0
132	New Office	5/01/11	44,384	1,928	0
133	Remodel Kitchen & Bath	5/01/11	20,904	760	0
134	ADA Bathroom	5/05/11	76,228	2,774	0
140	ADA Bathroom	6/09/11	17,967	654	0
143	Bath Remodel	8/01/11	7,424	328	0
156	Activity Center	2/17/12	268,927	13,089	0
164	Heat Pump	10/09/12	6,994	367	0
179	Construction - Robb House	2/25/13	15,672	622	0
			<u>1,307,225</u>	<u>43,241</u>	<u>0</u>

Other Depreciation:

1	Land	3/15/80	15,000	0	0
2	House-808 Elm St	3/15/80	48,080	0	0
6	Land - Sander	4/30/96	27,796	0	0
9	Land - Robb	6/25/96	33,884	0	0
18	Land - Scheler	8/31/99	45,600	0	0
29	Land-Lehigh	3/31/04	61,600	0	0
32	2004 Ford Econoline Van	6/01/04	0	0	0
91	Roof - Robb	2/28/10	9,995	555	0
180	Window Replacement	7/09/13	5,000	333	0
181	Roof	8/13/13	10,200	680	0
183	2006 Scion w/Lifts	9/16/13	11,000	2,200	0
184	House Remodel - Robb	12/05/13	4,957	248	0
186	Fire Control	8/01/13	2,617	374	0
187	Phone System	12/16/14	5,646	1,129	0
188	Computer System	3/17/15	33,910	6,782	0
189	Fire Monitoring System	7/15/14	800	160	0
190	Fire Monitoring System	7/15/14	800	160	0
191	Washing Machine	1/25/15	1,699	340	0
192	Fire Monitoring System	7/15/14	800	160	0
193	Refrigerator	12/01/14	896	179	0
194	Sprinkler System	12/16/14	11,283	1,129	0
195	Fire Monitoring System	7/15/14	800	160	0
196	Sprinkler System	1/28/15	13,445	1,344	0
197	Fire Monitoring System	7/15/14	2,400	480	0
198	Dumpster Building Mitchell	4/05/16	6,245	416	0
199	Bathroom Remodel Lehigh	4/19/16	15,784	1,053	0
200	Concrete Work Chamberlain	11/17/15	1,500	100	0
201	Concrete Work Sander	11/17/15	2,365	158	0
202	Concrete Work Scheler	11/01/15	4,015	268	0
203	Flooring Basement & Stairs Chamberlin	12/22/15	4,216	281	0
204	2016 Ford Transist Van with Lift	3/22/16	60,305	8,615	0
205	2016 Ford Transit Van with Lift	3/22/16	60,305	8,615	0
206	Dodge Grand Caravan	9/01/15	19,469	6,490	0
207	Dodge Grand Caravan	9/01/15	19,574	6,525	0
208	Dodge Grand Caravan	9/09/15	15,179	5,060	0
209	Dodge Grand Caravan	9/09/15	19,219	6,406	0

Future Depreciation Report FYE: 6/30/17
Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
210	Dodge Grand Caravan	10/05/15	17,844	5,948	0
211	Dodge Grand Caravan	10/05/15	17,353	5,785	0
212	2000 Ford Bus	10/05/15	3,000	750	0
213	Computer System - Team Leaders	1/19/16	1,545	515	0
214	Speed Queen Washer	3/03/16	1,699	566	0
	Total Other Depreciation		<u>617,825</u>	<u>73,964</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>617,825</u>	<u>73,964</u>	<u>0</u>
	Grand Totals		<u>1,925,050</u>	<u>117,205</u>	<u>0</u>

Form **990****Two Year Comparison Report****2014 & 2015**

For calendar year 2015, or tax year beginning 07/01/15, ending 06/30/16

Name

Taxpayer Identification Number

CHAMBERLIN HOUSE, INC.

93-0721567

		2014	2015	Differences
Revenue	1. Contributions, gifts, grants	1. 2,100	1,875	-225
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4. 3,010,766	3,250,044	239,278
	5. Investment income	5. 53,566	4,808	-48,758
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.	20,100	20,100
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 13,362	25,342	11,980
	12. Total revenue. Add lines 1 through 11	12. 3,079,794	3,302,169	222,375
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16. 2,386,045	2,417,878	31,833
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 65,682	49,666	-16,016
	19. Occupancy, rent, utilities, and maintenance	19. 104,019	116,785	12,766
	20. Depreciation and Depletion	20. 82,798	122,633	39,835
	21. Other expenses	21. 237,790	234,077	-3,713
	22. Total expenses. Add lines 13 through 21	22. 2,876,334	2,941,039	64,705
23. Excess or (Deficit). Subtract line 22 from line 12	23. 203,460	361,130	157,670	
Other Information	24. Total exempt revenue	24. 3,079,794	3,302,169	222,375
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 3,077,694	3,300,294	222,600
	27. Total assets	27. 3,160,867	3,642,118	481,251
	28. Total liabilities	28.	84,978	84,978
	29. Retained earnings	29. 3,160,867	3,557,140	396,273
	30. Number of voting members of governing body	30. 7	8	
31. Number of independent voting members of governing body	31. 7	8		
32. Number of employees	32. 79	86		
33. Number of volunteers	33.	15		

Form **990****Tax Return History****2015**

Name

CHAMBERLIN HOUSE, INC.

Employer Identification Number

93-0721567

	2011	2012	2013	2014	2015	2016
Contributions, gifts, grants			1,732	2,100	1,875	
Membership dues						
Program service revenue			2,885,968	3,010,766	3,250,044	
Capital gain or loss					20,100	
Investment income			42,279	53,566	4,808	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue			2,946	13,362	25,342	
Total revenue			2,932,925	3,079,794	3,302,169	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.			142,866			
Other compensation			2,425,468	2,386,045	2,417,878	
Professional fees			41,678	65,682	49,666	
Occupancy costs			82,574	104,019	116,785	
Depreciation and depletion			76,404	82,798	122,633	
Other expenses			206,107	237,790	234,077	
Total expenses			2,975,097	2,876,334	2,941,039	
Excess or (Deficit)			-42,172	203,460	361,130	
Total exempt revenue			2,932,925	3,079,794	3,302,169	
Total unrelated revenue						
Total excludable revenue			2,931,193	3,077,694	3,300,294	
Total Assets			2,991,595	3,160,867	3,642,118	
Total Liabilities					84,978	
Net Fund Balances			2,991,595	3,160,867	3,557,140	

Form **990T**

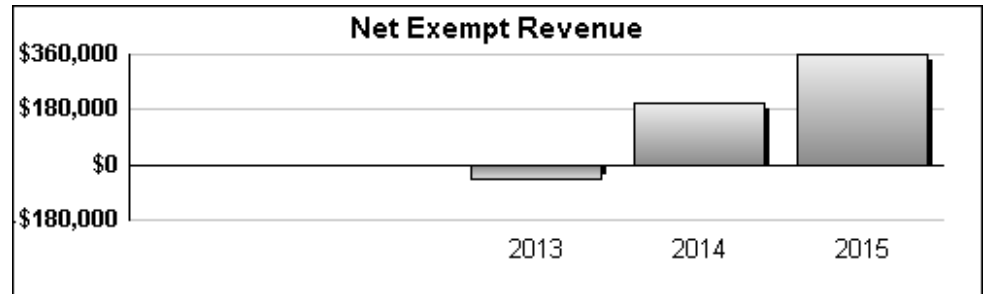
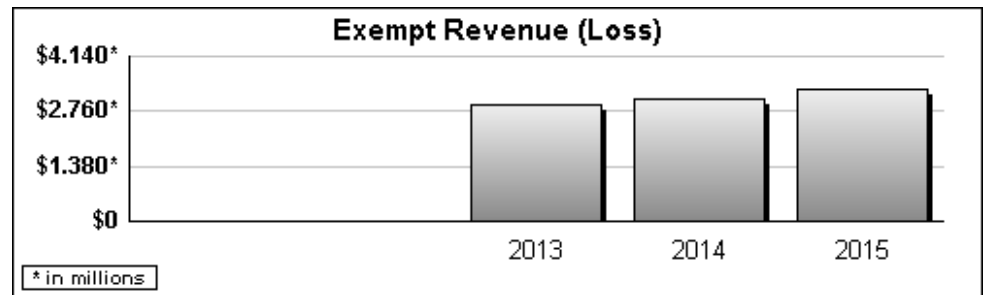
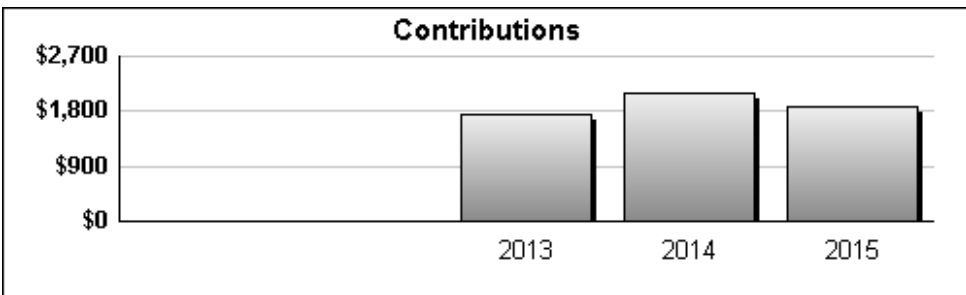
Tax Return History

2015

Name
CHAMBERLIN HOUSE, INC.

Employer Identification Number
93-0721567

	2011	2012	2013	2014	2015	2016
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						



Form **990T**

Tax Return History

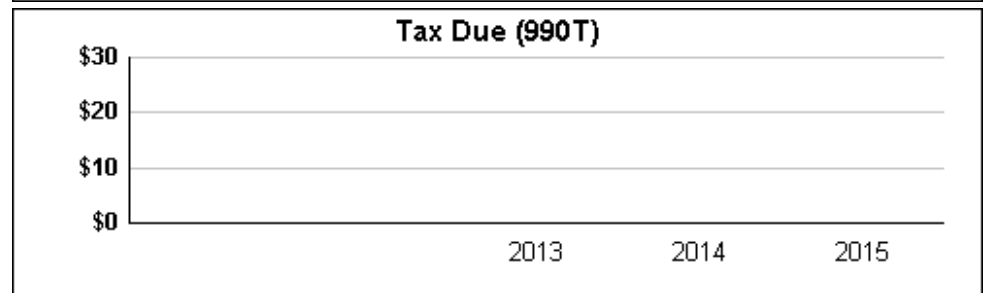
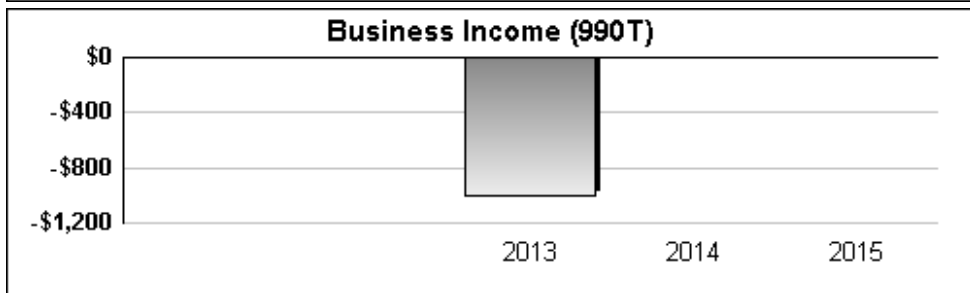
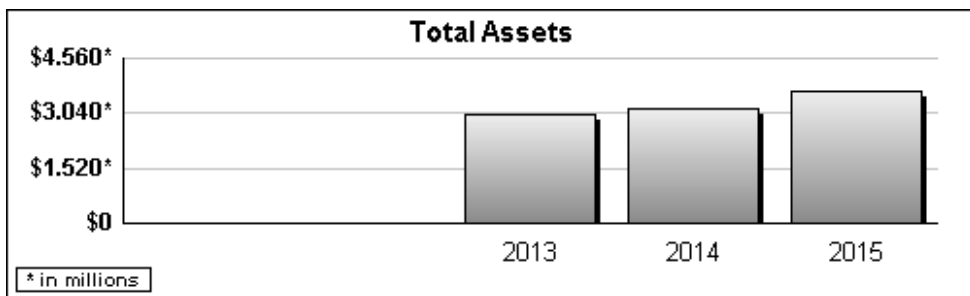
2015

Name
CHAMBERLIN HOUSE, INC.

Employer Identification Number
93-0721567

	2011	2012	2013	2014	2015	2016
Other deductions						
Net operating loss deduction						
Specific deduction			1,000			
Income after expense and deductions			-1,000			
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses



Taxable Interest on Investments

<u>Description</u>		<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INVESTMENT	EARNINGS	\$ 4,808				14	
	TOTAL	\$ 4,808					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROFESSIONAL FEES	\$ 12,934	\$ 2,587	\$ 10,347	\$
TOTAL	\$ 12,934	\$ 2,587	\$ 10,347	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
MISCELLANEOUS	\$ 5,997	\$ 3,006	\$ 2,991	\$
RECRUITING	5,884		5,884	
TRAINING	5,798	3,477	2,321	
SECURITY	2,124	2,124		
BOARD EXPENSES	1,204		1,204	
TOTAL	\$ 21,007	\$ 8,607	\$ 12,400	\$ 0

Federal Statements**Schedule A, Part III, Line 1(e)**

Description	Amount
CONTRIBUTIONS	\$ 1,875
TOTAL	\$ <u>1,875</u>

Schedule A, Part III, Line 2(e)

Description	Amount
GOVERNMENT CONTRACTS	\$ 2,990,554
TENANT ROOM & BOARD	238,548
CLIENT SERVICES	7,729
GRANTS	13,213
MISCELLANEOUS REVENUE	25,342
TOTAL	\$ <u>3,275,386</u>

Schedule A, Part III, Line 10a(e)

Description	Amount
INVESTMENT EARNINGS	\$ 4,808
TOTAL	\$ <u>4,808</u>