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

OMB No 1545-1150

2013

Open to Public  
Inspection

- 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](http://www.irs.gov/form990).

<b>A</b> For the 2013 calendar year, or tax year beginning _____, 2013, and ending _____		<b>B</b> Check if applicable	
		Address change	<b>C</b> Name of organization
		Name change	Timberlane Estates Improvement Association
		Initial return	Number and street (or P O box, if mail is not delivered to street address)
		Terminated	P. O. Box 1894
		Amended return	City or town, state or province, country, and ZIP or foreign postal code
		Application pending	Gretna LA 70054
<b>D</b> Employer identification number		72-0562045	
<b>E</b> Telephone number		(504) 650-1450	
<b>F</b> Group Exemption Number . . . . .		►	
<b>G</b> Accounting Method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ► _____		<b>H</b> Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
<b>I</b> Website: ► <a href="http://www.timberlaneestates.net">www.timberlaneestates.net</a>			
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			
<b>L</b> 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. ► \$ 73,418.			
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I)			
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>			
REVENUE	1 Contributions, gifts, grants, and similar amounts received.	1	
	2 Program service revenue including government fees and contracts	2	43,605.
	3 Membership dues and assessments	3	29,380.
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less. cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events	6d	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less. direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less. cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8	433.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	73,418.	
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	
	13 Professional fees and other payments to independent contractors	13	15,195.
	14 Occupancy, rent, utilities, and maintenance	14	30,231.
	15 Printing, publications, postage, and shipping	15	1,615.
	16 Other expenses (describe in Schedule O)	16	44,255.
	17 Total expenses. Add lines 10 through 16	17	91,296.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-17,878.
	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)	19	112,413.
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	21	94,535.	

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

**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	84,417.	22 67,514.
23 Land and buildings	0.	23 0.
24 Other assets (describe in Schedule O)	See L-24 Stmt.	59,149. 24 56,210.
25 Total assets	143,566.	25 123,724.
26 Total liabilities (describe in Schedule O)	See L-26 Stmt.	31,153. 26 29,189.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	112,413.	27 94,535.

**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 What is the organization's primary exempt purpose? neighborhood civic association

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.

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

28 Security - provide limited access security gates for neighborhood; access cards issued to residents upon payment of a refundable security deposit (Grants \$ 0.) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a	22,965.
29 Grounds maintenance - cut grass on vacant lots and common areas within subdivision using independent contractors, beautify the neighborhood (Grants \$ 0.) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a	20,703.
30 ----- ----- (Grants \$ -----) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$ -----) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	► <input type="checkbox"/>	32	43,668.

**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
Roy J. D. Gattuso President	5.00	0.	0.	0.
Mark Black Vice-President	5.00	0.	0.	0.
Connie Babin Secretary	5.00	0.	0.	0.
Roy Juncker, Jr. Treasurer	5.00	0.	0.	0.
Joan Alimia Director	2.00	0.	0.	0.
William Bravender Director	2.00	0.	0.	0.
Randy Carr Director	2.00	0.	0.	0.
Jon Gegenheimer Director	2.00	0.	0.	0.
Robert Grant Director	2.00	0.	0.	0.
Deen Hart Director	2.00	0.	0.	0.
Larry Kirchner Director	2.00	0.	0.	0.
W. J. LeBlanc Director	2.00	0.	0.	0.
Fae Remedios Director	2.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

**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 . . . . .	33	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) . . . . .	34	X
35a 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)? . . . . .	35a	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 . . . . .	35b	
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 . . . . .	35c	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 . . . . .	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b> 0 . . . . .	37b	
b Did the organization file Form 1120-POL for this year? . . . . .	38a	X
38a 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? . . . . .	38b	
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved . . . . .	39a	
39 Section 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 9 . . . . .	39b	
b Gross receipts, included on line 9, for public use of club facilities . . . . .		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____, section 4912 ► _____, section 4955 ► _____		
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 . . . . .	40b	X
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. . . . . ► _____		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ► _____		
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 . . . . .	40e	X
41 List the states with which a copy of this return is filed ► _____		

	Yes	No
42a The organization's books are in care of ► <u>Polly M. Neel</u> Telephone no ► <u>(504) 650-1450</u> Located at ► <u>734 Bellmeade Drive</u> <u>Gretna</u> <u>LA</u> ZIP + 4 ► <u>70056-7632</u>	42b	X
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 ► _____	42c	X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

	Yes	No
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 . . . . . ► <b>43</b> _____	44a	X
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ . . . . .	44b	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 . . . . .	44c	X
c Did the organization receive any payments for indoor tanning services during the year? . . . . .	44d	
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 . . . . .	45a	X
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? . . . . . 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) . . . . .	45b	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 . . . . .

	Yes	No
46		X

**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 . . . . .

	Yes	No
47		
48		
49 a		
49 b		

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

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

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

b If Yes, was the related organization a section 527 organization  
c Complete this table for the organization's five highest compensated

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.'

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'.

(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.

Signature of officer Roy J.D. Gattuso		Date 5/7/2014			
Sign Here	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name David R. Grego	Preparer's signature 	Date 04/22/2014	<input checked="" type="checkbox"/> if self-employed	PTIN P01211822
	Firm's name ► DAVID R. GREGO	Firm's EIN ►			
	Firm's address ► PO BOX 53225 NEW ORLEANS	T.A. 70153-3225		Phone no	(504) 554-1971

Form 4562

Depreciation and Amortization  
(Including Information on Listed Property)

OMB No 1545-0172

2013

Department of the Treasury  
Internal Revenue Service (99)

► See separate instructions. ► Attach to your tax return.

Attachment  
Sequence No 179

Name(s) shown on return

Timberlane Estates Improvement Association

Identifying number  
72-0562045

Business or activity to which this form relates

Form 990 / Form 990EZ

## Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions) . . . . .	1	
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions . . . . .	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	7 Listed property. Enter the amount from line 29 . . . . .	7	
8	8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	
9	9 Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .	9	
10	10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 . . . . .	10	
11	11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) . . . . .	11	
12	12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11. . . . .	12	
13	13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12. . . . . ► 13		

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

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

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

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

## Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2013. . . . .	17	14,192.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . ► <input type="checkbox"/>		

## Section B – Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property . . . . .						
b 5-year property . . . . .						
c 7-year property . . . . .		14,072.	7.0 yrs	HY	200 DB	2,011.
d 10-year property . . . . .						
e 15-year property . . . . .						
f 20-year property . . . . .						
g 25-year property . . . . .			25 yrs		S/L	
h Residential rental property . . . . .			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property . . . . .			39 yrs	MM	S/L	
				MM	S/L	

## Section C – Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

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

## Part IV Summary (See instructions.)

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

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDI20812 06/10/13

Form 4562 (2013)

**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles )**

**24 a** Do you have evidence to support the business/investment use claimed? . . . . .  Yes  No **24b** If 'Yes,' is the evidence written? . . . . .  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . . **25**

<b>26</b> Property used more than 50% in a qualified business use:								

**27** Property used 50% or less in a qualified business use:

<b>28</b> Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 . . . . . <b>28</b>								
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . . <b>29</b>								

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

<b>30</b> Total business/investment miles driven during the year (do not include commuting miles). . . . .	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										
<b>31</b> Total commuting miles driven during the year . . . . .												
<b>32</b> Total other personal (noncommuting) miles driven . . . . .												
<b>33</b> Total miles driven during the year Add lines 30 through 32 . . . . .												
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .												
<b>36</b> Is another vehicle available for personal use? . . . . .												

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .			Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners. . . . .				
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .				
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .				
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . . . .				

*Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles*

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	------------------------------------	------------------------------	------------------------	--	--------------------------------------

**42** Amortization of costs that begins during your 2013 tax year (see instructions):

<b>43</b> Amortization of costs that began before your 2013 tax year. . . . .	<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report . . . . .	<b>44</b>

**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.
- Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

Timberlane Estates Improvement Association

Employer identification number

72-0562045

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 8 Other Revenue**

## Other revenue (describe in Schedule O)

Miscellaneous income	433.
Total	<u>433.</u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 16 Other Expenses**

## Other expenses (describe in Schedule O)

Storage	588.
Office supplies	784.
Licenses & permits	605.
Insurance	6,732.
Landscape maintenance	18,139.
Security access cards	-2,094.
Bad debt	2,580.
Donations	719.
Rounding	-1.
Depreciation	16,203.
Total	<u>44,255.</u>

## Form 990-EZ, Page 2, Part IV

**List of Officers, Directors, Trustees, & Key Employees Stmt**

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Form 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 compen- sation
Business... <input type="checkbox"/> Person... <input type="checkbox"/>				
Thomas Smith Title . Director	2.00	0.	0.	0.
Business... <input type="checkbox"/> Person... <input type="checkbox"/>				
Diane Strauss Title . Director	2.00	0.	0.	0.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Page 1, Part II, Line 24**

Line 24 - Other Assets:	Beginning of Year	End of Year
Accounts receivable	64,482.	34,343.
Less allowance for doubtful accounts	-58,669.	-29,638.
Prepaid expenses and deposits	3,086.	3,386.
Security gates	141,765.	141,765.
Accumulated depreciation	-97,482.	-110,134.

## Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Continued

## Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
Monument signs	7,700.	7,700.
Accumulated depreciation	-1,733.	-3,273.
Belle Chasse entrance & lighting	0.	7,165.
Accumulated depreciation	0.	-1,024.
Security Cameras	0.	6,907.
Accumulated depreciation	0.	-987.
<b>Total</b>	<b>59,149.</b>	<b>56,210.</b>

## Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

## Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Prepaid member dues	16,489.	14,525.
Deposits - security gate entry cards	14,664.	14,664.
Rounding		
<b>Total</b>	<b>31,153.</b>	<b>29,189.</b>