# Form 990

Department of the Treasury

Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

<u>A</u>	For the	2016 cal	lendar year, or tax year beginning 7/1/2016 , and ending	6/30/2017	7									
	Check if a		C Name of organization WPO FAIRCHESTER YANKEE CHAPTER, INC D E	mployer identif	ication number									
$\mathbf{X}$	Address c	hange	Doing business as											
$\Box$	Name cha	nna		073344	<del></del>									
	IVAING CITE	inge	% CATHY ZAMBETTI 41 MAPLE AVE 3A E T	Telephone numbe	r									
Ш	Initial retu	rn	City or town State ZIP code (516	(516) 746-4657										
$\Box$	Final return	terminated	HASTINGS ON HUDSON NY 10706	71.00.	<del></del>									
$\equiv$			Foreign country name Foreign province/state/county Foreign postal code		075.750									
Ш	Amended	return		Gross receipts \$	275,759									
	Applicatio	n pending	F Name and address of principal officer H(a) is this a gro	oup return for subor	dinates? Yes X No									
			James Howland 349 Locust Ave, Rye, NY 10580 H(b) Are all su	ubordinates includ	ded? Yes No									
	Tax-exem	nt etatus	501(c)(3) X 501(c) ( 6 ) ◀ (insert no ) 4947(a)(1) ot √527 If "No," a	ittach a list (see	instructions)									
					► 700G									
		: ► N/A		emption number	7096									
K	Form of or	ganization	X Corporation Trust Association Other ▶ L Year of formation	2004 M S	State of legal domicile CT									
F	Part I	Su	mmary											
	1	Briefly d	describe the organization's mission or most significant activities THE ORGANIZA	TION'S OBJ	ECTIVE TO DEVELOP									
8	1	& PROM	MOTE THE EXCHANGE OF IDEAS, EXPERIENCES, & PRACTICES PERTAINING TO	O THE PROB	LEMS OF									
Jar		AMERIC	N BUSINESS MANAGEMENT, AND ACCOMPLISHES THIS THROUGH PERIODIC MEETINGS & FORUMS											
/en	2	Check this box    If the organization discontinued its operations or disposed of more than 25% of its net assets												
ő	3		r of voting members of the governing body (Part VI, line 1a)	3	10									
∞ ∞	4		r of independent voting members of the governing body (Part VI, line 1b)	4	10									
es	5		imber of individuals employed in calendar year 2016 (Part V, line 2a)	. 5	0									
₹ 	6		imber of individuals employed in calendar year 2010 (Fait V, line 2a)	6	<u>_</u>									
Activities & Governance	7a		related business revenue from Part VIII, column (C), line 12	7a	0									
•	b		elated business taxable income from Form 990-T, line 34	7b										
_	+ -	Netunit		r Year	Current Year									
	8	Contribi	utions and grants (Part VIII, line 1h)	0	275,759									
Revenue	۱		n service revenue (Part VIII, line 2g)	0	2/3,/39									
Ven	9	-	nent income (Part VIII, column (A), lines 3, 4, and 7d)	0										
æ	10			0										
	11		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<del></del>									
-	12		venue—add lines 8 through 11 (must equal Part VIII column (A), line 12		275,759									
	13		and similar amounts paid (Part IX, column A) tines 1–3)	7,500	0									
	14	Salarias	s paid to or for members (Part IX, column (A), line 4)		0									
Expenses	15		, other compensation, employee benefits (Part X, column (A), tines \$ 10)		0									
ë	16a	Profess	sional fundraising fees (Part IX, column (A)) he 11e	0	0									
X	·   _b	Total ful	ndraising expenses (Part IX, column (D), line 26) 0	00.040	000.400									
	1''		expenses (Part IX, column (A), lines 11a–11d (11f–24e)	83,349	283,186									
	18		openses Add lines 13–17 (must equal Part IX, column (A), line 25)	90,849	283,186									
	19	Revenu	ue less expenses Subtract line 18 from line 12	-90,849	-7,427									
Net Assets or	E 20	Total on	<del> </del>	FO 700	End of Year									
98	20		ssets (Part X, line 16) abilities (Part X, line 26)	50,790	43,363									
10	21 22			50,790	42.262									
			sets or fund balances. Subtract line 21 from line 20	30,730	43,363									
	art II		gnature Block ry, I declare that I have examined this return, including accompanying schedules and statements, and to the bes	et of my knowledge										
	•		ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has		, <del>c</del>									
			Debry Dusin	7/14	18									
	gn		Signature of officer	Date	· <i>U</i>									
Н	ere		DEBRA DURBEN TREASURER											
			Type or print name and title											
_		Pnr	nVType preparer's name Preparer's signature Date	<del></del>	PTIN									
P	aid		1 12-	Check										
	repare	JAI	MES G FAWLS 2007 1/30/20	018 self-emp	P00075605									
	se Onl		m's name ► JAMES G FAWLS CPA	irm's EIN ► 45-4678522										
J:	36 VIII	у —	ATT MARRIED AVENUE AUTHORITIES OF THE ARM AND AREA		746-4657									
N.A.	av the !!			10 10										
			ss this return with the preparer shown above? (see instructions)	<del></del>	X Yes No									
Fo	r Paper	work Red	duction Act Notice, see the separate instructions.		Form <b>990</b> (2016)									

orm 9	90 (2016) VVPO FAIRCHESTER YANKEE CHAPTER, INC	20-20/3344	Page <b>Z</b>
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission THE EXEMPT ORGANIZATION HAS AS ITS OBJECTIVE TO DEVELOP AND PROMOTE THE EXCHAN EXPERIENCES, AND PRACTICES PERTAINING TO THE PROBLEMS OF AMERICAN BUSINESS MANA		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
4	If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a the total expenses, and revenue, if any, for each program service reported.		
<b>4</b> a	(Code ) (Expenses \$ 260,758 including grants of \$ ) (Revent the ORGANIZATION'S OBJECTIVE TO DEVELOP & PROMOTE THE EXCHANGE OF IDEAS, EXPER PERTAINING TO THE PROBLEMS OF AMERICAN BUSINESS MANAGEMENT, AND ACCOMPLISHES MEETINGS & FORUMS	ENCES, & PRACTI	RIODIC
4b	(Code ) (Expenses \$ including grants of \$ ) (Rever	nue \$	)
4c	(Code. ) (Expenses \$ including grants of \$ ) (Rever	nue \$	)
4d	Other program services (Describe in Schedule O )		
40	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$  Total program service expenses \$ 260.758	0)	

Part IV Checklist of Required Schedules

	One of the dame of the dame			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	Γ	Yes	No
	complete Schedule A	1_1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		х
4	<b>Section 501(c)(3) organizations.</b> 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	х	
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		х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	<u> </u>		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>x</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		x
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	1		١
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	X
С	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	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	10	<u> </u>	<u> </u>
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
12a	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	1		
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<b> </b>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del> </del>	X
O	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	Ì	1	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	x
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	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<b> </b> -	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	<del> </del>	X
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	}	x
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		X

## WPO FAIRCHESTER YANKEE CHAPTER, INC Checklist of Required Schedules (continued) Part IV

		- 1	res	NO
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
24-	employees? If "Yes," complete Schedule J	23		X
<b>4</b> 43	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 and complete Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del>  ^-</del>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	270		
•	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		l v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	3634		X Y
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			標準
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	an ar a	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			ļ ,,
0.4	conservation contributions? If "Yes," complete Schedule M	30	<del> </del>	<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		
32	Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		X
JZ	If "Yes," complete Schedule N, Part II	32		X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	~~	-	<del>                                     </del>
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		_ x_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			1
	III, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	—
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	<del> </del>	<del>├</del>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		}	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		\ v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	. 37	+	<u>X</u>
J0	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	x	
	. or reservant only one required to complete defication			(2016)
		, 0,11		(~~ .~)

Part	Check if Schedule O contains a response or note to any line in this Part V			ſ	
			$\neg \uparrow$	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	3	$\neg$	$\overline{}$	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0	Į	ļ	l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable				_
	gaming (gambling) winnings to prize winners?	. L	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	Į		ļ	ĺ
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	0			-
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	L	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_			l
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
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		<b></b> -
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	- 1	[		l
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			ĺ	
	account)?	-	4a		X
b	If "Yes," enter the name of the foreign country	-			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts				1
5a	(FBAR)		5a		V
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	-	5c		<del>  ^-</del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<u> </u>	30	-	
Ou .	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	-	<del>-</del>		<u> </u>
~	gifts were not tax deductible?	1	6b		
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	İ			
	and services provided to the payor? .		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282? .	L	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	L	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	L	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	_	7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	-	7h		<b>├</b>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	- 1	_		ł
_	sponsoring organization have excess business holdings at any time during the year?	-	8	<b></b>	<del> </del>
9	Sponsoring organizations maintaining donor advised funds.		00	ĺ	1
a	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	}-	9a 9b	<del></del>	<del>}</del>
ь 10	Section 501(c)(7) organizations. Enter	·	90		<del> </del>
а	Initiation fees and capital contributions included on Part VIII, line 12			l	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	$\neg \uparrow$	- 1	1	Ì
11	Section 501(c)(12) organizations. Enter	$\neg$		{	
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources	$\neg \uparrow$			
	against amounts due or received from them )	- 1	ļ	ĺ	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	$\overline{}$	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.	$\neg$			
а	Is the organization licensed to issue qualified health plans in more than one state?	[	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	ſ			
b	Enter the amount of reserves the organization is required to maintain by the states in which	- }			1
	the organization is licensed to issue qualified health plans				1
С	Enter the amount of reserves on hand			<u> </u>	<del> </del>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	P	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	. 1	14b	I	1

Part VI

20-2073344 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

	Check if Schedule C Contains a response of note to any line in this Part VI	<u> </u>			≙
Sect	on A. Governing Body and Management	<del></del>			
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 10	4 1		
	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		l l	ì	
b	Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 10	4 ]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with	1 1		
	any other officer, director, trustee, or key employee?	•	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under to	the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or othe	r person?	3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	as filed?	4		Χ
5	Did the organization become aware during the year of a significant diversion of the organization's a	issets?	5		Х
6	Did the organization have members or stockholders?	•	6	Χ	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint			
	one or more members of the governing body?		7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	,			
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	n during			,
	the year by the following	-		 	
а	The governing body?		8a	Χ	
b	Each committee with authority to act on behalf of the governing body?		8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached		_	
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Lx_
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	Code	)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	re filing the form?	11a	X	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		- 1		ļ.  -
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"			
	describe in Schedule O how this was done	Ē	12c	<b>_</b>	X
13	Did the organization have a written whistleblower policy?	•	13		X
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and appro	•			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?		-	
<b>a</b>	The organization's CEO, Executive Director, or top management official	•	15a	<u> </u>	X
b	Other officers or key employees of the organization	•	15b	<del> </del>	<u>X</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	_		<b> </b>	į
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	gement	1	}	١.,
	with a taxable entity during the year?	•	16a	Ь—	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard	1	1	}
	the organization's exempt status with respect to such arrangements?	<del></del>	16b	L	Ь
<u>Sect</u>	List the states with which a copy of this Form 990 is required to be filed ▶				
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	0-T (Section 501/o)/	3/6 00/		
10	available for public inspection. Indicate how you made these available. Check all that apply	0-1 (OBOIOH 30 HC)(-	ااال درد	<del>3</del> /	
		kplain in Schedule O	1		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,			nd	
	financial statements available to the public during the tax year	oor imot or interest pt	uy, ai		
20	State the name, address, and telephone number of the person who possesses the organization's	oooks and records	•		
	CATHY ZAMBETTI	(914) 478-580	3		
	41 MAPLE AVE SUITE 3A, HASTINGS ON HUDSON, NY 10706				

-							_				_
•											•
Form 990 (2016)	WPO FAIRCHESTER YANKEE CH	IAPTER, INC								20-20733	44 Page <b>7</b>
Part VII	Compensation of Officers, Dire	ctors, Trustee	s, K	еу	Em	plo	yees	s, F	lighest Comp	ensated	
	Employees, and Independent C										
···	Check if Schedule O contains a re	<del></del>				_				· · ·	<u> </u>
Section A.	Officers, Directors, Trustees, Key Er									<del></del>	
	his table for all persons required to be I	isted Report coi	mpen	satı	on f	or t	ne cai	enc	lar year ending v	vith or within the	
organization's	•		(l	46		ي					4
	of the organization's <b>current</b> officers, di on Enter -0- in columns (D), (E), and (I						uais c	or o	rganizations), reg	gardiess or amol	unt
	of the organization's <b>current</b> key emplo				•		defini	tion	of "key employe	ee "	
<ul> <li>List the</li> </ul>	organization's five current highest com	pensated emplo	yees	(otl	her '	thar	n an o	ffice	er, director, truste	ee, or key emplo	yee)
	reportable compensation (Box 5 of Form	n W-2 and/or Bo	ж 7 о	f Fo	rm	109	9-MIS	SC)	of more than \$10	00,000 from the	
-	ind any related organizations		سيمالم	l			4				
	of the organization's <b>former</b> officers, ke eportable compensation from the organi		_			•		ea e	miployees who h	eceivea more th	an
	of the organization's <b>former directors</b> of	-			_			itv a	as a former direc	tor or trustee of t	the
	more than \$10,000 of reportable compe										
	n the following order individual trustees employees, and former such persons	or directors, ins	titutic	nal	trus	stee	s, offic	cers	; key employees	s, highest	
X Check the	s box if neither the organization nor any	related organiz	ation	con	npe	nsa	ted ar	у с	urrent officer, dir	ector, or trustee	
					(0	C)					_
	(A)	(B)	(do r	not ch		ition	than o	ne i	( <b>D</b> )	(E)	(F)
	Name and Title	Average hours per	box,	unles	ss pe	rson	is both	an	Reportable compensation	Reportable compensation	Estimated amount of
		week (list any		$\overline{}$					from	from related	other
		hours for related	Individual to or director	stitut	Officer	Key employee	ghes	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
		organizations below dotted	함	lona	'	n plo	   ee   g	,	(VV-2/1099-MISC)		organization and related
		line)	Individual trustee or director	Institutional trustee		)ee	nper				organizations
			•	8			Highest compensated employee				
	ALIONAL AND	0.00	<del>                                     </del>		├	⊢					<del> </del>

(A) Name and Title	(B) Average hours per	(do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JAMES HOWLAND	2 00									
CO-CHAIRMAN		X		Х	L					
(2) JAMES M BETTER	2 00									
CO-CHAIRMAN		X		X			L.			L
(3) DOUG MELLINGER	2 00		ŀ							
EDUCATION CO-CHAIR	<u> </u>	X	<u> </u>	X		<u> </u>	L	l	<u> </u>	
(4) BILL SWEEDLER	2 00									
EDUCATION CO-CHAIR		Х		Х	L	<u> </u>				
(5) DEBRA DURBEN	2 00									
TREASURER		Х	<u> </u>	Х					<u> </u>	
(6) SUNIL GARGA	2 00									
FORUM CHAIR		X	<u> </u>	Х		<u> </u>				
(7) ROGER SHEDLIN	2 00									
SPECIAL EVENTS OFFICER		X		X			<u> </u>			
(8) DINAH HOWLAND	2 00									
FAMILY OFFICER		X	L.	X				L		
(9) WAYNE COOPER	2 00	1	Γ			}				
MEMBER AT LARGE		X		X		<u> </u>	l _			<u> </u>
(10) RICK SMILOW	2 00									
MEMBER AT LARGE		X	1	X	<u> </u>	1		<u> </u>	ļ	
(11)										
(12)										
(13)										
(14)			T				T			

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week (list any	Position (do not check more than coordinates person is both officer and a director/trustr					n an Reportable compensation		(E) Reportable compensation from related		(F) Estimated amount of other		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M	ns	com fr orga and	pensation the anization trelate in its anization in its a	n d
(15)								-						
(16)													<del></del>	
(17)				-				-				· · · · · ·		
(18)								-						
(19)			<del></del>											
(20)														
(21)								-						
(22)														
(23)														
(24)														
(25)														
1b c d	Sub-total  Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	ection A		I.—	·			<b>&gt;</b>	0		0			0
2	Total number of individuals (including but not lir reportable compensation from the organization					vho	recei	ived	<u> </u>	<del></del>				
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched	ector, or trustee,	key e	emp		e, o	r higi	hes	t compensated			3	Yes	No X
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual.	of reportable cor	npen	satı								- - 4		X
5	Did any person listed on line 1a receive or accifor services rendered to the organization? If "Y									vidual		5		X
Sec 1	cion B. Independent Contractors  Complete this table for your five highest compecompensation from the organization Report of											 tax		
	year (A) Name and business add	dress						Γ	(B) Description of se	rvices		(C Comper		
								L				_ <u></u> -		0
								╁-	<del></del>					0
								1						0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the		ted to	the	se	liste	d abo		who received	<del></del>				0

	VIII	Check if Schedule O contains	a response o	note to any line in	this Part VIII			
	سر				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 x	1a	Federated campaigns	1					
Grants	b	Membership dues	1	<b>b</b> 275,759	[			
S, G	С	Fundraising events	. 1		1			
돌曹	ď	Related organizations	1					
Si E	е	Government grants (contribution	· -	<b>e</b> 0	]			
et et	f	All other contributions, gifts, gran	l l		į			ļ
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included abo	<u></u>					İ
S E	g	Noncash contributions included in I	ines 1a-1f S	0	075 750			1
	<u>h</u>	Total. Add lines 1a-1f		Business Code	275,759	<del></del>		<del> </del>
nue	20			- Dusiness Obde		-		-
Program Service Revenue	2a b			<del></del>	0			<del> </del>
	C			<del>                                     </del>	0		<del> </del>	<del> </del>
Ž	d				0			
Š	ء ا			···	0		<u> </u>	<del> </del>
gra	f	All other program service revenu			0			
Po	g	Total. Add lines 2a-2f		<b></b>	0	<del></del>		<del> </del>
	3	Investment income (including div	vidends, interes	st, and				
		other similar amounts)	·	•	l ol		[	
	4	Income from investment of tax-e	xempt bond pr	oceeds <b>&gt;</b>	0			
	5	Royalties			0			
			(ı) Real	(II) Personal				
	6a	Gross rents .						
	b	Less rental expenses						
	С	Rental income or (loss)		0 0				
	d	Net rental income or (loss)			0		ļ	<u> </u>
	7a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory		0 0	ļ			
	b	Less cost or other basis						
	1	and sales expenses		0 0	}		}	
	C	Gain or (loss)	L	0 0			-	
	d	Net gain or (loss)			_0		<u> </u>	
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18	•	<b>a</b> 0				
ş	b	Less. direct expenses	•	<b>b</b> 0	]			]
0	C	` ·			0		<u> </u>	
	9a	Gross income from gaming active See Part IV, line 19		a 0				
	ь	Less direct expenses .		b 0	†			
	c	Net income or (loss) from gamin	•	·	1 0			
		Gross sales of inventory, less	9				<del> </del>	<del>                                     </del>
		returns and allowances		a 0				
	Ь	Less cost of goods sold .		<b>b</b> 0				
	1	Net income or (loss) from sales	•		1 0			
		Miscellaneous Revenue		Business Code	†~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		<del> </del>	<del> </del>
	11a				أه أ			
	Г.				0		<u> </u>	<del> </del>
	c				0			1
	d	All other revenue			0		<del>                                     </del>	<del> </del>
	е	Total. Add lines 11a–11d			0	<del> </del>	<del>                                     </del>	<del>                                     </del>
	12	Total revenue. See instructions	•		275 759		1 7	

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other or	ganizations must co	omplete column (A)							
	Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	domestic governments See Part IV, line 21	0									
2	Grants and other assistance to domestic	}									
	individuals See Part IV, line 22	0									
3	Grants and other assistance to foreign	Ì									
	organizations, foreign governments, and foreign	l	Į	į							
	individuals See Part IV, lines 15 and 16	0			<del></del>						
4	Benefits paid to or for members	0			<del></del>						
5	Compensation of current officers, directors,										
_	trustees, and key employees	0	<del></del>	0							
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and		·								
7	persons described in section 4958(c)(3)(B) .	0									
7 8	Other salaries and wages  Pension plan accruals and contributions (include	<del>-</del>	<u> </u>								
o	section 401(k) and 403(b) employer contributions)	0									
9	Other employee benefits	0		· <del></del>							
10	Payroll taxes	0									
11	Fees for services (non-employees)				<del></del>						
``a	Management .	18,750		18,750							
b	Legal	0		.0,100							
C	Accounting	1,100		1,100							
d	Lobbying	0	<u> </u>		<del></del>						
е	Professional fundraising services See Part IV, line 17	0									
f	Investment management fees	0									
g	Other (If line 11g amount exceeds 10% of line 25, column										
	(A) amount, list line 11g expenses on Schedule O)	2,496		2,496							
12	Advertising and promotion	0									
13	Office expenses	82		82							
14	Information technology	0									
15	Royalties	0									
16	Occupancy	0	<del></del>		<del>-</del>						
17	Travel .	0									
18	Payments of travel or entertainment expenses	1									
40	for any federal, state, or local public officials	0 750	200 750	_ <del></del>	<del></del>						
19	Conferences, conventions, and meetings	260,758	260,758	<del></del>							
20 21	Interest Payments to affiliates	0		<u> </u>							
22	Depreciation, depletion, and amortization		0	0	0						
23	Insurance .	0	<del>-</del>		<u>`</u>						
24	Other expenses Itemize expenses not covered				<del></del>						
	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	, ,	0									
b		0									
С		0									
d		0									
е	All other expenses	0									
25	Total functional expenses. Add lines 1 through 24e	283,186	260,758	22,428	C						
26	Joint costs. Complete this line only if the	1	1		1						
	organization reported in column (B) joint costs	1			[						
	from a combined educational campaign and		]		1						
	fundraising solicitation Check here	1	i	l	Į.						

	rt X	Balance Sheet	- <del></del>	<del></del>		
		Check if Schedule O contains a response or no	ote to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		50,790	1	43,363
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net.		0	3	0
	4	Accounts receivable, net .		0	4	0
	5	Loans and other receivables from current and form	ner officers, directors,			
		trustees, key employees, and highest compensate	ed employees			· · · · · · · · · · · · · · · · · · ·
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons				
		4958(f)(1)), persons described in section 4958(c)(3)(B), and				
		sponsoring organizations of section 501(c)(9) voluntary emp	loyees' beneficiary			
Assets		organizations (see instructions) Complete Part II of Schedu	le <b>L</b>		6	
SS(	7	Notes and loans receivable, net		0	7	0
4	8	Inventories for sale or use			88	
	9	Prepaid expenses and deferred charges	•		9	
	10a	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D	<b>10a</b> 0			
	b	Less accumulated depreciation	1 <b>0b</b> 0	0	10c	0
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11	0	12	0	
	13	Investments—program-related See Part IV, line 1	0	13	0	
	14	Intangible assets .	0	14	0	
	15	Other assets See Part IV, line 11		0	15	0
	16	Total assets. Add lines 1 through 15 (must equal	line 34)	50,790	16	43,363
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		<u> </u>	18	
	19	Deferred revenue .		19		
	20	Tax-exempt bond liabilities .		20		
	21	Escrow or custodial account liability Complete Pa			21	
es	22	Loans and other payables to current and former of				
Liabilities		trustees, key employees, highest compensated er				
<u>a</u>		disqualified persons Complete Part II of Schedule			22	ļ
_	23	Secured mortgages and notes payable to unrelate		0	23	0
	24	Unsecured notes and loans payable to unrelated		<u> </u>	24	0
	25	Other liabilities (including federal income tax, pay				
	ļ	parties, and other liabilities not included on lines 1	7-24) Complete			
		Part X of Schedule D	•	0		0
	26	Total liabilities. Add lines 17 through 25	<del></del>	0	26	0
<b>(</b> 0	1	Organizations that follow SFAS 117 (ASC 958),			1	
ĕ		complete lines 27 through 29, and lines 33 and	34.			
<u>a</u>	27	Unrestricted net assets .			27	
Ba	28	Temporarily restricted net assets			28	
멸	29	Permanently restricted net assets .			29	
Ē	ļ	Organizations that do not follow SFAS 117 (ASC958), cl	neck here   X and		1	
Net Assets or Fund Balances	1	complete lines 30 through 34.	<u>ب</u>	]	Ì	r
Š	30	Capital stock or trust principal, or current funds		fn = n =	30	
SSe	31	Paid-in or capital surplus, or land, building, or equ	ipment fund .		31	<del> </del>
Ž	32	Retained earnings, endowment, accumulated incompared in the second secon		50,790	<del></del>	43,363
Š	33	Total net assets or fund balances		50,790		43,363
_	34	Total liabilities and net assets/fund balances		50,790		43,363

Form 9	990 (2016) WPO FAIRCHESTER YANKEE CHAPTER, INC	20-2	073344	Pag	e 12	
Part	XI Reconciliation of Net Assets			•		
	Check if Schedule O contains a response or note to any line in this Part XI	•		{		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		275	,759	
2	Total expenses (must equal Part IX, column (A), line 25)					
3	Revenue less expenses Subtract line 2 from line 1					
4	tevenue less expenses Subtract line 2 from line 1  1					
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1 1				
	column (B))	10		43	,363	
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		r——	Yes	No	
'	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1 1			
	Schedule O		] ]		,	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
La	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		20			
	reviewed on a separate basis, consolidated basis, or both		- } - ]			
			1 1		!	
b	Were the organization's financial statements audited by an independent accountant?		2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis		1			
С	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?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain in				1	
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L	
			Form	990	(2016)	

#### **SCHEDULE C** (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

OMB No 1545-0047 201

Open to Public

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• S	Section 501(c)(4), (5), or (6) or	rganizations Complete Part III					
Name of organization Employer identification number					r identification number		
WPO	WPO FAIRCHESTER YANKEE CHAPTER, INC 20-2073344						
Pai	rt I-A Complete if t	he organization is exempt und	er section 501(	c) or is a section 527 o	organization.		
1	Provide a description of the definition of "political cam	ne organization's direct and indirect p	olitical campaign a	activities in Part IV (see ins	tructions for		
2	·	expenditures (see instructions)		<b>▶</b> \$			
3	Volunteer hours			• •			
Pai		he organization is exempt und	er section 501(	c)(3).			
1		excise tax incurred by the organizatio					
2	Enter the amount of any e	excise tax incurred by organization m	anagers under sed		·····		
3		ed a section 4955 tax, did it file Form	-		Yes No		
4a	Was a correction made?		-		Yes No		
b	If "Yes," describe in Part I	V			<del></del>		
		he organization is exempt und	er section 501(	c), except section 501	(c)(3).		
1	Enter the amount directly	expended by the filing organization f	or section 527 exe	mpt function			
	activities			▶ \$			
2		ling organization's funds contributed	to other organizati	ons for section			
	527 exempt function activ			▶ \$			
3	·	penditures Add lines 1 and 2 Enter h	ere and on Form 1				
	line 17b			▶ \$	0		
4	• •	file Form 1120-POL for this year?			Yes No		
5		esses and employer identification number (EIN) of all section 527 political organizations to which the filing					
organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such							
as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part i							
		T	<del></del>				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and		
				funds If none, enter -0-	promptly and directly delivered to a separate		
					political organization if		
					none, enter -0-		
<u></u>							
(1)							
(2)							
(3)							
		<del></del>					
(4)							
(5)							
(6)							

_						Page Z
Pa	art II-A Complete if the organizatio under section 501(h)).	n is exempt	under section 5	01(c)(3) and filed	Form 5768 (elec	ction
A	Check ▶ ☐ If the filing organization be					ıp member's
_	name, address, EIN, expe					
В	Check ▶ if the filing organization ch			rol" provisions ap	ply.	
	Limits on Lobb (The term "expenditures" m				(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence pub		• • •			0
b	, o , h					0
C	Total lobbying expenditures (add lines 1a an	ıd 1b)	•		0	0
d	Other exempt purpose expenditures .				<del></del>	0
е	Total exempt purpose expenditures (add line	·		. }	0	0
f	Lobbying nontaxable amount Enter the amo	ount from the fo	ollowing table in bot	h		_
Г	columns	<del></del>	<del></del>	<del></del>	- 0	
	If the amount on line 1e, column (a) or (b) is:		ng nontaxable amou	int is:		
ŀ	Not over \$500,000 Over \$500,000 but not over \$1,000,000		amount on line 1e	#500.000	1	!
ŀ	Over \$1,000,000 but not over \$1,000,000		us 15% of the excess us 10% of the excess			
1	Over \$1,500,000 but not over \$1,500,000		us 5% of the excess of		]	
- 1	Over \$17,000,000	\$1,000,000	<u> </u>	700, \$1,000,000		1
g	Grassroots nontaxable amount (enter 25%		<del></del>		0	0
h					0	
i	<del></del>			0		
j	If there is an amount other than zero on eith	er line 1h or lir	ne 1i, did the organia	zation file Form 472	0 reporting	
-	section 4911 tax for this year?		_		[	Yes No
	4.`	rear Averaging	g Period Under sec	tion 501(h)		
	(Some organizations that made a s		•	• •	of the five columns	below.
	· •		structions for lines	•		
	Lobbyii	ng Expenditur	es During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	( <b>d)</b> 2016	(e) Total
2a	Lobbying nontaxable amount			0	0	0
_b	Lobbying ceiling amount (150% of line 2a, column(e))					0
c	Total lobbying expenditures	<del></del>		0	0	0
d	Grassroots nontaxable amount			0	0	0
е	Grassroots ceiling amount (150% of line 2d, column (e))					0
f	Grassroots lobbying expenditures			0	ا	0

Schedule C (Form 990 or 990-EZ) 2016

Par		emplete if the organization is exempt under section 501(c)(3) and has NO ection under section 501(h)).	T filed	l Fori	m 5768
For e		es," response on lines 1a through 1ı below, provide in Part IV a detailed			(b)
desc	ription of the	e lobbying activity.	Yes	No	Amount
1	legislation, in	ear, did the filing organization attempt to influence foreign, national, state or local including any attempt to influence public opinion on a legislative matter or through the use of			
а	Volunteers?				
b	Paid staff or	management (include compensation in expenses reported on lines 1c through 1i)?			
C	Media adver	tisements?			<u> </u>
d	Mailings to n	nembers, legislators, or the public?			
е		or published or broadcast statements?	<u> </u>		
f		ner organizations for lobbying purposes?			<del></del>
g		ct with legislators, their staffs, government officials, or a legislative body?	<b> </b>		
h		onstrations, seminars, conventions, speeches, lectures, or any similar means? .	<b> </b>		<u> </u>
!	Other activit				<u> </u>
) 20		tes 1c through 1.		-	0
2a b		ities in line 1 cause the organization to be not described in section 501(c)(3)? If the amount of any tax incurred under section 4912	-	├	
C		er the amount of any tax incurred by organization managers under section 4912.	1		
		rganization incurred a section 4912 tax, did it file Form 4720 for this year?			<del></del>
		emplete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	ors	ection
		1(c)(6).	(-)(-)	,	
		News			Yes No
1	Were substa	intially all (90% or more) dues received nondeductible by members?			1 X
2		nization make only in-house lobbying expenditures of \$2,000 or less?			2 X
3	Did the organ	ization agree to carry over lobbying and political campaign activity expenditures from the prior ye	ear?		3 X
г ан 	50 ar	omplete if the organization is exempt under section 501(c)(4), section 501 (d)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," iswered "Yes."			
1		sments and similar amounts from members		1	
2		(e) nondeductible lobbying and political expenditures (do not include amounts of			
_	Current yea	penses for which the section 527(f) tax was paid).		2a	
a	Current year Carryover fr			2b	
C	Total	on last year	•	2c	0
3		mount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4		ere sent and the amount on line 2c exceeds the amount on line 3, what portion of the	•		
		s the organization agree to carryover to the reasonable estimate of nondeductible		1	
		d political expenditure next year?		4	ļ
5_	Taxable am	ount of lobbying and political expenditures (see instructions)		5	0
Par	IV Sup	plemental Information			
Prov	ide the descri	otions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group	o list),	Part II	-A, lines 1 and
2 (se	e instructions	), and Part II-B, line 1 Also, complete this part for any additional information			
		······································			

WPO FAIRCHESTER YANKEE CHAPTER, INC	20-2073344
Schedule C (Form 990 or 990-EZ) 2016  Part IV Supplemental Information (continued)	Page <b>4</b>
Part IV Supplemental Information (continued)	
	••••••
······	

#### **SCHEDULE 0** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

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OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. Open to Public Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Name of the organization **Employer identification number** 20-2073344 WPO FAIRCHESTER YANKEE CHAPTER, INC.

W OTAMORESTER MARKE STATE TER, INC.
Form 990, Part VI, Section A, Line 6, 7A The Exempt Organization is a Chapter of Young
Presidents' Organization, Inc. (EIN 13-1770417) Membership in Young Presidents' Organization
is comprised of chief executives running large companies who seek out one another to share
experiences Founded in New York City in 1950, YPO unites approximately 20,000 business
leaders in more than 120 countries around a shared mission. "Better Leaders Through Education
and Idea Exchange "The members of the exempt organization select the members of the Chapter's
governing body in elections that are held, regularly, in accordance with the Chapter's by-laws
The Governing Body's decisions are ultimately subject to oversight by the Parent Organization
Form 990, Part VI, Section B, Line 11A. The Treasurer has primary review responsibility. In
addition, three bound copies of form 990, accompanied by accounting details, are provided to
the governing body at the at the time of Form 990's completion. It is recommended that the
remaining members of the governing body will review these bound copies, noting questions
arising from their review
Form 990, Part VI, Section B, Line 19 Disclosure, The Chapter chairperson is charged with the
duty of routing and, ultimately, fulfilling requests from the public for inspection of
documents