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Form **990-EZ**

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

OMB No. 1545-1150

**2014**

Department of the Treasury  
Internal Revenue Service

- ▶ 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).

**Open to Public Inspection**

**A** For the 2014 calendar year, or tax year beginning 7/01, 2014, and ending 6/30, 2015

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** **DIMITRI HOUSE, INC.**  
**102 NORTH UNION STREET**  
**ROCHESTER, 14534,**

**D** Employer identification number  
16-1587868

**E** Telephone number  
(585)-325-1796

**F** Group Exemption Number: .....

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ MODIFIED CASH

**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) ( ) (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 ..... ▶ \$ 147,579.

**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 .....

|   |   |                       |                 |
|---|---|-----------------------|-----------------|
| REVENUE   | <b>1</b> Contributions, gifts, grants, and similar amounts received .....                               | <b>1</b>              | <u>113,785.</u> |
|   | <b>2</b> Program service revenue including government fees and contracts .....                          | <b>2</b>              |                 |
|   | <b>3</b> Membership dues and assessments .....  | <b>3</b>              |                 |
|   | <b>4</b> Investment income .....  | <b>4</b>              |                 |
|   | <b>5a</b> Gross amount from sale of assets other than inventory .....                                   | <b>5a</b>             |                 |
|   | <b>5b</b> Less: cost or other basis and sales expenses .....  | <b>5b</b>             |                 |
|   | <b>5c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) ..... | <b>5c</b>             |                 |
|   | <b>6</b> Gaming and fundraising events  |                       |                 |
|   | <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) ....                     | <b>6a</b>             |                 |
| <b>b</b> 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) ..... | <b>6b</b>   | <u>33,794.</u>        |                 |
| <b>c</b> Less: direct expenses from gaming and fundraising events .....   | <b>6c</b>   | <u>5,537.</u>         |                 |
| <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) .....   | <b>6d</b>   | <u>28,257.</u>        |                 |
| <b>7a</b> Gross sales of inventory, less returns and allowances .....   | <b>7a</b>   |                       |                 |
| <b>b</b> Less: cost of goods sold .....   | <b>7b</b>   |                       |                 |
| <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) .....   | <b>7c</b>   |                       |                 |
| <b>8</b> Other revenue (describe in Schedule O) .....   | <b>8</b>  |                       |                 |
| <b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 .....   | <b>9</b>  | <u>142,042.</u>       |                 |
| <b>10</b> Grants and similar amounts paid (list in Schedule O) .....  | <b>10</b>   |                       |                 |
| <b>11</b> Benefits paid to or for members .....   | <b>11</b>   |                       |                 |
| <b>12</b> Salaries, other compensation, and employee benefits .....   | <b>12</b>   | <u>87,637.</u>        |                 |
| <b>13</b> Professional fees and other payments to independent contractors .....   | <b>13</b>   | <u>2,820.</u>         |                 |
| <b>14</b> Occupancy, rent, utilities, and maintenance .....   | <b>14</b>   | <u>30,939.</u>        |                 |
| <b>15</b> Printing, publications, postage, and shipping .....   | <b>15</b>   | <u>591.</u>           |                 |
| <b>16</b> Other expenses (describe in Schedule O) .....   | <b>16</b>   | <u>See Schedule O</u> |                 |
| <b>17 Total expenses.</b> Add lines 10 through 16 .....   | <b>17</b>   | <u>160,372.</u>       |                 |
| <b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) .....   | <b>18</b>   | <u>-18,330.</u>       |                 |
| <b>19</b> 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) .....  | <b>19</b>   | <u>125,698.</u>       |                 |
| <b>20</b> Other changes in net assets or fund balances (explain in Schedule O) .....  | <b>20</b>   |                       |                 |
| <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 .....   | <b>21</b>   | <u>107,368.</u>       |                 |

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

Form 990-EZ (2014)

9-19

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

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year?
35c 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?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b Did the organization file Form 1120-POL for this year?
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 If 'Yes,' complete Schedule L, Part II and enter the total amount involved.
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b 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:
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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?
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed

42a The organization's books are in care of Robert Wood
Located at 102 NORTH UNION ST ROCHESTER NY Telephone no. (585)-325-1796 ZIP + 4 14607

42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside the U.S.?

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year.

44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

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

Table with Yes/No columns and a value of 46 in the Yes column.

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

Table with Yes/No columns and an 'X' in the No column.

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

Table with Yes/No columns and an 'X' in the No column.

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

Table with Yes/No columns and an 'X' in the No column.

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

Table with Yes/No columns and an 'X' in the No column.

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, (d) Health benefits, (e) Estimated amount of other compensation. All rows contain '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.'

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All rows contain 'None'.

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 must attach a completed Schedule A

Yes/No selection with 'X' in the Yes box.

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 section containing signature of Robert Wood, date 12/7/2015, and title Treasurer.

Paid Preparer Use Only section containing fields for Preparer's name, signature, date, and firm information.

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

Yes/No selection with 'X' in the No box.

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
 ▶ Attach to Form 990 or Form 990-EZ.  
 ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

|  |   |
|--|---|
| Name of the organization<br><b>DIMITRI HOUSE, INC.</b> | Employer identification number<br><b>16-1587868</b> |
|--|---|

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

|              | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|--------------|------------------------------------|----------|---|---|----|---|---|
|              |                                    |          |   | Yes   | No |   |   |
| (A)          |                                    |          |   |   |    |   |   |
| (B)          |                                    |          |   |   |    |   |   |
| (C)          |                                    |          |   |   |    |   |   |
| (D)          |                                    |          |   |   |    |   |   |
| (E)          |                                    |          |   |   |    |   |   |
| <b>Total</b> |                                    |          |   |   |    |   |   |

**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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) . . . . .  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .  |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .  |          |          |          |          |          |           |
| <b>5</b> 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) . . . . . |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4 . . . . .   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014  | (f) Total |
|---|----------|----------|----------|----------|-----------|-----------|
| <b>7</b> Amounts from line 4 . . . . .  |          |          |          |          |           |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .  |          |          |          |          |           |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .   |          |          |          |          |           |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .   |          |          |          |          |           |           |
| <b>11 Total support.</b> Add lines 7 through 10 . . . . .   |          |          |          |          |           |           |
| <b>12</b> Gross receipts from related activities, etc (see instructions) . . . . .  |          |          |          |          | <b>12</b> |           |
| <b>13 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/> |          |          |          |          |           |           |

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . .  | <b>14</b> | % |
| <b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 . . . . .  | <b>15</b> | % |
| <b>16a 33-1/3% support test – 2014.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>   |           |   |
| <b>b 33-1/3% support test – 2013.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>  |           |   |
| <b>17a 10%-facts-and-circumstances test – 2014.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>   |           |   |
| <b>b 10%-facts-and-circumstances test – 2013.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/> |           |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>   |           |   |

**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 yr beginning in) ▶  | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.).....  | 111,765. | 161,111. | 125,736. | 126,785. | 113,785. | 639,182.  |
| <b>2</b> 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..... |          |          |          |          |          | 0.        |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.   | 18,539.  | 5,184.   |          |          |          | 23,723.   |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.....  |          |          |          |          |          | 0.        |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.....  |          |          |          |          |          | 0.        |
| <b>6 Total.</b> Add lines 1 through 5.....   | 130,304. | 166,295. | 125,736. | 126,785. | 113,785. | 662,905.  |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons.....  | 0.       | 0.       | 0.       | 0.       | 0.       | 0.        |
| <b>b</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.       | 0.       | 0.       | 0.       | 0.       | 0.        |
| <b>c</b> Add lines 7a and 7b.....  | 0.       | 0.       | 0.       | 0.       | 0.       | 0.        |
| <b>8 Public support</b> (Subtract line 7c from line 6.).....   |          |          |          |          |          | 662,905.  |

**Section B. Total Support**

| Calendar year (or fiscal yr beginning in) ▶   | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6.....   | 130,304. | 166,295. | 125,736. | 126,785. | 113,785. | 662,905.  |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.....  |          |          |          |          |          | 0.        |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.....   |          |          |          |          |          | 0.        |
| <b>c</b> Add lines 10a and 10b.....   | 0.       | 0.       | 0.       | 0.       | 0.       | 0.        |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.....  |          |          |          |          |          | 0.        |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI.....  | 30,589.  | 33,701.  | 39,671.  | 38,422.  | 33,794.  | 176,177.  |
| <b>13 Total support.</b> (Add lines 9, 10c, 11 and 12.).....  | 160,893. | 199,996. | 165,407. | 165,207. | 147,579. | 839,082.  |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here..... ▶ <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|   |           |         |
|---|-----------|---------|
| <b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))..... | <b>15</b> | 79.00 % |
| <b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15.....                      | <b>16</b> | 76.29 % |

**Section D. Computation of Investment Income Percentage**

|  |           |        |
|--|-----------|--------|
| <b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))..... | <b>17</b> | 0.00 % |
| <b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17.....                        | <b>18</b> | 4.21 % |

**19a 33-1/3% support tests – 2014.** 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 – 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization..... ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions..... ▶

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including IRS determination, foreign support, and excess business holdings.

**Part IV Supporting Organizations (continued)**

|  | Yes        | No |
|--|------------|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |            |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? ..... | <b>11a</b> |    |
| <b>b</b> A family member of a person described in (a) above? .....   | <b>11b</b> |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If 'Yes' to a, b, or c, provide detail in Part VI</i> .....   | <b>11c</b> |    |

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

|  | Yes      | No |
|--|----------|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> ..... | <b>1</b> |    |

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

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

|   | Yes       | No |
|---|-----------|----|
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> ..... | <b>2a</b> |    |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> .....  | <b>2b</b> |    |

**3** Parent of Supported Organizations. **Answer (a) and (b) below.**

|   |           |  |
|---|-----------|--|
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> .....  | <b>3a</b> |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i> ..... | <b>3b</b> |  |

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A – Adjusted Net Income</b> |  | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1                                      | Net short-term capital gain  |                |                             |
| 2                                      | Recoveries of prior-year distributions   |                |                             |
| 3                                      | Other gross income (see instructions)  |                |                             |
| 4                                      | Add lines 1 through 3  |                |                             |
| 5                                      | Depreciation and depletion   |                |                             |
| 6                                      | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) |                |                             |
| 7                                      | Other expenses (see instructions)  |                |                             |
| 8                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   |                |                             |

| <b>Section B – Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                       | Average monthly value of securities   |                |                             |
| b                                       | Average monthly cash balances   |                |                             |
| c                                       | Fair market value of other non-exempt-use assets  |                |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   |                |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):   |                |                             |
| 2                                       | Acquisition indebtedness applicable to non-exempt-use assets  |                |                             |
| 3                                       | Subtract line 2 from line 1d  |                |                             |
| 4                                       | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)                                  |                |                             |
| 5                                       | Net value of non-exempt-use assets (subtract line 4 from line 3)  |                |                             |
| 6                                       | Multiply line 5 by .035   |                |                             |
| 7                                       | Recoveries of prior-year distributions  |                |                             |
| 8                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  |                |                             |

| <b>Section C – Distributable Amount</b> |  |  | Current Year |
|---|--|--|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, Column A)  |  |              |
| 2                                       | Enter 85% of line 1  |  |              |
| 3                                       | Minimum asset amount for prior year (from Section B, line 8, Column A)   |  |              |
| 4                                       | Enter greater of line 2 or line 3  |  |              |
| 5                                       | Income tax imposed in prior year   |  |              |
| 6                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) |  |              |

7  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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

| Section D – Distributions   | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes .....   |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity .....     |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations .....   |              |
| 4 Amounts paid to acquire exempt-use assets .....   |              |
| 5 Qualified set-aside amounts (prior IRS approval required) .....   |              |
| 6 Other distributions (describe in Part VI). See instructions .....   |              |
| 7 <b>Total annual distributions.</b> Add lines 1 through 6 .....  |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions ..... |              |
| 9 Distributable amount for 2014 from Section C, line 6 .....  |              |
| 10 Line 8 amount divided by Line 9 amount .....   |              |

| Section E – Distribution Allocations (see instructions)  | (i)<br>Excess<br>Distributions | (ii)<br>Underdistributions<br>Pre-2014 | (iii)<br>Distributable<br>Amount for 2014 |
|--|--------------------------------|--|---|
| 1 Distributable amount for 2014 from Section C, line 6 .....   |                                |  |   |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions) .....   |                                |  |   |
| 3 Excess distributions carryover, if any, to 2014:   |                                |  |   |
| a  |                                |  |   |
| b  |                                |  |   |
| c  |                                |  |   |
| d  |                                |  |   |
| e From 2013 .....  |                                |  |   |
| f <b>Total</b> of lines 3a through e .....   |                                |  |   |
| g Applied to underdistributions of prior years .....   |                                |  |   |
| h Applied to 2014 distributable amount .....   |                                |  |   |
| i Carryover from 2009 not applied (see instructions) .....   |                                |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. ....   |                                |  |   |
| 4 Distributions for 2014 from Section D, line 7: \$  |                                |  |   |
| a Applied to underdistributions of prior years .....   |                                |  |   |
| b Applied to 2014 distributable amount .....   |                                |  |   |
| c Remainder. Subtract lines 4a and 4b from 4 .....   |                                |  |   |
| 5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) ..... |                                |  |   |
| 6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) .....                        |                                |  |   |
| 7 <b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c .....   |                                |  |   |
| 8 Breakdown of line 7:   |                                |  |   |
| a  |                                |  |   |
| b  |                                |  |   |
| c  |                                |  |   |
| d Excess from 2013 .....   |                                |  |   |
| e Excess from 2014 .....   |                                |  |   |

BAA

**Part VI** **Supplemental Information.** 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).

**Part III, Line 12 - Other Income**

| Nature and Source                | 2014              | 2013              | 2012              | 2011              | 2010              |
|----------------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| ANNUAL DINNER/AUCTION FUNDRAISER | \$ 33,794.        | \$ 38,372.        | \$ 39,671.        | \$ 33,688.        | \$ 30,589.        |
| MISCELLANEOUS                    |                   | 50.               |                   | 13.               |                   |
| Total                            | <u>\$ 33,794.</u> | <u>\$ 38,422.</u> | <u>\$ 39,671.</u> | <u>\$ 33,701.</u> | <u>\$ 30,589.</u> |



**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |  | (a) Event #1  | (b) Event #2 | (c) Other events       | (d) Total events                    |
|-----------------|--|---|--------------|------------------------|-------------------------------------|
|                 |  | Annual Dinner<br>(event type)                               | (event type) | None<br>(total number) | (add column (a) through column (c)) |
| REVENUE         | 1  | Gross receipts  | 33,794.      |                        | 33,794.                             |
|                 | 2  | Less: Contributions   |              |                        |                                     |
|                 | 3  | Gross income (line 1 minus line 2)                          | 33,794.      |                        | 33,794.                             |
| DIRECT EXPENSES | 4  | Cash prizes   |              |                        |                                     |
|                 | 5  | Noncash prizes  |              |                        |                                     |
|                 | 6  | Rent/facility costs   |              |                        |                                     |
|                 | 7  | Food and beverages  | 5,537.       |                        | 5,537.                              |
|                 | 8  | Entertainment   |              |                        |                                     |
|                 | 9  | Other direct expenses                                       |              |                        |                                     |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) |              |                        |                                     |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) |   |              |                        | 28,257.                             |

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|          |  | (a) Bingo                 | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming          | (d) Total gaming                    |
|----------|--|---------------------------|---|---------------------------|-------------------------------------|
|          |  |                           |   |                           | (add column (a) through column (c)) |
| REVENUE  | 1  | Gross revenue             |   |                           |                                     |
|          | 2  | Cash prizes               |   |                           |                                     |
| EXPENSES | 3  | Noncash prizes            |   |                           |                                     |
|          | 4  | Rent/facility costs       |   |                           |                                     |
|          | 5  | Other direct expenses     |   |                           |                                     |
| 6        | Volunteer labor  | Yes _____ %<br>No _____ % | Yes _____ %<br>No _____ %                     | Yes _____ %<br>No _____ % |                                     |
| 7        | Direct expense summary. Add lines 2 through 5 in column (d)        |                           |   |                           |                                     |
| 8        | Net gaming income summary. Subtract line 7 from line 1, column (d) |                           |   |                           |                                     |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If 'No,' explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If 'Yes,' explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

|                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?  Yes  No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

c If 'Yes,' enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2014**

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Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

|  |   |
|--|---|
| Name of the organization<br><b>DIMITRI HOUSE, INC.</b> | Employer identification number<br><b>16-1587868</b> |
|--|---|

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1   | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|-----|---------------------------------|---|--------------------------------|----------------|----|
|     |                                 |   |                                | Yes            | No |
| (1) |                                 |   |                                |                |    |
| (2) |                                 |   |                                |                |    |
| (3) |                                 |   |                                |                |    |
| (4) |                                 |   |                                |                |    |
| (5) |                                 |   |                                |                |    |
| (6) |                                 |   |                                |                |    |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                               |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
| (1) EUGENE RENNER             |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (2)                           | Director                           | CashFlow            | X                                     |      | 2,000.                        | 2,000.          |                 | X  | X                                   |    | X                      |    |
| (3)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (4)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (5)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (6)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (7)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (8)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (9)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (10)                          |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| <b>Total</b> . . . . . ▶ \$   |                                    |                     |                                       |      |                               | <b>2,000.</b>   |                 |    |                                     |    |                        |    |

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1)                           |   |                          |                        |                           |
| (2)                           |   |                          |                        |                           |
| (3)                           |   |                          |                        |                           |
| (4)                           |   |                          |                        |                           |
| (5)                           |   |                          |                        |                           |
| (6)                           |   |                          |                        |                           |
| (7)                           |   |                          |                        |                           |
| (8)                           |   |                          |                        |                           |
| (9)                           |   |                          |                        |                           |
| (10)                          |   |                          |                        |                           |

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

|      | (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|------|-------------------------------|---|---------------------------|--------------------------------|---|----|
|      |                               |   |                           |                                | Yes                                     | No |
| (1)  |                               |   |                           |                                |   |    |
| (2)  |                               |   |                           |                                |   |    |
| (3)  |                               |   |                           |                                |   |    |
| (4)  |                               |   |                           |                                |   |    |
| (5)  |                               |   |                           |                                |   |    |
| (6)  |                               |   |                           |                                |   |    |
| (7)  |                               |   |                           |                                |   |    |
| (8)  |                               |   |                           |                                |   |    |
| (9)  |                               |   |                           |                                |   |    |
| (10) |                               |   |                           |                                |   |    |

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (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.  
▶ Attach to Form 990 or 990-EZ.

**2014**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

Name of the organization

Employer identification number

DIMITRI HOUSE, INC.

16-1587868

**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

|                                |           |                |
|--------------------------------|-----------|----------------|
| Advertising and Promotion..... | \$        | 385.           |
| Bank Charges.....              |           | 69.            |
| Drop-in Expenses.....          |           | 3,435.         |
| Dues & Subs.....               |           | 519.           |
| Emergency Assist.....          |           | 892.           |
| Fees & Licenses.....           |           | 320.           |
| Food Cupboard.....             |           | 13,899.        |
| Insurance.....                 |           | 11,864.        |
| Misc.....                      |           | 1,117.         |
| Misc.....                      |           | 178.           |
| Office Expenses.....           |           | 1,469.         |
| Payroll Service.....           |           | 1,904.         |
| Shelter Expenses.....          |           | 1,890.         |
| Staff/Vol Enrichment.....      |           | 444.           |
| <b>Total</b>                   | <b>\$</b> | <b>38,385.</b> |

**Form 990-EZ, Part II, Line 24**  
**Other Assets**

|                             | <u>Beginning</u> | <u>Ending</u>    |
|-----------------------------|------------------|------------------|
| Furniture and Fixtures..... | \$ 2,681.        | \$ 3,254.        |
| <b>Total</b>                | <b>\$ 2,681.</b> | <b>\$ 3,254.</b> |

**Form 990-EZ, Part II, Line 26**  
**Total Liabilities**

|  | <u>Beginning</u>  | <u>Ending</u>    |
|--|-------------------|------------------|
| Funds Held For Others.....               | \$ 0.             | \$ 5,625.        |
| Payable to Officers, Directors, Etc..... | 10,000.           | 2,000.           |
| <b>Total</b>                             | <b>\$ 10,000.</b> | <b>\$ 7,625.</b> |

**Form 990-EZ, Part III - Organization's Primary Exempt Purpose**

TO SERVE OUR NEIGHBORS IN NEED WITH LOVE AND ACCEPTANCE, JOINING THEM IN THEIR JOURNEY TOWARD SELF SUFFICIENCY

**Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No