

**OJIBWA PROPERTY OWNERS ASSOCIATION, INC.**

**UNAUDITED FINANCIAL STATEMENTS  
YEAR ENDED DECEMBER 31, 2015**



# COMPANIES

CPA'S & BUSINESS CONSULTANTS

The Board of Directors  
Ojibwa Property Owners Association, Inc.  
Weidman, MI 48893

We have compiled the accompanying statement of assets, liabilities, and equity - tax basis and the related statements of revenues, expenses and retained earnings - tax basis of Ojibwa Property Owners Association, Inc. (a Homeowner's Association Corporation) as of and for the year ended December 31, 2015. We have not audited or reviewed the accompanying financial statements and, accordingly, do not express an opinion or provide any assurance about whether the financial statements are in accordance with the income tax basis of accounting.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the income tax basis of accounting and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

Management has elected to omit substantially all of the disclosures ordinarily included in financial statements prepared on the income tax basis of accounting. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the Company's assets, liabilities, equity, revenues and expenses. Accordingly, the financial statements are not designed for those who are not informed about such matters.

H & S Companies, P.C.  
Certified Public Accountants  
Mt. Pleasant, Michigan

April 13, 2016

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**OJIBWA PROPERTY OWNERS ASSOCIATION, INC., INC.**  
**STATEMENT OF ASSETS, LIABILITIES AND EQUITY - TAX BASIS**  
**DECEMBER 31, 2015**

**Assets**

**Current Assets**

Cash in Checking	\$ 4,008.61
Cash in Savings	4,353.70
Cash In Checking - Dam Account	<u>5,559.86</u>

Total Current Assets 13,922.17

**Property and Equipment**

Total Assets \$ 13,922.17

**LIABILITIES & EQUITY**

**Current Liabilities**

**Equity**

Retained Earnings 13,922.17

Total Equity 13,922.17

Total Liabilities and Equity \$ 13,922.17

**OJIBWA PROPERTY OWNERS ASSOCIATION, INC., INC.**  
**STATEMENT OF REVENUES, EXPENSES AND RETAINED EARNINGS- TAX BASIS**  
**YEAR ENDED**  
**DECEMBER 31, 2015**

	Year Ended	%
<b>Revenues</b>		
Owner Association Fees	\$ 45,943.20	100.00
Interest Income	0.78	0.00
Total Revenue	45,943.98	100.00
<b>Expenses</b>		
Legal Fees	2,729.97	5.94
Accounting & Tax Fees	960.00	2.09
Electric & Propane	1,239.25	2.70
Equipment Gas & Oil	1,212.84	2.64
Insurance	2,985.67	6.50
Miscellaneous & Fees	20.00	0.04
Officer Pay	2,273.00	4.95
Maintenance - Lakes	10,000.00	21.77
Maintenance - Lake Engineer Fee	2,500.00	5.44
Maintenance - Other	15,364.59	33.44
Miscellaneous Work	862.59	1.88
General Repairs	533.99	1.16
Office Expense	6,114.34	13.31
Property Tax	932.94	2.03
Total Expenses	47,729.18	103.89
Net Income (Loss)	(1,785.20)	(3.89)
Retained Earnings, Beginning of the Year	15,707.37	
Retained Earnings, End of the Year	\$ 13,922.17	

See Accountant's Compilation Report



Form **990-EZ**

## Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

<b>A</b> For the 2015 calendar year, or tax year beginning _____, and ending _____																							
<b>B</b> Check if applicable:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input type="checkbox"/></td> <td>Address change</td> <td rowspan="2" style="width: 60%;"><b>C</b> Name of organization OJIBWA PROPERTY OWNERS ASSOCIATION INC.</td> <td rowspan="2" style="width: 30%;"><b>D</b> Employer identification number 38-2415085</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Name change</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Initial return</td> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Final return/terminated</td> <td colspan="2">P.O. BOX 82</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Amended return</td> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Application pending</td> <td colspan="2">WEIDMAN MI 48893</td> </tr> </table>	<input type="checkbox"/>	Address change	<b>C</b> Name of organization OJIBWA PROPERTY OWNERS ASSOCIATION INC.	<b>D</b> Employer identification number 38-2415085	<input type="checkbox"/>	Name change	<input type="checkbox"/>	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<input type="checkbox"/>	Final return/terminated	P.O. BOX 82		<input type="checkbox"/>	Amended return	City or town, state or province, country, and ZIP or foreign postal code		<input type="checkbox"/>	Application pending	WEIDMAN MI 48893	
<input type="checkbox"/>	Address change	<b>C</b> Name of organization OJIBWA PROPERTY OWNERS ASSOCIATION INC.	<b>D</b> Employer identification number 38-2415085																				
<input type="checkbox"/>	Name change																						
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<input type="checkbox"/>	Final return/terminated	P.O. BOX 82																					
<input type="checkbox"/>	Amended return	City or town, state or province, country, and ZIP or foreign postal code																					
<input type="checkbox"/>	Application pending	WEIDMAN MI 48893																					
<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____																							
<b>I</b> Website: ▶ OPOA.US																							
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 4 ) (insert no.) 4947(a)(1) or 527																							
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other																							
<b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ																							
▶ \$ 45,944																							

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

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	45,943
	4 Investment income	4	1
	5a Gross amount from sale of assets other than inventory	5a	
	5b Less: cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	6a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
6c Less: direct expenses from gaming and fundraising events	6c		
6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
7b Less: cost of goods sold	7b		
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	45,944	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	5,963
	14 Occupancy, rent, utilities, and maintenance	14	31,434
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	10,333
	17 <b>Total expenses.</b> Add lines 10 through 16	17	47,730
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,786
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	15,708
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	13,922

For Paperwork Reduction Act Notice, see the separate instructions.

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

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	15,708	22	13,922
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	15,708	25	13,922
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	15,708	27	13,922

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

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

What is the organization's primary exempt purpose?

SEE SCHEDULE O

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

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
28 PROPERTY ASSOCIATION RESPONSIBLE FOR MAINTENANCE OF 532 ACRES INCLUDING ROADS, TWO LAKES AND GRASS RUNWAY FOR THE BENEFIT OF PERMANENT AND PART TIME RESIDENTS	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 47,730
29	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)		32 47,730

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
STEVE SPRAGUE PRESIDENT	0.00	0	0	0
DAVE WASHBURN VICE PRESIDENT	0.00	0	0	0
JESSICA MANLEY TREASURER	0.00	0	0	0
STEVE DIETZ VICE-PRESIDENT	0.00	0	0	0
ROBERT BARKER SECRETARY	0.00	0	0	0
PERRY STEWART BOARD MEMBER	0.00	0	0	0
DOUG TILMANN BOARD MEMBER	0.00	0	0	0
TAMARA JETTON BOARD MEMBER	0.00	0	0	0
BETTY COOMER BOARD MEMBER	0.00	0	0	0

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

Table with 3 columns: Question, Yes, No. Rows include questions 33 through 41 regarding significant activity, changes to documents, unrelated business income, and tax shelter transactions.

41 List the states with which a copy of this return is filed: NONE
42a The organization's books are in care of: OJIBWA PROPERTY OWNERS ASSOC Telephone no.: 989-644-2842
P.O. BOX 82
Located at: WEIDMAN MI ZIP + 4: 48893

Table with 3 columns: Question, Yes, No. Rows include questions 42b and 42c regarding foreign accounts and offices.

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

Table with 3 columns: Question, Yes, No. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities.



46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
		46	X

**Part VI Section 501(c)(3) organizations only**  
 All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.  
 Check if the organization used Schedule O to respond to any question in this Part VI

47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	No
		47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	Yes	No
		48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	Yes	No
		49a	
b	If "Yes," was the related organization a section 527 organization?	Yes	No
		49b	

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

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

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: STEVE SPRAGUE Date: PRESIDENT  
 Type or print name and title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	ARTHUR M. ROSS, C.P.A.	ARTHUR M. ROSS, C.P.A.			P00137852
	Firm's name ▶ H&S COMPANIES, P.C.	Firm's EIN ▶ 38-2563599			
	Firm's address ▶ 112 N COURT ST MT PLEASANT, MI 48858	Phone no. 989-817-4900			

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

OJIBWA PROPERTY OWNERS ASSOCIATION  
INC.

Employer identification number

38-2415085

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
EXPENSES	
OFFICE EXPENSE & POSTAGE	\$ 6,114
INSURANCES	\$ 2,986
EQUIP OIL & GAS	\$ 1,213
MISC. & FEES	\$ 20
TOTAL	\$ 10,333

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

MAINTAIN COMMON AREAS OF ORGANIZATION TO INCLUDE ROADS, TWO FISHING LAKES

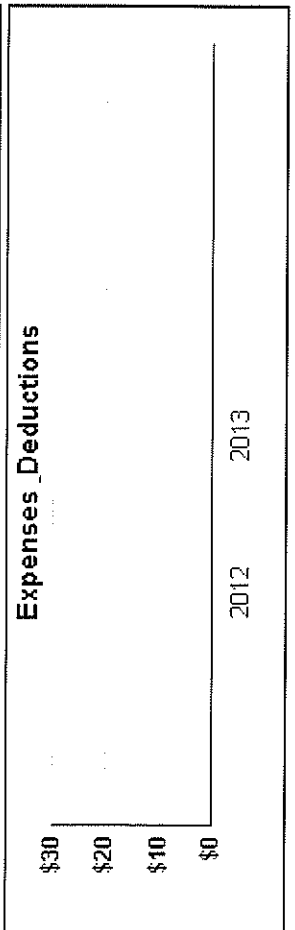
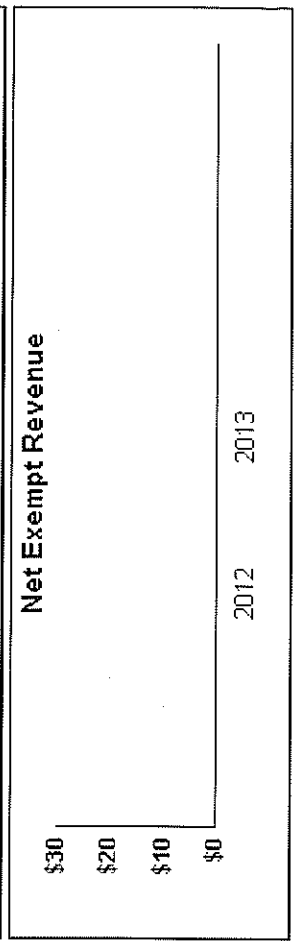
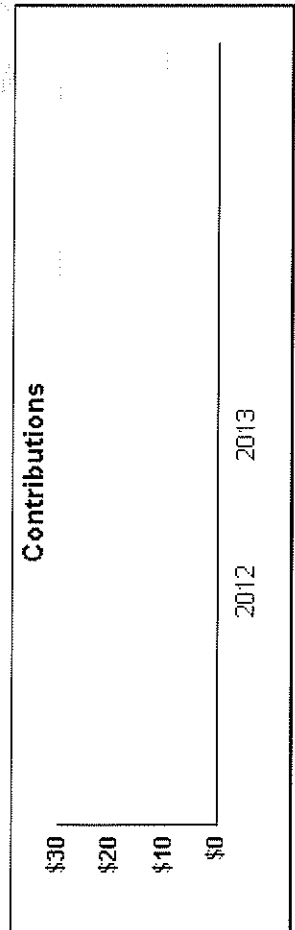
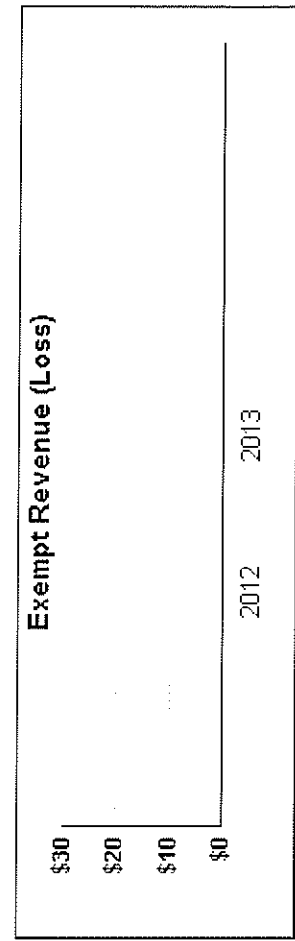
AND GRASS RUNWAY ON 532 ACRES FOR THE BENEFIT OF THE PERMANENT

AND PART TIME PROPERTY OWNERS.

**Tax Return History**

Form **990T** 2015  
 Name OJIEWA PROPERTY OWNERS ASSOCIATION INC.  
 Employer Identification Number 38-2415085

	2011	2012	2013	2014	2015	2016
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
<b>Total trade or business income.</b>						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

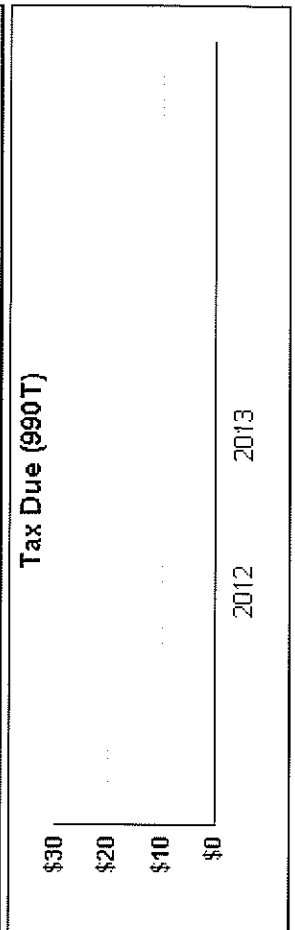
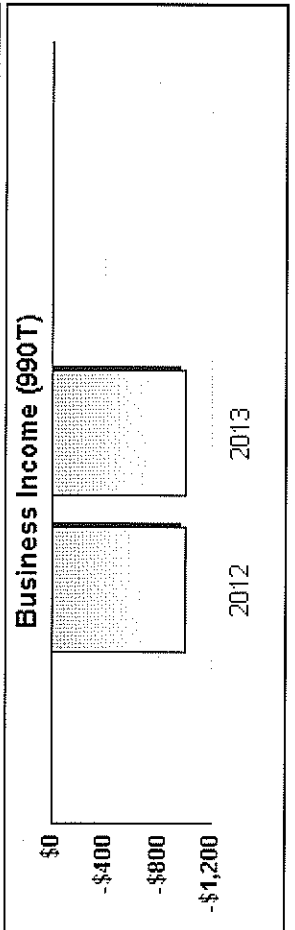
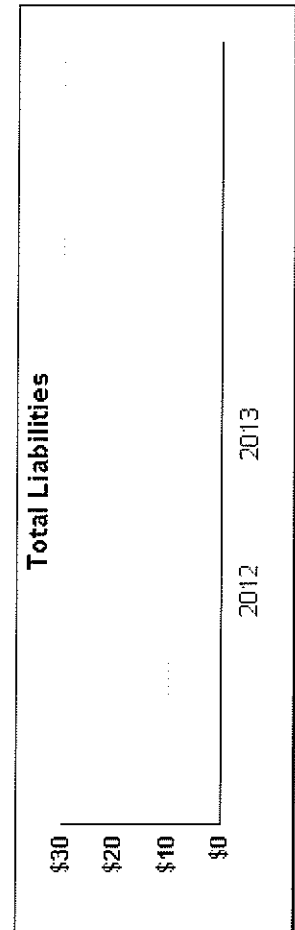
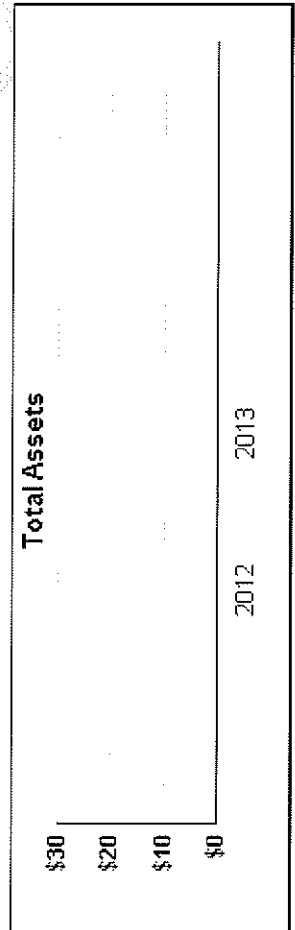


**Tax Return History**

Form **990T** 2015  
 Name **OJIBWA PROPERTY OWNERS ASSOCIATION INC.** Employer Identification Number **38-2415085**

	2011	2012	2013	2014	2015	2016
Other deductions						
Net operating loss deduction						
Specific deduction		1,000	1,000			
<b>Income after expense and deductions</b>		-1,000	-1,000			
Income tax (corporate or trust)						
Other taxes						
<b>Total taxes</b>						
General business credit						
Other credits						
<b>Net tax after credits</b>						
Estimated tax payments						
Other payments						
<b>Balance due/Overpayment</b>						

\* Income shown net of expenses



800022 OJIBWA PROPERTY OWNERS ASSOCIATION  
38-2415085  
FYE: 12/31/2015

**Federal Statements**

**Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
DUES & ASSESSMENTS	\$ 45,943
TOTAL	\$ 45,943

COPY

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1876

For calendar year 2015, or fiscal year beginning ..... 2015, and ending ..... 20 .....

▶ **Do not send to the IRS. Keep for your records.**▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).****2015**Department of the Treasury  
Internal Revenue ServiceName of exempt organization  
OJIBWA PROPERTY OWNERS ASSOCIATION  
INC.

Employer identification number

38-2415085

Name and title of officer  
STEVE SPRAGUE  
PRESIDENT**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	45,944
3a	Form 1120-POL check here ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here ▶	<input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize H&S COMPANIES, P.C. to enter my PIN 00022 as my signature  
ERO firm name Enter five numbers, but  
do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ 04/13/16

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

40459712345

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ ARTHUR M. ROSS, C.P.A.

Date ▶ 04/13/16

**ERO Must Retain This Form—See Instructions****Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2015)

### Forms 990 / 990-EZ Return Summary

For calendar year 2015, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

OJIBWA PROPERTY OWNERS ASSOCIATION 38-2415085  
INC.

**Net Asset / Fund Balance at Beginning of Year** 15,708

**Revenue**

Contributions			
Program service revenue		45,943	
Investment income		1	
Capital gain / loss			
Fundraising / Gaming:			
Gross revenue			
Direct expenses			
Net income			
Other income			
<b>Total revenue</b>		<u>45,944</u>	

**Expenses**

Program services			
Management and general			
Fundraising			
<b>Total expenses</b>		<u>47,730</u>	
<b>Excess / (deficit)</b>			<u>-1,786</u>

Changes

**Net Asset / Fund Balance at End of Year** 13,922

**Reconciliation of Revenue**

Total revenue per financial statements			
Less:			
Unrealized gains			
Donated services			
Recoveries			
Other			
Plus:			
Investment expenses			
Other			
<b>Total revenue per return</b>			

**Reconciliation of Expenses**

Total expenses per financial statements			
Less:			
Donated services			
Prior year adjustments			
Losses			
Other			
Plus:			
Investment expenses			
Other			
<b>Total expenses per return</b>			

		Balance Sheet		
		Beginning	Ending	Differences
Assets		15,708	13,922	
Liabilities				
Net assets		<u>15,708</u>	<u>13,922</u>	<u>-1,786</u>

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due date 05/16/16  
 Failure to file penalty \_\_\_\_\_