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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2012

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization COOP
LABELLE TOWERS, INC.
 Doing Business As
1306
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
8425 E. TWELVE MILE ROAD
 City, town, or post office, state, and ZIP code
WARREN, MI 48093

D Employer identification number
38-1997058

E Telephone number
(586)753-9002

F Name and address of principal officer **CINDY LAMB**
SAME AS C ABOVE

G Gross receipts \$ **1,725,063.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **N/A**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1970** **M State of legal domicile:** **MI**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROVIDE HOUSING FACILITIES FOR LOW INCOME SENIOR CITIZENS.		
	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	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	45
	7a Total unrelated business income (Part XIII, column (C), line 1)	7a	0.
7b Net unrelated business tax liability (Part XIII, column (D), line 1)	7b	0.	
Revenue	8 Contributions and grants (Part VII, line 1)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,372,820.	1,167,288.
	10 Investment income (Part VIII, lines 3, 4, and 7d)	525,545.	551,297.
	11 Other revenue (Part VIII, columns (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	752.	734.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,904,944.	1,725,063.
	Expenses	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.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,488,159.	1,570,483.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,488,159.	1,570,483.	
19 Revenue less expenses Subtract line 18 from line 12	416,785.	154,580.	
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)	3,338,306.	3,198,050.
	22 Net assets or fund balances Subtract line 21 from line 20	1,639,387.	1,344,551.
		1,698,919.	1,853,499.

Part II Signature Block

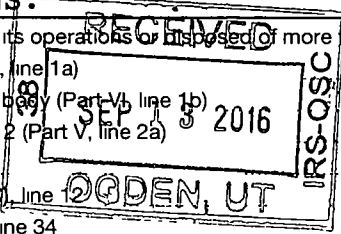
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: Cindy Lamb Date: 9-8-16
CINDY LAMB, ASSISTANT TREASURER
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **STEVEN C. LEVY** Preparer's signature: Stm Date: 9/2/2016 Check if self-employed: PTIN: **P00229331**
 Firm's name: **DAUBY O'CONNOR & ZALESKI, LLC** Firm's EIN: **35-1750664**
 Firm's address: **501 CONGRESSIONAL BLVD, STE 300 CARMEL, IN 46032** Phone no.: **(317)848-5700**

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

SEP 15 2016 STATUTE CLEARED 0436 5 4 5124
 SCANNED OCT 1-2 2016



435 UNO

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

Input box for Schedule O check

1 Briefly describe the organization's mission
TO PROVIDE HOUSING FACILITIES FOR LOW INCOME SENIOR CITIZENS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
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?
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 \$ 1,348,975. including grants of \$) (Revenue \$ 551,297.)
LABELLE TOWERS, INC. IS A MICHIGAN NON-PROFIT HOUSING CORPORATION ORGANIZED ON A NON-STOCK BASIS BY COOPERATIVE SERVICES, INC., A MICHIGAN NON-PROFIT COOPERATIVE. THE CORPORATION WAS FORMED TO ACQUIRE AN INTEREST IN REAL PROPERTY LOCATED IN HIGHLAND PARK, MICHIGAN AND TO CONSTRUCT AND OPERATE THEREON AN APARTMENT PROJECT OF 214 UNITS. HOUSING IS PROVIDED TO LOW INCOME SENIORS IN COOPERATION WITH THE US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.

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 1,348,975.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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 to any question in this Part VI

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 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. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **CINDY LAMB - (586)753-9002**
8425 E. TWELVE MILE ROAD, WARREN, MI 48093

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RAY LANTIS PRESIDENT	0.10 3.90	X		X				0.	0.	0.
(2) JAMES EDWARDS VICE PRESIDENT	0.10 3.90	X		X				0.	0.	0.
(3) THOMAS COOPER TREASURER	0.10 3.90	X		X				0.	0.	0.
(4) BARBARA SHUMAKE SECRETARY	0.10 3.90	X		X				0.	0.	0.
(5) CINDY LAMB ASSISTANT TREASURER	0.10 39.90	X		X				0.	118,927.	25,721.
(6) NANCY EVANS ASSISTANT SECRETARY	0.10 39.90	X		X				0.	198,391.	58,348.
(7) CHARLOTTE LANN DIRECTOR	0.10 3.90	X						0.	0.	0.
(8) EVELYN CHRISTINE GROSS DIRECTOR	0.10 3.90	X						0.	0.	0.
(9) DOROTHY DUIGUID DIRECTOR	0.10 3.90	X						0.	0.	0.
(10) ANNIE MITCHELL DIRECTOR	0.10 3.90	X						0.	0.	0.
(11) KATHLEEN LARSON DIRECTOR	0.10 3.90	X						0.	0.	0.
(12) BILLIE J. WALKER DIRECTOR	0.10 3.90	X						0.	0.	0.
(13) KIM YAMASAKI DEV. DIRECTOR	0.10 39.90				X			0.	145,422.	36,974.
(14) CHERYL ROSS REGIONAL MANAGER	0.10 39.90				X			0.	122,783.	40,659.
(15) BOB KERNS REGIONAL MANAGER	0.10 39.90				X			0.	120,228.	56,776.
(16) MARGUERITE D ANGELO REGIONAL MANAGER	0.10 39.90				X			0.	112,872.	23,236.
(17) MEL HUDSON REGIONAL MANAGER	0.10 39.90				X			0.	120,106.	14,689.

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question 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, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)	1,167,288.				
	f	All other contributions, gifts, grants, and similar amounts not included above					
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		1,167,288.			
Program Service Revenue	2 a	RENTAL INCOME	Business Code 531110	551,297.	551,297.		
	b						
	c						
	d						
	e						
	f	All other program service revenue	531110				
	g	Total. Add lines 2a-2f		551,297.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		734.		734.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real (ii) Personal				
		Less rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		Less cost or other basis and sales expenses					
		Gain or (loss)					
		Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		Less direct expenses	b				
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
Less direct expenses		b					
Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a					
	Less cost of goods sold	b					
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a	LAUNDRY AND VENDING	531110	5,744.			5,744.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		5,744.				
12	Total revenue. See instructions.		1,725,063.	551,297.	0.	6,478.	

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 to any question 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 governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. 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				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management	129,782.		129,782.	
b Legal	20,167.		20,167.	
c Accounting	9,000.		9,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	30,815.		30,815.	
13 Office expenses	31,744.		31,744.	
14 Information technology				
15 Royalties				
16 Occupancy	771,529.	771,529.		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	87,890.	87,890.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	137,157.	137,157.		
23 Insurance	37,477.	37,477.		
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 MGMT CO EMPLOYEE CHARGE	176,307.	176,307.		
b SERVICE EXPENSE	138,615.	138,615.		
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	1,570,483.	1,348,975.	221,508.	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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	40,667.	1	123,577.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	37,822.	4	47,809.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,712.	9	4,758.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 6,278,630.		
	b Less accumulated depreciation	10b 4,002,582.	2,413,205.	10c 2,276,048.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	565,302.	13	613,528.
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	278,598.	15	132,330.
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,338,306.	16	3,198,050.	
Liabilities	17 Accounts payable and accrued expenses	146,367.	17	100,365.
	18 Grants payable		18	
	19 Deferred revenue	3,867.	19	17,927.
	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	1,489,153.	23	1,225,959.
	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	0.	25	300.
	26 Total liabilities. Add lines 17 through 25	1,639,387.	26	1,344,551.
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	1,698,919.	27	1,853,499.
	28 Temporarily restricted net assets		28	
	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	1,698,919.	33	1,853,499.	
34 Total liabilities and net assets/fund balances	3,338,306.	34	3,198,050.	

Form 990 (2012)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,725,063.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,570,483.
3	Revenue less expenses Subtract line 2 from line 1	3	154,580.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,698,919.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,853,499.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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 checked="" 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	X	

Form 990 (2012)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 IV.)						
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 2012 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2011 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b 10% -facts-and-circumstances test - 2011. 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 IV 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) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1005739.	923,186.	921,312.	1333869.	1028768.	5212874.
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	569,777.	599,113.	525,159.	525,545.	551,297.	2770891.
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	1575516.	1522299.	1446471.	1859414.	1580065.	7983765.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						7983765.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	1575516.	1522299.	1446471.	1859414.	1580065.	7983765.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,420.	1,241.	909.	752.	734.	7,056.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,420.	1,241.	909.	752.	734.	7,056.
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 IV)	7,594.	6,037.	5,713.	5,827.	5,744.	30,915.
13 Total support. (Add lines 9, 10c, 11, and 12.)	1586530.	1529577.	1453093.	1865993.	1586543.	8021736.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	99.53 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	99.47 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	.09 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	.17 %

19a 33 1/3% support tests - 2012. 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 - 2011. 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any additional information (See instructions)

SCHEDULE A, PART III, LINE 12:

MISCELLANEOUS INCOME CONSISTS OF LAUNDRY AND VENDING CHARGES PROVIDED FOR THE CONVENIENCE OF THE TENANTS.

Multiple horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

OMB No 1545-0047

2012 Open to Public Inspection

Name of the organization LABELLE TOWERS, INC. Employer identification number 38-1997058

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to 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 contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

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...
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...
3 Number of conservation easements modified, transferred, released, extinguished, or terminated...
4 Number of states where property subject to conservation easement is located...
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations...
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year...
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year...
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
(i) Revenues included in 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 Revenues included in 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" to 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? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Temporarily restricted endowment ▶ _____ %

The percentages in 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" to 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. 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		120,463.		120,463.
b Buildings		6,158,167.	4,002,582.	2,155,585.
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				2,276,048.

Part VII Investments - Other Securities. 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)		
(I)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) ESCROW DEPOSITS	45,892.	COST
(2) RESERVE FOR REPLACEMENTS	553,342.	COST
(3) RESIDUAL RECEIPTS RESERVE	14,294.	COST
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	613,528.	

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total (Column (b) must equal Form 990, Part X, col. (B) line 15)	

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) TENANT SECURITY DEPOSITS	300.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total (Column (b) must equal Form 990, Part X, col. (B) line 25)	300.

2. FIN 48 (ASC 740) Footnote. 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

1	Total revenue, gains, and other support per audited financial statements		1	1,725,063.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,725,063.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,725,063.

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

1	Total expenses and losses per audited financial statements		1	1,570,483.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,570,483.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,570,483.

Part XIII Supplemental Information

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

PART X, LINE 2: THE CORPORATION FOLLOWS THE STANDARD RELATING TO THE

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE TAX EFFECTS FROM AN

UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS, ONLY

IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED ON AUDIT, BASED ON

THE TECHNICAL MERITS OF THE POSITION. THE CORPORATION RECOGNIZES THE

FINANCIAL STATEMENT BENEFIT OF A TAX POSITION ONLY AFTER DETERMINING THAT

THE RELEVANT TAX AUTHORITY WOULD BE MORE LIKELY THAN NOT TO SUSTAIN THE

POSITION FOLLOWING AN AUDIT. FOR TAX POSITIONS MEETING THE MORE LIKELY

Part XIII Supplemental Information (continued)

THAN NOT THRESHOLD, THE AMOUNT RECOGNIZED IN THE FINANCIAL STATEMENTS IS THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED, UPON ULTIMATE SETTLEMENT WITH THE RELEVANT TAX AUTHORITY. THE CORPORATION HAS APPLIED THE ACCOUNTING STANDARD TO ALL TAX POSITIONS FOR WHICH THE STATUTE OF LIMITATIONS REMAINED OPEN.

BASED ON ITS EVALUATION, THE CORPORATION HAS CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN ITS FINANCIAL STATEMENTS. THE CORPORATION IS NO LONGER SUBJECT TO U.S. FEDERAL INCOME TAX EXAMINATIONS BY THE INTERNAL REVENUE SERVICE FOR THE YEARS BEFORE 2010.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
 ▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization: **LABELLE TOWERS, INC.**
 Employer identification number: **38-1997058**

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items: <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III: <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4a 4b 4c	 X X X
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" to line 5a or 5b, describe in Part III	5a 5b	 X X
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" to line 6a or 6b, describe in Part III	6a 6b	 X X
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2012

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

LABELLE TOWERS, INC.

Employer identification number

38-1997058

FORM 990, PART VI, SECTION A, LINE 3: THE APARTMENT PROJECT IS MANAGED BY
A RELATED ENTITY, CSI SUPPORT & DEVELOPMENT SERVICES.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PRESENTED AT A
BOARD OF DIRECTORS MEETING BEFORE IT IS SIGNED AND SUBMITTED.

FORM 990, PART VI, SECTION B, LINE 12C: AN ANNUAL CONFLICT OF INTEREST
STATEMENT IS FILLED OUT BY EMPLOYEES AND SUBMITTED. A CONTROL IS MAINTAINED
AS TO THE RECEIPT OF THIS ANNUAL FORM.

FORM 990, PART VI, SECTION C, LINE 19: THE DOCUMENTS ARE AVAILABLE TO THE
PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C:

THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT
OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

Name of the organization: **LABELLE TOWERS, INC.** Employer identification number: **38-1997058**

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CSI OFFICE BUILDING - 20-1027346 8425 E. TWELVE MILE ROAD WARREN, MI 48093	OFFICE BUILDING - RENTAL	MICHIGAN			N/A

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CSI HOUSING ASSISTANCE FUND - 38-3368117 8425 E. TWELVE MILE ROAD WARREN, MI 48093	HOUSING	MICHIGAN	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X
CSI SUPPORT & DEVELOPMENT SERVICES - 20-1935580, 8425 E. TWELVE MILE ROAD, WARREN, MI 48093	HOUSING	MICHIGAN	501(C)(3)	9	N/A		X
ACCESS IRVINE, INC. - 94-3092974 8425 E. TWELVE MILE ROAD WARREN, MI 48093	HOUSING	CALIFORNIA	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X
ARLINGTON NON-PROFIT HOUSING CORP - 30-0043311, 8425 E. TWELVE MILE ROAD, WARREN, MI 48093	HOUSING	MARYLAND	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X

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

Schedule R (Form 990) 2012

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
BEAUMONT SENIOR HOUSING, INC. - 38-3264727 8425 E. TWELVE MILE ROAD WARREN, MI 48093	HOUSING	CALIFORNIA	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X
BELLEVILLE NON-PROFIT HOUSING CORP - 30-0025778, 8425 E. TWELVE MILE ROAD, WARREN, MI 48093	HOUSING	MICHIGAN	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X
BOWLEY S LANE SENIOR HOUSING, INC. - 38-3210052, 8425 E. TWELVE MILE ROAD, WARREN, MI 48093	HOUSING	MICHIGAN	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X
CARLETON NON-PROFIT HOUSING CORP - 38-2906105, 8425 E. TWELVE MILE ROAD, WARREN, MI 48093	HOUSING	MICHIGAN	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X
CATHEDRAL CITY SENIOR HOUSING, INC. - 94-3257985, 8425 E. TWELVE MILE ROAD, WARREN, MI 48093	HOUSING	CALIFORNIA	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X
CITY SQUARE ELDERLY HOUSING, INC. - 04-2794776, 8425 E. TWELVE MILE ROAD, WARREN, MI 48093	HOUSING	MASSACHUSETTS	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X
COLLINS NON-PROFIT APARTMENTS, INC. - 22-2585796, 8425 E. TWELVE MILE ROAD, WARREN, MI 48093	HOUSING	MASSACHUSETTS	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X
COLONY LANE NON-PROFIT HOUSING CORP - 32-0364875, 8425 E. TWELVE MILE ROAD, WARREN, MI 48093	HOUSING	MICHIGAN	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X
COOPERATIVE SERVICES, INC. - 38-1242615 8425 E. TWELVE MILE ROAD WARREN, MI 48093	HOUSING	MICHIGAN	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X
D STREET SENIOR HOUSING, INC. - 41-2205343 8425 E. TWELVE MILE ROAD WARREN, MI 48093	HOUSING	CALIFORNIA	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X
CSI DERBY STREET NON-PROFIT - 94-2892231 8425 E. TWELVE MILE ROAD WARREN, MI 48093	HOUSING	CALIFORNIA	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X
ECORSE NON-PROFIT HOUSING CORP - 38-2940362 8425 E. TWELVE MILE ROAD WARREN, MI 48093	HOUSING	MICHIGAN	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
EVERETT NON-PROFIT HOUSING, INC. - 06-1468864, 8425 E. TWELVE MILE ROAD, WARREN, MI 48093	HOUSING	MASSACHUSETTS	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X
FLAT ROCK NON-PROFIT HOUSING CORP - 38-2806229, 8425 E. TWELVE MILE ROAD, WARREN, MI 48093	HOUSING	MICHIGAN	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X
GARDENA MARINE AVE SENIOR HOUSING INC. - 38-3264730, 8425 E. TWELVE MILE ROAD, WARREN, MI 48093	HOUSING	CALIFORNIA	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X
GARDENA SENIOR HOUSING, INC. - 95-4109165 8425 E. TWELVE MILE ROAD WARREN, MI 48093	HOUSING	CALIFORNIA	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X
GARDENA SOUTH PARK SENIOR PROJECT, INC. - 95-3749296, 8425 E. TWELVE MILE ROAD, WARREN, MI 48093	HOUSING	CALIFORNIA	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X
GRATIOT WOODS NON-PROFIT HOUSING CORP - 20-0967820, 8425 E. TWELVE MILE ROAD, WARREN, MI 48093	HOUSING	MICHIGAN	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X
HAZEL PARK NON-PROFIT HOUSING CORP - 38-2742861, 8425 E. TWELVE MILE ROAD, WARREN, MI 48093	HOUSING	MICHIGAN	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X
HIGHLANDTOWN COOPERATIVE SENIOR HOUSING, INC. - 52-1875874, 8425 E. TWELVE MILE ROAD, WARREN, MI 48093	HOUSING	MICHIGAN	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X
JAMAICA PLAIN NON-PROFIT HOUSING - 04-3502138, 8425 E. TWELVE MILE ROAD, WARREN, MI 48093	HOUSING	MASSACHUSETTS	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X
CSI KALAMAZOO NON-PROFIT HOUSING, INC. - 38-2460526, 8425 E. TWELVE MILE ROAD, WARREN, MI 48093	HOUSING	MICHIGAN	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X
LAWDALE SENIOR HOUSING, INC. - 94-3039978 8425 E. TWELVE MILE ROAD WARREN, MI 48093	HOUSING	CALIFORNIA	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X
LEXINGTON TERRACE ELDERLY HOUSING, INC. - 52-2043162, 8425 E. TWELVE MILE ROAD, WARREN, MI 48093	HOUSING	MICHIGAN	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
MAYWOOD MANOR SENIOR HOUSING, INC. - 95-4087588, 8425 E. TWELVE MILE ROAD, WARREN, MI 48093	HOUSING	CALIFORNIA	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X
MEYERS NON-PROFIT HOUSING CORP - 38-3260804 8425 E. TWELVE MILE ROAD WARREN, MI 48093	HOUSING	MICHIGAN	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X
MORENO VALLEY SENIOR HOUSING, INC. - 94-3321874, 8425 E. TWELVE MILE ROAD, WARREN, MI 48093	HOUSING	CALIFORNIA	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X
NEW HORIZONS NON-PROFIT HOUSING CORP - 38-2476812, 8425 E. TWELVE MILE ROAD, WARREN, MI 48093	HOUSING	MICHIGAN	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X
NORTH HOLLYWOOD SENIOR CITIZENS, INC. - 95-3776059, 8425 E. TWELVE MILE ROAD, WARREN, MI 48093	HOUSING	CALIFORNIA	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X
OAK NON-PROFIT APARTMENTS, INC. - 38-2420745 8425 E. TWELVE MILE ROAD WARREN, MI 48093	HOUSING	MICHIGAN	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X
ONTARIO SENIOR HOUSING, INC. - 30-0031978 8425 E. TWELVE MILE ROAD WARREN, MI 48093	HOUSING	CALIFORNIA	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X
PALM SPRINGS SENIOR HOUSING, INC. - 94-3196574, 8425 E. TWELVE MILE ROAD, WARREN, MI 48093	HOUSING	CALIFORNIA	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X
RANDALLSTOWN NON-PROFIT HOUSING CORP - 52-2148647, 8425 E. TWELVE MILE ROAD, WARREN, MI 48093	HOUSING	MARYLAND	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X
RANDALLSTOWN II NON-PROFIT HOUSING CORP - 32-0132713, 8425 E. TWELVE MILE ROAD, WARREN, MI 48093	HOUSING	MARYLAND	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X
RANDALLSTOWN III NON-PROFIT HOUSING CORP - 26-4331988, 8425 E. TWELVE MILE ROAD, WARREN, MI 48093	HOUSING	MARYLAND	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X
REVERE ELDERLY HOUSING, INC. - 04-2763101 8425 E. TWELVE MILE ROAD WARREN, MI 48093	HOUSING	MASSACHUSETTS	501(C)(3)	9	CSI SUPPORT & DEVELOPMENT SERVICES		X

LABELLE TOWERS, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
GOLDEN RING, LIMITED												
PARTNERSHIP - 38-3068179,												
8425 E. TWELVE MILE ROAD, WARREN, MI 48093	HOUSING	MD	COOPERATIVE SERVICES, INC.				X		N/A		X	
BOWLEY'S LANE LIMITED												
PARTNERSHIP - 38-3210051,												
8425 E. TWELVE MILE ROAD, WARREN, MI 48093	HOUSING	MD	CSI SUPPORT & DEVELOPMENT				X		N/A		X	
HIGHLANDTOWN COOPERATIVE												
LIMITED PARTNERSHIP -												
52-1875525, 8425 E. TWELVE MILE ROAD, WARREN, MI 48093	HOUSING	MD	CSI SUPPORT & DEVELOPMENT				X		N/A		X	
LEXINGTON TERRACE SENIOR												
HOUSING LIMITED PARTNERSHIP -												
52-2043924, 8425 E. TWELVE MILE ROAD, WARREN, MI 48093	HOUSING	MD	COOPERATIVE SERVICES, INC.				X		N/A		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
UCC COOPERATIVE SENIOR HOUSING CORP -									
31-1354974, 8425 E. TWELVE MILE ROAD, WARREN, MI 48093	HOUSING	MI	COOPERATIVE SERVICES, INC.	C CORP					X

LABELLE TOWERS, INC.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36)

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

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

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1) CSI SUPPORT & DEVELOPMENT SERVICES	M	129,782	CASH PAID FOR SERVICES	X	X
(2)					
(3)					
(4)					
(5)					
(6)					

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Multiple horizontal lines for supplemental information.