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Short Form Return of Organization Exempt From Income Tax

2013

Open to Public Inspection

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-EZ and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

A	For the 2013 calendar year, or tax year beginning <u>1/1/2013</u> , and ending <u>12/31/2013</u>	
B	<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>Weippe Development Corporation</u> Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>PO Box 146</u> City or town State ZIP code <u>Weippe</u> ID <u>83553</u> Foreign country name Foreign province/state/county Foreign postal code
		D Employer identification number <u>23-7168009</u> E Telephone number <u>(208) 435-4216</u> F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ N/A

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (2) ◀ (insert no.) 4947(a)(1) or 527

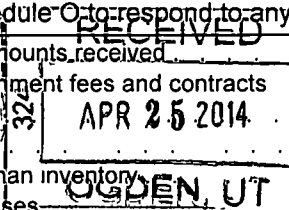
K Form of organization Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 88,565

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

	Description	Amount	Code
Revenue	1 Contributions, gifts, grants, and similar amounts received		1
	2 Program service revenue including government fees and contracts	87,882	2
	3 Membership dues and assessments		3
	4 Investment income	3	4
	5a Gross amount from sale of assets other than inventory		5a
	5b Less cost or other basis and sales expenses		5b
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	0	5c
	6 Gaming and fundraising events		
	6a Gross income from gaming (attach Schedule G if greater than \$15,000)		6a
	6b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		6b
6c Less direct expenses from gaming and fundraising events		6c	
6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	0	6d	
7a Gross sales of inventory, less returns and allowances		7a	
7b Less cost of goods sold		7b	
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	0	7c	
8 Other revenue (describe in Schedule O)	680	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	88,565	9	
Expenses	10 Grants and similar amounts paid (list in Schedule O)		10
	11 Benefits paid to or for members		11
	12 Salaries, other compensation, and employee benefits	12,090	12
	13 Professional fees and other payments to independent contractors	8,180	13
	14 Occupancy, rent, utilities, and maintenance	46,099	14
	15 Printing, publications, postage, and shipping		15
	16 Other expenses (describe in Schedule O)	2,233	16
	17 Total expenses. Add lines 10 through 16	68,602	17
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19,963	18
	Net Assets	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	63,986
20 Other changes in net assets or fund balances (explain in Schedule O)			20
21 Net assets or fund balances at end of year. Combine lines 18 through 20		83,949	21

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Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	51,601	66,879
23 Land and buildings	178,630	172,169
24 Other assets (describe in Schedule O)	4,456	4,977
25 Total assets	234,687	244,025
26 Total liabilities (describe in Schedule O)	170,701	160,076
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	63,986	83,949

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? Provide low-moderate income housing

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 Provide housing units for low to moderate income families. There are 8 elderly units and 16 family units		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	68,602
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) D		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	68,602

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Dale Stuart President	Hr/WK 50	0		
Vicki Smith Vice president	Hr/WK .50	0		
Elwin Hutchins Treasurer	Hr/WK 50	0		
Norman Steadman Secretary	Hr/WK 50	0		
Jeri Sinclair Director	Hr/WK .50	0		
Carla Hartig Director	Hr/WK 50	0		
Bill Barteaux Director	Hr/WK .50	0		
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.		
35 c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text"/> 37a		
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. <input type="text"/> 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. <input type="text"/> 39a		
b	Gross receipts, included on line 9, for public use of club facilities. <input type="text"/> 39b		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text"/> ; section 4912 <input type="text"/> , section 4955 <input type="text"/>		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		
40 b			
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text"/>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		
40 e			
41	List the states with which a copy of this return is filed <input type="text"/> NONE		
42 a	The organization's books are in care of <input type="text"/> Onalee Hill Telephone no <input type="text"/> (208) 435-4216 Located at <input type="text"/> 623 Main St N City Weippe ST ID ZIP + 4 <input type="text"/> 83553		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42 b			X
c	At any time during the calendar year, did the organization maintain an office outside the U.S? If "Yes," enter the name of the foreign country <input type="text"/>		X
42 c			X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text"/> 43		
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
44 a			X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44 b			X
c	Did the organization receive any payments for indoor tanning services during the year?		X
44 c			X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		
44 d			
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45 a			X
45 b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).		X
45 b			X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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.

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49 a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

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: [Handwritten Signature] Date: 4/23/2014

Paid Preparer Use Only Print/Type preparer's name: Jo C Bolen Preparer's signature: [Handwritten Signature] Date: 4/16/2014

May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

2013

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

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Internal Revenue Service

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

Name of the organization

Employer identification number

Weippe Development Corporation

23-7168009

Part I, Line 8, Other revenue--Laundry and vending 118, miscellaneous 562

Part I, Line 16, Other expenses--Supplies 1715, miscellaneous 518

Part II, Line 24, Other assets--Accounts receivable 254, prepaid expenses 3782, organizational costs 504