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### DLN: 93493348012126

OMB No 1545-0047

Department of the Internal Revenue Servi 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

**Return of Organization Exempt From Income Tax** 

▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

Open to Public Inspection

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			lendar year, or tax year be C Name of organization	ginning 08-01-2015 , and ending 0	7-31-20	)16	D. Francis	:	
	eck if app idress ch		LEGION VILLA INC					-	ntification number
	ame char	-					81-03	37225	4
_	itial retur	-	Doing business as						
Fii			Number and street (or B.O. b	ox if mail is not delivered to street address)	Doom/s	uuto	E Telepho	one num	ber
	terminat ended re		1215 WEST DURSTON	ox ii maii is not delivered to street address)	ROUITIYS	uite	(406)	587-7	7612
<u>'</u>	plication		City or town, state or provinc	e, country, and ZIP or foreign postal code					
Ι , Ψ	pileacion	pending	BOZEMAN, MT 59715	, , , ,			<b>G</b> Gross	eceipts	\$ 431,649
			<b>F</b> Name and address of p	principal officer		H(a) ⊺	s this a group	return	for
			JIM MARCHWICK				ubordinates?	recuiii	⊤ Yes 🗸
			1215 West Durston Bozeman, MT 59715				No		,
[ Ta:	x-exemp	t status	「501(c)(3) <b>√</b> 501(c) (	4 ) <b>◄</b> (insert no )			re all subordi ncluded?	nates	⊤Yes
1 \A/	ebsite:	► N / A		., .(		I	f "No," attach	a list	(see instructions)
, ,,	ensite.	N/F	1			H(c)	Group exempt	ion nui	mber 🟲
<b>(</b> Forr	n of orga	nızatıon	✓ Corporation  Trust	Association  ☐ Other ►		<b>L</b> Year	of formation 19	77 <b>M</b>	State of legal domicile M
Da	et T	Sum	ma 2 m/						
Pd	rt I		mary	ission or most significant activities					
				OME HOUSING TO THE ELDERLY	AND H	ANDICAP	PED		
မ	_								
	_								
Ken.	<b>2</b> CI	heck th	is box ▶ ┌ if the organizat	tion discontinued its operations or di	ısposed	of more th	nan 25% of its	net as	ssets
<b>Governance</b>			,						
	3 N	umber	of voting members of the go	overning body (Part VI, line 1a) .				3	3
Activities &			· -	bers of the governing body (Part VI,		•		4	3
5	<b>5</b> To	otal nur	mber of individuals employe	ed ın calendar year 2015 (Part V, lın	ne 2a)			5	4
AC			•	te if necessary)				6	3
				rom Part VIII, column (C), line 12				7a	0
	ь ме	t unreia	ated business taxable incor	me from Form 990-T, line 34	• •			7b	
	_	6 - 1	h. I	TTT 1 41-3			Prior Year	0	Current Year
Ō.	8		= '	III, line 1h)			447,		411,880
Ravenua	10	_	·	III, line 2g) olumn (A), lines 3, 4, and 7d) .		-		810	752
Ŗÿ	11			n (A), lines 5, 6d, 8c, 9c, 10c, and 1		•		0	19,017
	12		,	gh 11 (must equal Part VIII, column	•	ne 🗀	4.10		<u> </u>
		12)					448,	136	431,649
	13	Grants	s and similar amounts paid	(Part IX, column (A), lines 1-3) .				0	(
	14	Benefi	its paid to or for members (	Part IX, column (A), line 4)				0	(
SS.	15	Saları 5-10)	•	nployee benefits (Part IX, column (A	(), lines		96,	211	115,889
Expenses	16a	•	•	art IX, column (A), line 11e)				0	
e do	b		indraising expenses (Part IX, colu	, ,, ,, ,		-			
ш	17			n (A), lines 11a-11d, 11f-24e) .			295,	157	221,399
	18			7 (must equal Part IX, column (A), li			391,		337,288
	19		•	t line 18 from line 12				768	94,361
გ <u>გ</u>							ing of Current		End of Year
Net Assets or Fund Balances		_				<u> </u>			
Ass Ba	20						569,	-	581,242
	21					•	396,	-	313,752
	22 (1111		ssets or fund balances Sub	otract line 21 from line 20			173,	129	267,490
Jnde ny ki	r penali nowled <u>c</u>	ties of ge and	perjury, I declare that I hav	ve examined this return, including ac id complete Declaration of preparer	•				•
		****					2016-11-30		
Sign		Signa	ature of officer				Date		
Here	e		MARCHWICK PRESIDENT PRESID	DENT					
		<u> </u>	e or print name and title	Dunnay-dati-		Data		DTT	
n-:	J		Print/Type preparer's name Amanda Flohr	Preparer's signature Amanda Flohr		Date 2016-12-09	Check I if	PTIN P01083	3328
Paid		_  -	Firm's name				self-employed Firm's EIN ► 3	<u>l</u> 9-07548	89
	parer	·  -	Firm's address ► 777 East Main Si	uite 201			Phone no (406		
use	Only	/	Bozeman, MT 5	59715			,		

Form 990 (2015)

	990 (2015)			Page <b>3</b>
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Pait V 🔰	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11</b> c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	<b>11</b> d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	<b>11</b> f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12</b> b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{9}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

	` '		
ΙV	Checklist of	Required Sche	dules (continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

1:61	checklist of Required Schedules (Continued)		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line $1^7$ If "Yes," complete Schedule I, Parts I and II	21	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part	22	No

IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . . .

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . .

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

nunue	<i>(u)</i>					
ts or o	ther assı	stance to	any	domestic	organization c	r

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Form 990 (2015)

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Pai	Tt V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V			_
	effects in Schedule of contains a response of flote to any line in this rare v	· · · ·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		No
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
b	organization solicit any contributions that were not tax deductible as charitable contributions?	gifts <b>6b</b>		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods an services provided to the payor?	nd <b>7a</b>		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. <b>7</b> b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require file Form 8282?	d to 7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 required?	9 as <b>7g</b>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?	a <b>7h</b>		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	ne <b>8</b>		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions additional information the organization must report on Schedule O	for <b>13a</b>		
b	Enter the amount of reserves the organization is required to maintain by the states			
	In which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	_		 
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
	· · · · · · · · · · · · · · · · · · ·			

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI . . . . . . . . Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax **1**a 3 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are ındependent 1b 3 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Νo Did the organization have members or stockholders? . . . . 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? . . . . . . Yes **b** Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . . . . Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Νo

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

#### Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . .

- Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records ►LEGION VILLA INC 1215 WEST DURSTON BOZEMAN, MT 59715 (406) 587-7612

16b

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

Check if Schedule O contains a response or note to any line in this Part VII .

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) JIM MARCHWICK PRESIDENT	2 00	×		х				0	0	C
(2) BRUCE GERLACH TREASURER	2 00	×		х				0	0	C
3) JAMES HOWE SECRETARY	2 00	х		х				0	0	C

art VII	Section A. Officers,	Directors,	Trustees, Ke	y Employees,	and Highest	Compensated Employees	(continued)

	<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						( <b>D</b> ) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
1b c	Sub-Total Total from continuation sheet						. •				
d	Total (add lines 1b and 1c) .						<b>&gt;</b>		0	0	0
2	Total number of individuals (in \$100,000 of reportable comp						d abov	e) wl	no received more th	an	

- 3
  - Did the organization list any former officer, director or trustee, key employee, or highest compensated employee
  - on line 1a? If "Yes," complete Schedule J for such individual .
  - For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the
  - organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such ındıvıdual .
  - Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . .

# Section B. Independent Contractors

- Complete this table for your five highest compensated independent contractors that received more than \$100,000 of
- compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address Description of services Compensation
- Total number of independent contractors (including but not limited to those listed above) who received more than
  - \$100,000 of compensation from the organization ▶ 0

Yes

3

4

5

No

Νo

Νo

Νo

Form 99								Page <b>9</b>
Part V	/++1	Statement o						_
		Check if Schedu	ule O contains a respoi	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
~ ×	1a	Federated camp	paigns 1a					
Grants mounts	ь	Membership du	es <b>1b</b>					
G.	c	Fundraising eve	ents <b>1c</b>					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organiz	rations 1d					
a, G	e	Government grants	s (contributions) <b>1e</b>					
Sign	f		ons, gifts, grants, and <b>1f</b>					
buti the	_	similar amounts no	ot included above					
a di di	g	1a-1f \$	ons included in lines					
Cont	h	Total. Add lines	s 1a-1f	· · · · •				
- je				Business Code				
۲۶۰	2a   .	RENT SUPPLEMENT	<u> </u>	532000	214,923	214,923		
å <u>¥</u>	b	RENTAL INCOME	IDING	532000	194,319	194,319		
Program Service Revenue	d	LAUNDRY AND VEN	iding	532000	2,638	2,638		
<u>%</u>	e							1
gran	f	All other progra	am service revenue					
<b>₽</b>	g	Total Add lines	s 2a-2f		411,880			
	3		ome (including dividen		·			750
	١,		ar amounts)	H	752			752
	4   5			proceeds •				
	-		(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental						
	_ c	expenses Rental income						
	d	or (loss) Net rental incoi	l me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
	b	Less cost or other basis and sales expenses						
	c d	Gain or (loss)	s)					
Other Revenue		Gross income fi events (not incl \$	rom fundraising luding reported on line 1c)					
Other F	ь	See Part IV, lin	a penses b					
0	C		(loss) from fundraising	events 🕨				
	9a	Gross income fi See Part IV, lin	rom gaming activities ie 19 <b>a</b>					
	1		penses b					
	°	Net income or (	(loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	b c		(loss) from sales of inv					
	44-	Miscellaneous		Business Code 532000	19,017	19,017		
	11a b	Tenant Charges	S	532000	19,017	19,017		
	C							
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d	▶	19,017			
	12	Total revenue.	See Instructions .	▶	·	430,897		0 752
	1				431,649	430,037		0 752

# Form 990 (2015) Part IX Statement of Functional Expenses

ection $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must cor	nplete	colu	mn (A	١)		
Check if Schedule O contains a response or note to any line in this Part IX	•					•

	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraısıng expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	106,526	106,526		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes		0.050		
		9,363	9,363		
11	Fees for services (non-employees)				
a	Management				
b	Legal	923	923		
c	Accounting	10,634		10,634	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	81,750	81,750		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,656	1,656		
20	Interest	22,915	22,915		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	22,969	22,969		
23	Insurance	27,195	12,137	15,058	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	CABLE TV	23,761	23,761		
b	REPAIRS AND MAINTENANCE	14,867	14,867		
c	SUPPLIES	8,593	8,593		
d	MISCELLANEOUS ADMINISTR	4,305	4,305		
e	All other expenses	1,831	1,831		
25	<b>Total functional expenses.</b> Add lines 1 through 24e	337,288	311,596	25,692	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► If following SOP 98-2 (ASC 958-720)				

34

Total liabilities and net assets/fund balances . . . . . .

Part	X	Balance Sheet					
		Check if Schedule O contains a response or note to any lir	ne in this	Part X			<u> </u>
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			54,203	1	8,901
	2	Savings and temporary cash investments			316,689	2	374,272
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4,578	4	3,168
	5	Loans and other receivables from current and former office key employees, and highest compensated employees Control of the compensated employees Control of the control of					
Assets	6	section 4958(f)(1)), persons described in section 4958 employers and sponsoring organizations of section 501(	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of				
SS	7	Notes and loans receivable, net				6 7	
⋖		·				8	
	8	Inventories for sale or use			836	9	877
	9	Prepaid expenses and deferred charges			836	9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,134,455			
	ь	Less accumulated depreciation	10b	1,964,297	169,752	10c	170,158
	11	Investments—publicly traded securities		11	_		
	12	Investments—other securities See Part IV, line 11		12	_		
	13	Investments—program-related See Part IV, line 11				13	_
	14	Intangible assets				14	_
	15	Other assets See Part IV, line 11			23,688	15	23,866
	16	Total assets.Add lines 1 through 15 (must equal line 34	)		569,746	16	581,242
	17	Accounts payable and accrued expenses			3,716	17	4,737
	18	Grants payable				18	
	19	Deferred revenue			2,510	19	367
	20	Tax-exempt bond liabilities				20	_
	21	Escrow or custodial account liability Complete Part IV o		21			
abilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and di					
<u>.</u>		persons Complete Part II of Schedule L	persons Complete Part II of Schedule L				
	23	Secured mortgages and notes payable to unrelated third	parties		374,328	23	283,717
	24	Unsecured notes and loans payable to unrelated third pa	irties .			24	_
	25	Other liabilities (including federal income tax, payables tand other liabilities not included on lines 17-24) Complete Part X of Schedule D	40.000		04.004		
				• •	16,063	25	24,931
	26	Total liabilities. Add lines 17 through 25			396,617	26	313,752
Fund Balances		mico 27 Cinough 20, and mico 33 and 34.					
<u>  ar</u>	27	Unrestricted net assets			173, 129	27	267,490
8	28	Temporarily restricted net assets				28	
<u> </u>	29	Permanently restricted net assets				29	_
		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	heck her	e ▶			
ets	30	Capital stock or trust principal, or current funds				30	
Net Assets or	31	Paid-in or capital surplus, or land, building or equipment	fund .			31	
t A	32	Retained earnings, endowment, accumulated income, or	other fur	ds		32	
§	33	Total net assets or fund balances			173,129	33	267,490

581,242

569,746

34

Both consolidated and separate basis

Separate basis

Single Audit Act and OMB Circular A-133?

Schedule O

Consolidated basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

3a No 3b

Νo

2c

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DLN: 93493348012126

# **SCHEDULE D**

(Form 990)

Department of the

Treasury

**Supplemental Financial Statements** 

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

Information about Schedule D (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

Open to Public Inspection

Na	nal Revenue Service me of the organization	`		Empl	oyer identifica	tion numbe	er
LEC	GION VILLA INC			81-0	372254		
Pa	Organizations Maintaining Donor Complete if the organization answere					•	
		(a) Donor advised funds		(b)	Funds and othe	raccounts	5
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor a funds are the organization's property, subject to the			r advıs	sed	□Yes	┌ No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?		-			Yes	┌ No
Pa	rt II Conservation Easements. Comple	ete if the organization answere	ed "Yes" on	Forn	n 990, Part I\	/, line 7.	•
1	Purpose(s) of conservation easements held by th	e organization (check all that appl	ly)				
	Preservation of land for public use (e g , recreducation)		rvation of an	hıstor	ıcally ımportan	t land area	
	Protection of natural habitat	Preser	rvation of a c	ertifie	d historic struc	ture	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation conti	ribution in the	e form	of a conservat	ion	
			-		Held at the	End of the	e Year
a	Total number of conservation easements	anto	-	2a			
b c	Total acreage restricted by conservation easeme Number of conservation easements on a certified		-	2b 2c			
d	Number of conservation easements included in (a historic structure listed in the National Register	, ,	on a	2d			
3	Number of conservation easements modified, trai	nsferred, released, extinguished, o	⊐ or terminated	by th	e organization (	during the	
	tax year <b>▶</b>						
4	Number of states where property subject to cons	ervation easement is located ►		_			
5	Does the organization have a written policy regar violations, and enforcement of the conservation e	ding the periodic monitoring, inspe		ng of	<b>┌ ⋎</b>	es $\Gamma$ N	0
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations,	and enforcin	g cons	ervation easer	nents durn	ng the
	<b>&gt;</b>						
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of violations, and e	enforcing cor	nserva	ition easement	s during th	e year
8	Does each conservation easement reported on III	ne 2(d) above satisfy the requirem	nents of secti	on 17		_	
9	(B)(i) and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reporbalance sheet, and include, if applicable, the text					and	o
	the organization's accounting for conservation ea		15 illiancial s	reacen	ienes enac aese	11503	
Pa	rt III Organizations Maintaining Collect			r Oth	ner Similar <i>i</i>	Assets.	
	Complete if the organization answere If the organization elected, as permitted under SI works of art, historical treasures, or other similar	FAS 116 (ASC 958), not to report assets held for public exhibition,	ın its revenu education, oi	r resea	arch in furthera		
ь	service, provide, in Part XIII, the text of the footi If the organization elected, as permitted under SI					e sheet	
_	works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition,					lıc
	(i) Revenue included on Form 990, Part VIII, line :	l	,	<b>\$</b>			
(	ii) Assets included in Form 990, Part X		•	\$			
2	If the organization received or held works of art, he following amounts required to be reported under S		ar assets for				

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	Collections of A	rt, His	storic	al Tr	easures,	or O	ther Simi	ilar As	sets
3	_	the organization's acquisition, acce tion items (check all that apply)	ession, and other reco	ords, cl	neck ar	y of th	ne following t	hat a	re a signific	ant use	of its
а		Public exhibition		d		Loan	or exchange	progr	ams		
b	Scholarly research e Other										
c		Preservation for future generations									
4	Provi Part >	de a description of the organization's	s collections and exp	laın ho	w they	further	the organiz	ation'	s exempt p	urpose II	n
5		g the year, did the organization solic is to be sold to raise funds rather tha								┌ Yes	□No
Pa	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.	ngements.							•	
1a		e organization an agent, trustee, cus led on Form 990, Part X?	todian or other interr	nediary	for co	ntrıbut	ions or othe	rasse	ets not	┌ Yes	□ No
b	If"	Yes," explain the arrangement in Pa	art XIII and complete	the fo	llowina	table				A moi	unt
c		ginning balance	All and complete	10		LUDIC	I	<b>1</b> c			
d		ditions during the year					-	1d			
e		tributions during the year					-	1e			
f		ding balance					-	1f			
2a		amy balance ne organization include an amount oi	n Form 990, Part X, Ii	ne 21,	for esc	row or	ا custodial ac		t liability?		 □ No
ь		s," explain the arrangement in Part								•	
Pa	rt V	Endowment Funds. Comple									—
			(a)Current year		or year		(c)Two years b	<del></del>			(e)Four years back
1a	Begır	nning of year balance									
b	C ont	ributions · · · · · · · ·									
С	Net i losse	nvestment earnings, gains, and es									
d	Gran	ts or scholarships									
е		r expenditures for facilities programs									
f	A dmı	nistrative expenses									
g		of year balance									
2	Provi	· · · · · · · de the estimated percentage of the o	Lurrent year end hala	nce (lir	ne 1 a .c	olumn	(a)) held as	L			
		, -	earrent year end bara	nee (m	10 19,0	.orumi	i (u)) neid us				
a		I designated or quasi-endowment									
b	Permanent endowment ▶										
С	Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%										
3a		nere endowment funds not in the pos ization by	session of the organ	ızatıon	that ar	e held	and adminis	tered	for the		Yes No
(i) unrelated organizations				i)							
		lated organizations								3a(i	i)
b		es" on 3a(II), are the related organiza	•							. 3b	
4		ribe in Part XIII the intended uses of		endowm	ent fur	ıds					
1.0	rt VI	Land, Buildings, and Equip Complete if the organization a		orm 9	90, Pa	rt IV.	line 11a.S	See F	orm 990.	Part X.	line 10.
		Description of property			(a ost or ot (invest	ı) her bası	(b)	) ner bas	Accu	mulated reciation	(d)Book value
1a	Land				-		1	68,41	15		68,415
	Buildin						1,	,888,78		1,825,451	1
		old improvements		.				57,34	_	33,424	
d	Equipn	nent		. $\vdash$				119,91	14	105,422	14,492

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

170,158

Part VII	See Form 990, Part X, line 12.			
	<ul><li>(a) Description of security or categonic</li><li>(including name of security)</li></ul>	jory	<b>(b)</b> Book value	(c)Method of valuation Cost or end-of-year market val
	al derivatives y-held equity interests			
<b>3)</b> O ther	There equity interests			
	(1)	· •		
otal. (Colu. Part VIII	Inn (b) must equal Form 990, Part X, col (B) line 12  Investments—Program Related	<u>/</u>		
	Complete if the organization answe	ered 'Yes' on Form 9		
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market valu
	mn (b) must equal Form 990, Part X, col (B) line 13	·		
•	Other Assets. Complete if the organiz	zation answered 'Yes' o	n Form 990, Part IV, line	
•	Other Assets. Complete if the organiz	/	n Form 990, Part IV, line	e 11d See Form 990, Part X, line 15  (b) Book value
•	Other Assets. Complete if the organiz	zation answered 'Yes' o	n Form 990, Part IV, line	
•	Other Assets. Complete if the organiz	zation answered 'Yes' o	n Form 990, Part IV, line	
•	Other Assets. Complete if the organiz	zation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	zation answered 'Yes' o	n Form 990, Part IV, line	
•	Other Assets. Complete if the organiz	zation answered 'Yes' o	n Form 990, Part IV, line	
•	Other Assets. Complete if the organiz	zation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	zation answered 'Yes' o	n Form 990, Part IV, line	
•	Other Assets. Complete if the organiz	zation answered 'Yes' o	n Form 990, Part IV, line	
•	Other Assets. Complete if the organiz	zation answered 'Yes' o	n Form 990, Part IV, line	
Part IX	Other Assets. Complete if the organiz (a) D  (a) D  umn (b) must equal Form 990, Part X, col (B) I	zation answered 'Yes' o escription		(b) Book value
Part IX	Other Assets. Complete if the organize (a) D	zation answered 'Yes' o escription		(b) Book value
Part IX  Total. (Colo	Other Assets. Complete if the organiz  (a) D  (a) D  umn (b) must equal Form 990, Part X, col (B) I  Other Liabilities. Complete if the	zation answered 'Yes' o escription	ed 'Yes' on Form 990	(b) Book value
Total. (Cold Part X	Umn (b) must equal Form 990, Part X, col (B) I  Other Liabilities. Complete if the See Form 990, Part X, line 25.	ine 15 ) organization answer	ed 'Yes' on Form 990	(b) Book value
Total. (Cold Part X  1.	Other Assets. Complete if the organiz  (a) D  umn (b) must equal Form 990, Part X, col (B) I  Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability  come taxes	une 15 )  organization answer  (b) Book value	ed 'Yes' on Form 990,	(b) Book value
Fotal. (Cold Part X	Umn (b) must equal Form 990, Part X, col (B) I  Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability	une 15 )  organization answer  (b) Book valu	e	(b) Book value
Fotal. (Cold Part X  L.  ACCRUED	Other Assets. Complete if the organiz  (a) D  umn (b) must equal Form 990, Part X, col (B) I  Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability  come taxes	une 15 )  organization answer  (b) Book valu	ed 'Yes' on Form 990,	(b) Book value
Fotal. (Cold Part X  1.  ACCRUED	Other Assets. Complete if the organiz  (a) D  wmn (b) must equal Form 990, Part X, col (B) I  Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability  come taxes	une 15 )  organization answer  (b) Book valu	e	(b) Book value
Fotal. (Cold Part X  1.  ACCRUED	Other Assets. Complete if the organiz  (a) D  wmn (b) must equal Form 990, Part X, col (B) I  Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability  come taxes	une 15 )  organization answer  (b) Book valu	e	(b) Book value
Total. (Cold Part X  1.  Federal Inc.	Other Assets. Complete if the organiz  (a) D  wmn (b) must equal Form 990, Part X, col (B) I  Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability  come taxes	une 15 )  organization answer  (b) Book valu	e	(b) Book value
Total. (Cold Part X  1.  Federal Inc.	Other Assets. Complete if the organiz  (a) D  wmn (b) must equal Form 990, Part X, col (B) I  Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability  come taxes	une 15 )  organization answer  (b) Book valu	e	(b) Book value
Total. (Cold Part X  1.  Federal Inc.	Other Assets. Complete if the organiz  (a) D  wmn (b) must equal Form 990, Part X, col (B) I  Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability  come taxes	une 15 )  organization answer  (b) Book valu	e	(b) Book value
Total. (Cold Part X  1.  Federal Inc.	Other Assets. Complete if the organiz  (a) D  wmn (b) must equal Form 990, Part X, col (B) I  Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability  come taxes	une 15 )  organization answer  (b) Book valu	e	(b) Book value
Total. (Cold Part X  1.  Federal Inc.	Other Assets. Complete if the organiz  (a) D  wmn (b) must equal Form 990, Part X, col (B) I  Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability  come taxes	une 15 )  organization answer  (b) Book valu	e	(b) Book value
Total. (Cold Part X  1.  Federal Inc.	Other Assets. Complete if the organiz  (a) D  wmn (b) must equal Form 990, Part X, col (B) I  Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability  come taxes	une 15 )  organization answer  (b) Book valu	e	(b) Book value

1

d

Part X, Line 2

Schedule D (Form 990) 2015

431,649

337,289

337,289

A mounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains (losses) on investments 2a	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII)	
e Add lines 2a through 2d	0
3 Subtract line <b>2e</b> from line <b>1</b>	431,649
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	_
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b Other (Describe in Part XIII )	
c Add lines <b>4a</b> and <b>4b</b>	0
5 Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	431,649
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Return.
1 Total expenses and losses per audited financial statements	337,289
Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	
b Prior year adjustments 2b	

#### b Other (Describe in Part XIII ) . . . . . Add lines 4a and 4b . . c

Other (Describe in Part XIII) . Add lines 2a through 2d .

Subtract line 2e from line 1 .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . .

Explanation

The project is exempt from income taxes under Internal Revenue Code Section 501(c)(4) and therefore, has made no provision for income taxes. The Project's tax returns are open for examination by taxing authorities, generally, for three years after the due date of the return or the date the return

## Part XIII **Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

information

Return Reference

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Total revenue, gains, and other support per audited financial statements .

was filed, whichever was later

2e

3

4c

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Part XIII Supplemental Informat		
Return Reference	Explanation	

