ef	ile G	RAPHIC print	- DO NOT PROCESS	As Filed Data -				DLN:	93492318016047			
				Short	Form				OMB No 1545-1150			
	a	an_Eフ	Return of O	=		om Inco	me T	ах				
Form 990-EZ			Return of Organization Exempt From Income Tax  Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation						2016			
2			Under section 501(c), 527,	or 4947(a)(1) of the Ir	nternal Revenue C	ode (except p	rivate fou	ndations)	2010			
			▶ Do not enter so	ocial security numbers	on this form as	it may be ma	de public	: <b>.</b>	Open to Public			
Dep	artment	of the Treasury	► Information abo	ut Form 990-EZ and	its instructions	s is at <u>www.i</u>	irs.gov/1	<u>form990</u> .	Inspection			
		enue Service							Inspection			
		ne 2016 calenda f applicable	ar year, or tax year begin	ning 01-01-2016	, and end	ling 12-31-2		D Emmlassa				
		s change	C Name of organization UNITY LEISURE HOMES INC						er identification number			
_	Name c	-	Number and street (or P O be	ox, if mail is not delivered	to street address)	Room/suite	_	23-7348 E Telephone				
	Initial r		4 UNION STREET BOX 9	,	,	,		· ·	•			
_		turn/terminated . ed return	City or town, state or province	e, country, and ZIP or fore	ign postal code			,	(207) 990-2099			
_		tion pending							F Group Exemption Number  ▶			
						T.,						
G A	ccoun	tıng Method 🗆	l Cash 🛮 Accrual Other (s	specify) ►		I .			organization is <b>not</b> Schedule B			
									, or 990-PF)			
		e: ► <u>N/A</u>		: N 4) - 4(	NATA NA	_						
JIZ	ax-exe	mpt status(cneck o	only one) - ☐ 501(c)(3) ☑ 501(	(c)( 4) <b>¬</b> (insert no ) □ 49	947(a)(1) or 🗀 52							
		-	Corporation Trust As									
L A are	dd line \$500	es 5b, 6c, and 7b 000 or more file	to line 9 to determine gross Form 990 instead of Form	s receipts If gross rece 990-F7	eipts are \$200,00	00 or more, or	r If total a	ssets (Par	t II, column (B) below) ▶ \$ 152 468			
	art I		Expenses, and Change									
		Check if the	organization used Schedule	O to respond to any q	uestion in this Pa	rt I			· · · · · · · · · · · · · · · · · · ·			
	1		gifts, grants, and similar amo					1				
	2	Program service	e revenue including governm	ent fees and contracts				2	150,804			
	3	Membership du	es and assessments					3				
	4	Investment inco	ome					4	106			
	5a	Gross amount f	rom sale of assets other tha	n inventory	5a							
	b	Less cost or ot	her basis and sales expense	s	5b			1				
	c	Gain or (loss) fr	rom sale of assets other than	n inventory (Subtract l	ne 5b from line !	5a)		5c				
	6	Gaming and fur	ndraising events									
Ω	а	Gross income fr	om gaming (attach Schedul									
Revenue	ь	Gross income fr	rom fundraising events (not	including \$	of cont	ributions from	า					
8		fundraising eve	nts reported on line 1) (atta	ch Schedule G if the								
		sum of such gro	oss income and contributions	exceeds \$15,000)	6b			_				
	С	Less direct exp	enses from gaming and fund	draising events .	<b>6</b> c			<b>」</b> │				
	d	Net income or (	loss) from gaming and fund	raising events (add line	es 6a and 6b and	subtract line	6c)	6d				
	7a	Gross sales of I	nventory, less returns and a	llowances	7a			<b>」</b> │				
	b	Less cost of go	ods sold		7b			_				
	С	Gross profit or (	(loss) from sales of inventor	y (Subtract line 7b fror	m line 7a)...			7c				
	8		(describe in Schedule O)					8	1,558			
_	9		. Add lines 1, 2, 3, 4, 5c, 6d				. •	9	152,468			
	10		ılar amounts paıd (lıst ın Sch	edule O)				10				
Expenses	11	•	or for members					11				
	12	•	compensation, and employe					12				
	13		es and other payments to inc	·				13	18,938			
<u>d</u>	14	• • •	t, utilities, and maintenance					14	36,324			
ш	15		ations, postage, and shipping					15				
	16	•	(describe in Schedule O)				• • •	16	100,758			
	17	-	s. Add lines 10 through 16				. •	+	156,020			
او	18	-	cit) for the year (Subtract lin	•				18	-3,552			
550	19		ind balances at beginning of		lumn (A)) (must	agree with						
Į,	_	_	ure reported on prior year's	•				19	-108,003			
NetAssets	20	=	in net assets or fund balance	, ,	•			20				
	21		and balances at end of year		ugh 20			21	-111,555			
For	· Pape	rwork Reduction	on Act Notice, see the sep	arate instructions.		Cat No 10	642I		Form <b>990-EZ</b> (2016)			

Form 990-E2	2 (2016)						Page 2
Part II	<b>Balance Sheets</b> (see the instructions Check if the organization used Schedule		westion in this	Dart II			<b>-</b>
	Check if the organization used Schedule	O to respond to any q	uestion in this		eginning of year		( <b>B</b> ) End of year
<b>22</b> Cash, sa	vings, and investments			(A) D	53,830	22	57,206
23 Land and	d buildings		[		371,088	23	355,116
<b>24</b> Other as	sets (describe in Schedule O)		[		10,322	24	8,057
	sets				435,240		420,379
	ibilities (describe in Schedule O)				543,243	$\overline{}$	531,934
27 Net ass	ets or fund balances (line 27 of column Statement of Program Service A	· ·	·	f D	-108,003	27	-111,555 Expenses
Pailiii	Check if the organization used Schedule	•	•		🗹		equired for section 501(c)
	organization's primary exempt purpose?	NOOME AND ELDERLY:					) and 501(c)(4) ganizations, optional for
Describe the measured by	SAFE AFFORDABLE HOUSING TO LOW-II organization's program service accompli- y expenses In a clear and concise manne nd other relevant information for each pro-	shments for each of its r, describe the service	three largest p			- oti	hers)
<b>28</b> See Addition	al Data Table						
(Grants \$ )	If this amoun	t includes foreign gran	ts, check here		. ▶ □	28a	
29	2					29a	
(Grants \$ )	If this amoun	t includes foreign gran	ts, check here		. ▶ □		
30						30a	
(Grants \$ )		t includes foreign gran			. ▶ □		
	ogram services (describe in Schedule O)						
(Grants \$ )		t includes foreign gran				31a	
32 Total pro	ogram service expenses (add lines 28a List of Officers, Directors, Trustees,		(list each one eve			32	
I GIC LV	Check if the organization used Schedule	O to respond to any q	uestion in this	Part IV.		•	🗆
	(a) Name and title	(b) Average	(c) Report	able	(d) Health bene	efits,	(e) Estimated amount
	.,	hours per week devoted to position	compensa (Forms W-2/ MISC) (if not enter -0	tion 1099- t <b>paid,</b>		nploy and	ree of other compensation
PAUL JONES		1 00		0			
PRESIDENT							
HELEN GILLE	ETTE	1 00		0			
VICE PRESIC	DE						
LINDA GILLE	ETTE	1 00		0			
TRUSTEE/DI	RE						
ROBERT G W	VYMAN	1 00		0			
TREASURER							
PATRICK BR	EAU	1 00		0			
DIRECTOR							
DEBORAH EL	LDREDGE	1 00		0			
DIRECTOR							
ANDREW RE	ED	1 00		0			
TRUSTEE/DI GAYLE REED		1 00		0			
TRUSTEE/DI MATTHEW C		1 00		0			
				· ·			
TRUSTEE/DI		1.00					
PHILIP NADE	EAU	1 00		0			
TRUSTEE/DI		1.00					
WENDI NAD	EAU	1 00		0			
TRUSTEE/DI							
MAX GILLET	TE	1 00		0			
DIRECTOR							
					<u></u>		Form <b>990-EZ</b> (2016)

Dа	Other Information (Note the Schedule A and personal benefit contract statement requirement	nts in the				
	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V					
	The second secon	· · · ·				
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No		
	detailed description of each activity in Schedule O	. 33		No		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy					
	of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change	34		No		
	on Schedule O (see instructions)	.   34				
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	. 35a		No		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b				
	Was the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization subject to section $6033(e)$					
_	notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during					
	the year? If "Yes," complete applicable parts of Schedule N	. 36		No		
	Enter amount of political expenditures, direct or indirect, as described in the instructions	ᆗ				
	Did the organization file Form 1120-POL for this year?	. 37b		No		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were					
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	. 38a		No		
	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b					
39	Section 501(c)(7) organizations Enter					
	Initiation fees and capital contributions included on line 9					
	Gross receipts, included on line 9, for public use of club facilities					
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under					
	section 4911 , section 4912 , section 4955  ▶					
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that					
	has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization					
	managers or disqualified persons during the year under sections4912, 4955, and 4958					
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed					
	by the organization •					
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No		
	List the states with which a copy of this return is filed 🕨					
42a	2a The organization's books are in care of ► MULTI-MANAGEMENT GROUP  Telephone no ► (20)					
	Located at ► 4 UNION STREET BOX 9 BANGOR, ME ZIP + 4	0440	71			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	a	Yes	No		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No		
	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No		
_						
	If "Yes," enter the name of the foreign country					
	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 • 43					
			Yes	No		
44a	<ul> <li>Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed inste of Form 990-EZ</li> </ul>	44-		No		
h	of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed	.				
,	Instead of Form 990-EZ	. 44b		No		
C	Did the organization receive any payments for indoor tanning services during the year?	. 44с		No		
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	. 44d				
45=	explanation in Schedule O  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	• ⊢—		No		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			110		
	of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	-1		N		
	Form 990-EZ (see instructions)	45b		No		

	16)							Page -
							Yes	No
	ganization engage, directly or indirect for public office? If "Yes," complete					46		No
Part VI Sec	ction 501(c)(3) organization	·				46		No
All	section 501(c)(3) organizations	must answer quest	ons 47-49b and	52, and o	complete the tables	s for lu	nes 50	and 51
Cne	eck if the organization used Schedule	O to respond to any q	uestion in this Part	VI	<u> </u>	• • •	Yes	⊔ No
<b>47</b> Did the ord	ganization engage in lobbying activiti	os or havo a sostion El	31(h) clastian in off	oct during	the tay year?			
	omplete Schedule C, Part II	es of flave a section of	• •	• • • •	•	47		
<b>48</b> Is the orga	inization a school as described in sec	tion 170(b)(1)(A)(ii)?	If "Yes," complete S	Schedule E		48		
<b>49a</b> Did the org	ganization make any transfers to an e	exempt non-charitable	related organizatio	n <sup>2</sup>		49a		
<b>b</b> If "Yes," wa	as the related organization a section	527 organization? .				49b		
	this table for the organization's five h					nd key	employ	ees)
	received more than \$100,000 of come e and title of each employee	pensation from the org	ganization If there (c) Reportable	<u></u>	nter "None "  ) Health benefits,	(e) Es	tımated	amoun
(,	,	hours per week devoted to position	compensation (Forms W-2/109	contr	butions to employee enefit plans, and			
		devoted to position	MISC)		erred compensation			
· · · · ·		100.000						
	nber of other employees paid over \$: :his table for the organization's five h		dependent contract	tors who e	ach received more th	¢10	0.000.0	<u>—</u> ғ
	tion from the organization. If there is		idependent contract	cors write e	acii received more ti	іан фіо	0,000 0	1
	(a) Name and business address of e	ach independent contr	actor	(b) Ty	pe of service (c)	Comp	ensation	1
			+100.000					
<b>d</b> Total num	nber of other independent contractor	s each receiving over	\$100,000		· · · · –			
	organization complete Schedule A? <b>N</b> ed Schedule A					• II		_
•							s LI	
	of perjury, I declare that I have exameler, it is true, correct, and complete							
ias any knowled <u>d</u>	ge							
***	***				2017-11-13			
sign /	nature of officer				Date			
	JL JONES PRESIDENT pe or print name and title							
FAC	Print/Type preparer's name MICHAEL P JONES CPA	Preparer's signature		ate	Check I If PO029	757		
FAC	MICHAEL P JONES CPA	self-employed						
Paid	Firm's name PROCESS				Firmle ETN N 04 33000	17		
Paid Preparer	Firm's name BBSC CPAS				Firm's EIN ▶ 04-33892			
Paid	Firm's address ▶ 38 PARKWAY SOUTH		I		Firm's EIN ► 04-33892 Phone no (207) 941-86			
Paid Preparer		528						

## **Additional Data**

## Software ID:

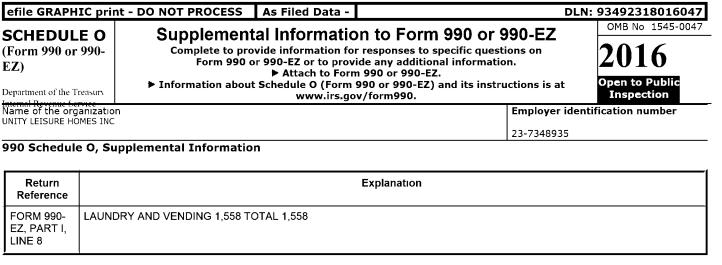
Software Version:

**EIN:** 23-7348935

Name: UNITY LEISURE HOMES INC

## Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	` (c	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
28 UNITY LEISURE HOMES, INC PROVIDES HOUSING UNITS FOR 20 ELDERLY AND HANDICAPPED PERSONS THESE UNITS ARE SUBSIDIZED BY RURAL DEVELOPMENT BASED ON TENANT INCOME LEVELS AND THE MORTGAGE IS PROVIDED BY RURAL DEVELOPMENT UNDER THE SECTION 515 LOAN PROGRAM	28a	136,402		
(Grants \$ ) If this amount includes foreign grants, check here •				



Return Explanation
Reference

FORM 990-EZ, PART I, LINE 16

EXPENSES INTEREST CREDIT EXPENSE 30,178 RHS DEBT PAYMENTS 8,622 PROPERTY / LIABILITY INSUR
ANC 7,531 OTHER INSURANCE 800 OTHER ADMINISTRATIVE EXP 448 SNOW REMOVAL 4,667 REAL ESTATE
TAXES 14,776 ADVERTISING 81 MAINT/REPAIRS PAYROLL 500 REPAIRS AND MAINTENANCE 33,004 OFFIC
E SUPPLIES 151 TOTAL 100,758

Return Explanation
Reference

11010101100	
FORM 990-	ACCOUNTS RECEIVABLE 0 376 PREPAID EXPENSES AND DEFERRED CHARGES 1,237 1,303 FURNITURE AND
EZ, PART II,	FIXTURES 29,237 26,052 LESS ACCUMULATED DEPRECIATION 20,152 19,674 TOTAL 10,322 8,057
LINE 24	

Return Explanation

FORM 990- ACCOUNTS PAYABLE AND ACCRUED EXPENSES 5,633 4,544 TENANT SECURITY DEPOSITS 4,340 6,427 SEC EZ, PART II, URITY DEPOSIT INTEREST 179 138 MORTGAGE AND OTHER NOTES PAYABLE 533,091 520,825

Return Explanation Reference

FORM 990-UNITY LEISURE HOMES. INC. PROVIDES HOUSING UNITS FOR 20 ELDERLY AND HANDICAPPED PERSONS. T EZ. PART III.

HESE UNITS ARE SUBSIDIZED BY RURAL DEVELOPMENT BASED ON TENANT INCOME LEVELS AND THE MORTG LINE 28 AGE IS PROVIDED BY RURAL DEVELOPMENT UNDER THE SECTION 515 LOAN PROGRAM