

Form **990**

Department of the Treasury
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015
Open to Public Inspection

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

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Name of organization THE DRAKE HOUSE, INC.</p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 10500 CLARA DRIVE</p> <p>City or town, state or province, country, and ZIP or foreign postal code ROSWELL GA 30075</p>	<p>D Employer identification number 20-0943038</p> <p>E Telephone number 770-587-4712</p> <p>G Gross receipts \$ 1,133,552</p>
<p>F Name and address of principal officer: KATHY SWAHN</p>		<p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p>
<p>I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		<p>H(c) Group exemption number ▶</p>
<p>J Website: ▶ WWW.THEDRAKEHOUSE.ORG</p>		<p>L Year of formation: 2004</p>
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		<p>M State of legal domicile: GA</p>

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE EMERGENCY HOUSING, ALONG WITH SUPPORT PROGRAMS, FOR HOMELESS WOMEN WITH CHILDREN IN NORTH FULTON COUNTY, GEORGIA.		
	2	Check this box <input type="checkbox"/> 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)	3	20
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	21
	6	Total number of volunteers (estimate if necessary)	6	1000
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,160,953	928,160
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,000	12,000
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,044	-6,118
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,346,709	1,090,010
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
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)	464,343	475,113
16a		Professional fundraising fees (Part IX, column (A), line 11e)		0
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 70,581		0
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	402,546	400,869
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	866,889	875,982	
	19 Revenue less expenses. Subtract line 18 from line 12	479,820	214,028	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	2,314,030	2,533,958
	22	Net assets or fund balances. Subtract line 21 from line 20	10,776	16,676
			2,303,254	2,517,282

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 KATHY SWAHN	Date	
	Type or print name and title EXECUTIVE DIRECTOR		
Paid Preparer Use Only	Print/Type preparer's name ROGER A. SANTI, CPA	Preparer's signature	Date
	Firm's name ▶ SANTI & ASSOCIATES, PC	Firm's EIN ▶ 58-2019486	Check <input type="checkbox"/> if self-employed PTIN P00121054
	Firm's address ▶ 4010 OLD MILTON PKWY ALPHARETTA, GA 30005-3423	Phone no. 770-623-4440	

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

For Paperwork Reduction Act Notice, see the separate instructions.

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 PROVIDE EMERGENCY HOUSING, ALONG WITH SUPPORT PROGRAMS, FOR HOMELESS WOMEN WITH CHILDREN IN NORTH FULTON COUNTY, GEORGIA.

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 No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(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 \$ 704,707 including grants of \$) (Revenue \$ 1,090,010)

THE DRAKE HOUSE, INC. IS A CRISIS RESIDENTIAL ASSESSMENT CENTER FOR HOMELESS WOMEN AND CHILDREN IN NORTH FULTON COUNTY, GEORGIA. IT PROVIDES IMMEDIATE RESIDENTIAL HOUSING, COMBINED WITH AN EMPOWERMENT PROGRAM DESIGNED TO PROVIDE STABILITY FOR THE CHILDREN AND ASSIST THE FAMILY IN WORKING TOWARD HOUSING SELF-SUFFICIENCY. THE DRAKE HOUSE, INC. ADDRESSES THE LONG-STANDING NEED FOR EMERGENCY HOUSING FOR WOMEN AND CHILDREN IN THE NORTH FULTON COMMUNITY. IT OFFERS RESIDENTIAL HOUSING AND IN-DEPTH ASSESSMENTS TO APPROXIMATELY FORTY TO FIFTY FAMILIES A YEAR. EACH FAMILY STAYS APPROXIMATELY NINETY

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 ▶ 704,707