For Paperwork Reduction Act Notice, see the separate instructions.

May the iRS discuss this return with the preparer shown above? (see instructions)

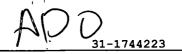
Form 990 (2017)

No

Form	n 990 (2017) PATRICK MANOR INC	31-1744223	Page 2
Pa	rt III/ Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	· · · · · · · · · · · · · · · · · · ·	<u> D</u>
1	Briefly describe the organization's mission		
	PROVIDE LOW INCOME HOUSING FOR THE ELDERLY		
			····
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	🗌 Yes 🔲 N	lo
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes N	lo
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured		
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ners,	
	the total expenses, and revenue, if any, for each program service reported		
			- \
4a	(Code) (Expenses \$468,977 including grants of \$) (Revenue	\$ 315,39	<u>6</u> )
	PROVIDE LOW INCOME HOUSING TO THE ELDERLY		
		<del></del>	
		<del></del>	
			_
		<del></del>	
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue	•	
40	(Code) (Expenses \$) (Revenue	Ψ	- <b>'</b>
	· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·	
			-
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue	\$	
			<del>-</del> '
	<del> </del>		
4d	Other program services (Describe in Schedule O )		
_	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 468,977	<u></u>	

Part IV

**Checklist of Required Schedules** 



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

Form 990 (2017)

PATRICK MANOR INC

Part IV Checklist of Required Schedules (continued) 31-1744223

	(continued)			$\overline{}$
		20a	Yes	No X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
) 24	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		<u> </u>
21		21		Х
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
25	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
240	\$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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		ĺ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	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		Х
ь	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?			ĺ
	If "Yes," complete Schedule L, Part I	25b		Х
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		Х
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			ĺ
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			ĺ
	conservation contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			ĺ
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32_		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33_		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			١,,
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·			X
35a	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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			1,
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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
20		37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	Х	
	19? Note, All Form 990 filers are required to complete Schedule O	J JO	41	(

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V ..... Yes Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . . . . . . . . . . . . . . . Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, secunties account, or other financial If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 5a 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 If "Yes" to line 5a or 5b, did the organization file Form 8886-T? C 6a "Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was C 7c If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 а b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) ........... Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans C Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b ь

Form 990 (2017) Page 6 31-1744223 PATRICK MANOR INC Part VI 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 Section A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 1b 8 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 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? 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 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section 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? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 14 X 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to	be filed
• •	List the states with which a copy of this form 550 is required to	, DC IIICG

18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only
	available for public inspection. Indicate how you made these available. Check all that apply

	☐ Own website	☐ Another's website	☑ Obou tednest	U Other (explain	n in Scriedule O)
9	Describe in Schedule O v	whether (and if so, how) the	organization made its go	overning documents.	conflict of interest polic

v. and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records

orm 990 (201	7) PATRICK MANOR	INC				31-174	4223	Pa	age
Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employ	ees, Highest	Compensated E	mploy	yees, a	and

Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) Position (D) (A) (B) (E) (F) (do not check more than one Name and Title Average Reportable Reportable box, unless person is both an hours per compensation compensation from amount of officer and a director/trustee) related other week (list anv from hours for the organizations compensation related Individual trustee or director organization (W-2/1099-MISC) from the Key employee Highest compensated (W-2/1099-MISC) organizations organization below dotted and related line) organizations (1) KIMBERLY JUNKERSFELD Х COMMISSIONER ۵ 0 (2) MONTE CALLICOTT Х 0 0 COMMISSIONER 0 (3) MIKE\_DUNN\_ Х COMMISSIONER 0 0 0 (4) SCOTT TRAMMEL Χ COMMISSIONER 0 0 (5) JOE PACE Х COMSISSIONER 0 (6) MELISSA THIELMIER X COMMISSIONER Ω (7) JAMES ASHCRAFT Χ COMMISSIONER 0 0 0 (8) WENDY MANIS Х COMMISSIONER 0 0 0 (9) BEN DECLERK Х 0 0 0 COMMISSIONER (10)BILLY KOONS 10.00 EXECUTIVE DIRECTOR X 0 0 (11) (13) (14)

Part	Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd F	ligh (C		Comp	ensa	ited Employees (	continued)			
	. (A) . Name and title		(B) (do not che box, unless officer and week (list any						(D) Reportable compensation from	(E)  Reportable compensation from		(F) timated nount 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)	organizations (W-2/1099-MISC)	fi org an	pensation the anization of related anization	n t
<u>(15)</u>									<del></del>				
<u>(16)</u>										_			
(17)_													
<u>(18)</u>									· ·-				
(19)													
(20)_													
(21)													
(22)_													
(23)_													
(24)_													
(25)_	- <b></b>												
1b c	Total from continuation sheets to Part VII, Section	on A · ·						<b>&gt;</b>				•	_
<u>d</u>	Total (add lines 1b and 1c)						ved m	ore t	0 than \$100,000 of		<u> </u>		0_
	reportable compensation from the organization								<del></del>	(	, 	Yes	No
3	Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J	•		loye	e, o	•	hest c	•			3		数数 X
4	For any individual listed on line 1a, is the sum of reporganization and related organizations greater than	ortable comp \$150,000? If	ensatı "Yes,"	com	plet	e Sc	hedul						
5	Individual	ompensation	from a	ny u	nrela	ated	organ		on or individual		5		X X
Sect	ion B. Independent Contractors	ompiete den	courc c	7 101	300	i pe	13011					L	
1	Complete this table for your five highest compensation compensation from the organization.	=											
	year(A)								(B)		(	C)	
	Name and business address								Description of	services	Comp	ensation	
							-						
		_									ne egger soe wer	1	455.00
2	Total number of independent contractors (including lifeceived more than \$100,000 of compensation from				sted	abo	ove) w	ho					

31-1744223

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) (B) Revenue excluded from tax Related or Unrelated function under sections 512-514 Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts 1b b Membership dues . 1c Fundraising events 1d Related organizations Government grants (contributions) . . 1e f All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f . . . . . . . . . . . . **Business Code** Program Service Revenue 32,459 2a RENTAL INCOME 900002 32,459 **b** TENANT ASSISTANCE PAYME 900002 60,148 60,148 3,480 C TENANT CHARGES 900002 3,480 d INSURANCE PROCEEDS 900002 219,162 219,162 f All other program service revenue · · · · · 315,249 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) . . . . . . . . . . . . 147 147 Income from investment of tax-exempt bond proceeds Royalties (II) Personal 6a Gross rents b Less rental expenses · · · c Rental income or (loss) . . d Net rental income or (loss) (II) Other (i) Securities 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) . . . . . . Other Revenue 8a Gross income from fundraising events (not including of contributions reported on line 1c) See Part IV, line 18 . . . . . . . **b** Less direct expenses · · · · · · · · · c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 · · · · · · · a **b** Less direct expenses . . . . . . . . . c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances · · · **b** Less cost of goods sold c Net income or (loss) from sales of inventory . . . . . . . . 11a d All other revenue . . . . . Total. Add lines 11a-11d 12 Total revenue. See instructions 315,396 315,396

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a response or note to	any line in this Part IX			
Do n	not include amounts reported on lines 6b, 7b,	(A) ,	(B)	(C)	(D)
	Db, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations,			Te de la constant de	
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	1	,		# 14 m 2 m 34
3	Grants and other assistance to foreign		_		<b>X</b>
	organizations, foreign governments, and foreign		•		
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees			,	
6	Compensation not included above, to disqualified		-		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · ·				
7	Other salanes and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	-			
9	Other employee benefits	,	,		
10	Payroll taxes	-	•		
11	Fees for services (non-employees)				
а	Management	28,000.	· 28,000	,	-
b	Legal	•			•
С	Accounting				
đ	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O) · ·	2,215	2,215		
12	Advertising and promotion	3,488	3,488		
13	Office expenses	1,441	1,441		
14	Information technology			-	
15	Royalties				
16	Occupancy				•
17	Travel · · · · · · · · · · · · · · · · · · ·				M L
18	Payments of travel or entertainment expenses		-	,	_
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	t		•	
20	Interest · · · · · · · · · · · · · · · · · · ·	•			
21	Payments to affiliates	-	<u> </u>	·	• •
22	Depreciation, depletion, and amortization	37,237	37,237		
23	Insurance	12,450	12,450		
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If			Sec. 1	
_	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	MAINTENANCE	337,993	337,993		
ь	TRASH .	10,657	10,657		
C	SUPPLIES	18,520	18,520		,
d	UTILITIES	16,976	16,976		
'e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	468,977	468,977	0	0
26	Joint costs. Complete this line only if the		,		
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here		•		
	following SOP 98-2 (ASC 958-720)			1	

31-1744223

Part X **Balance Sheet** Beginning of year End of year Cash - non-interest-bearing 514,699 6,386 2 54,254 51,246 Pledges and grants receivable, net ...... 460 157 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . . 6 Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges 3,131 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . | 10a 1,446,710 b 11 Investments - publicly traded securities 11 12 Investments - other secunties See Part IV, line 11 12 Investments - program-related See Part IV, line 11 . . . . 13 13 14 14 Other assets See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,477,099 931,975 17 Accounts payable and accrued expenses ......... 17 494,318 110,090 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 1,381,500 1,381,500 24 24 Unsecured notes and loans payable to unrelated third parties . . . . . . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 26 Total liabilities. Add lines 17 through 25 1;875,818 1,491,590 Organizations that follow SFAS 117 (ASC 958), check here 🕒 💢 and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 (398,719)(605,835) 28 28 46,220 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 33 ٠33 (398,719)(559,615) 931,975

	1990 (2017) PATRICK MANOR INC 51	-1/4	14223		age 12
Pa	Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI			· · · · <u>·</u>	<u>. ∐</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		315,	<u> 396</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		468,	977_
3	Revenue less expenses Subtract line 2 from line 1	3		(153,	<u>581)</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		(398,	719)
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		(7,	<u>315)</u>
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0_
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		(559,	615)
Рa	rtXIII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		· · · ·	• • • •	<u>. LL</u>
			Gr. St	Yes	No
1	Accounting method used to prepare the Form 990 🛛 Cash 🔲 Accrual 🔲 Other	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_2	a X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				13.5
	Separate basis ` Consolidated basis 🗵 Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2	b 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			<b>美</b> 国共	
	Separate basis Consolidated basis 🗵 Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		220		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2	c X	
	If the organization changed either its oversight process or selection process during the tax year, explain in		4		\$
	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?		∟3	a 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		3	b X	
EΑ			Fo	orm <b>990</b> (	2017)

EEA

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust ▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No 1545-0047

**Anspection** 

Employer identification number

PAT	RIC	K MANOR INC					31-17442		
Ŗа	rtil:	Reason for Public Charit	y Status (All or	rganizations must c	omplete	this par	t.) See instructio	ns	
The	orga	nization is not a private foundation beca							
1	Ň	A church, convention of churches, or	association of chur	ches described in section	n 170(b)(1	)(A)(i).		_ /	
2	П	A school described in section 170(b)	(1)(A)(ii), (Attach S	chedule E (Form 990 or 9	990-EZ))	.,	(	7	
3	П	A hospital or a cooperative hospital se				ii).		1 ) (	
4	П	A medical research organization opera					(A)(iii). Enter the	\(\)	
		hospital's name, city, and state					. ,, ,		
5	П	An organization operated for the bene	fit of a college or u	niversity owned or operat	ed by a go	vernmenta	il unit described in		
		section 170(b)(1)(A)(iv). (Complete F	_	<b>,</b>	, . 3				
6	П	A federal, state, or local government of	· ·	it described in section 13	70(h)(1)(A	Wv)			
7	X	An organization that normally receives	•				the general public		
•	동괴	described in section 170(b)(1)(A)(vi).					o gomeran palene		
8	П	A community trust described in section	•						
9	Н	An agricultural research organization			ted in coni	unction with	h a land-grant college	<b>.</b>	
•		or university or a non-land-grant colleg							
		university	ge or agriculture (or	se mondonorio, Ernor inc	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	y, and blace	5 5. 1.10 55.10g0 5.		
10	П	An organization that normally receives	: (1) more than 33	1/3% of its support from	contributio	ns membe	ership fees, and gross		
		receipts from activities related to its ex							
		support from gross investment income							
		acquired by the organization after Jun					om businesses		
11	П	An organization organized and operat							
12	Ħ	An organization organized and operat	•				carry out the numose	·e	
12	ш	of one or more publicly supported organized							
		Check the box in lines 12a through 12							
	а	Type I. A supporting organization							
	а	the supported organization(s) the							
		supporting organization You must			y or the un	eciors or ii	usices of the		
		Type II. A supporting organization	•		ite eunnor	ted organiz	ration(s) by having		
	b	control or management of the sup						1	
					SUIIS IIIAI (	20111101 01 11	ialiage the supported		
	_	organization(s) You must comp			aatiaa uuth	and functi	ionally intograted with	•	
	C	Type III functionally integrated.						''	
		its supported organization(s) (see	-	•				(c)	
	d	Type III non-functionally integra							
		that is not functionally integrated	•	•		-	and an attentivenes	•	
		requirement (see instructions) You Check this box if the organization	•				Type II Type III		
	ę					a Type I, I	ype II, Type III		
		functionally integrated, or Type III							
	f	Enter the number of supported organic Provide the following information about							
	g				(m) to the s		(v) Amount of magazing	(vi) Amount of	
	(1	) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-10	,	organization or governing	(v) Amount of monetary support (see	other support (see	
				above (see instructions))	docum	nent?	instructions)	instructions)	
					Yes	No			
					103	110		-	
(A)									
	-								
(B)				•					
(C)									
		<del></del>	-	_					
(D)									
					<u> </u>	<del>  · · · · - · · ·</del>			
(E)									
		<del></del>	CONTRACTOR CONTRACTOR	Har HAND AND STREET	CHIEF TO THE	E-805/03/- 3	-		-

Page 2 Schedule A (Form 990 or 990-EZ) 2017 PATRICK MANOR INC 31-1744223 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (b) 2014 (d) 2016 · (f) Total (a) 2013 (c) 2015 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 82.807 79,111 85,308 247.226 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 1 Total. Add lines 1 through 3 82,807 79,111 185,308 247,226 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 247,226 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 · (c) 2015 (d) 2016 (e) 2017 (f) Total 247,226 Amounts from line 4 82,807 79,111 85.308 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources . . . . . 58,802 184,108 Net income from unrelated business activities, whether or not the business is regularly carried on .... Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI ) . . . . . . . . Total support. Add lines 7 through 10 · Gross receipts from related activities, etc. (see instructions) First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 57.32 Public support percentage from 2016 Schedule A, Part II, line 14 % 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

. instructions

PATRICK MANOR INC Schedule A (Form 990 or 990-EZ) 2017 31-1744223 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support Calendar year (or fiscal year beginning in) (d) 2016 (e) 2017 (f) Total (a) 2013 (b) 2014 (c) 2015 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge · · · Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Public support. (Subtract line 7c from Section B. Total Support (b) 2014 (e) 2017 Calendar year (or fiscal year beginning in) ▶ (a) 2013 (c) 2015 (d) 2016 (f) Total Amounts from line 6 · · · · · · 10a Gross income from interest, dividends, payments received on securities loans, rents. royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 C Add lines 10a and 10b · · · · Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on, Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . Total support. (Add lines 9, 10c, 11, and 12) . . . . . . . First five years. If the form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2016 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from 2016 Schedule A, Part III, line 17 19a 33/1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 7 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

# Part IV. Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If histonic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- **b** . Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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	3c		XXXXIII.
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Pa	Supporting Organizations (continued)			
	· ·	25586CD. 29	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		3.4	
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
Sec	tion B. Type I Supporting Organizations		•	
	•		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	150	F	42
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			34.5
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
	,	200		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2	323.0	
Sec	tion C. Type II Supporting Organizations	1-1		
<u> </u>	aton o. Type ii Supporting Organizations	<del></del>	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	TANK T	16.2	2723
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			33
		1	1060	. 22
500	the supported organization(s).	<u> </u>		
360	tion D. All Type III Supporting Organizations		Yes	No
4	Did the experiencian require to each of its evenested expensations, by the last day of the fifth month of the	NEC 25 5	162	NU
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	(3.5		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	323		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	~9-20-3-12	294297 27	865588
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	MEXMADEL.	anama.
_			200	<b>*</b>
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-	tarir.	
	significant voice in the organization's investment policies and in directing the use of the organization's	4		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstruct	tions	;).
а	<b>—</b> · · · · · · · · · · · · · · · · · · ·			•
b				
C		' (see ɪn̪	stru	
2	Activities Test Answer (a) and (b) below.	,	Yes	No
а	, , , , , , , , , , , , , , , , , , , ,			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		L
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
•	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			7
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	are and a second	
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	2014 Z	la e	
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	arne de	
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		32.47	W. H
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3b		52200
	a. The properties and the properties of the properties of the angle of			

1 Check here if the organization satisfied the Integral Part Test as a qualifying			ın in Part VI). See
instructions. All other Type III non-functionally integrated supporting organi			
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain .	1	, , , , ,	
2 Recoveries of prior-year distributions	2	•	
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or		-	,
maintenance of property held for production of income (see instructions)	6		-
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		
Section B - Minimum Asset Amount	'	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			257. 44.4
Average monthly value of securities	1a		
b Average monthly cash balances	1b	• •	
c Fair market value of other non-exempt-use assets	1c		
'd Total (add lines 1a, 1b, and 1c)	1d	•	•
e Discount claimed for blockage or other			
factors (explain in detail in Part VI).	213		
Acquisition indebtedness applicable to non-exempt-use assets	2	•	
3 Subtract line 2 from line 1d	3	• •	•
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	3	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7	,	
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Mınimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	E ALPAN SERVICE DE	,
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
emergency temporary reduction (see instructions).	6		_
7. Check here if the current year is the organization's first as a non-functionally	-inte	grated Type III supporting	organization (see

instructions).

Ŗа	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continuea)	
Sec	ction D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exen	npt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	tions		
4	Amounts paid to acquire exempt-use assets	·		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.	<u> </u>		
8	Distributions to attentive supported organizations to which the	e organization is respon	sive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
5	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
		LACESS DISTIBUTIONS	Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required - explain in Part VI). See	11 Page 12 12 12 12 12 12 12 12 12 12 12 12 12		
	instructions.			are en
	Excess distributions carryover, if any, to 2017		1.00	
a		COMMERCIAL COST MATERIAL DO SON SERVICE	Thompson Lemma up a compare and a compare a	
b	From 2013		The second of th	
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7.			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			grammer of the L. Sectional Concession
C	Remainder. Subtract lines 4a and 4b from 4	THE PERSON OF TH		
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions		AND AND THE COURT THAT HE AT THE AT THE	
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions	FERRICA CONTRACTOR		
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.	Participation of activity contains a distribution of activities and activities of the co		
8	Breakdown of line 7.	600 6 20 70 70 70 70 70 70 70 70 70 70 70 70 70		
	Excess from 2013			KANDA NOTAL
	Excess from 2014			
	Excess from 2015			
	Excess from 2016		Transference	
е	Excess from 2017 · · · ·			

# SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

**Supplemental Financial Statements** 

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

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public

Employer identification number

PA:	TRICK MANOR INC	31-1744223
Pa		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year · · · · · · · · · · · ·	(a) I alias alia cirio. assaulte
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (duning year)	
4	Aggregate value at end of year	<del></del>
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
•		
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
٠	only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
· u	Complete if the organization answered "Yes" on Form 990, Part IV, line 7	
1		
1	Purpose(s) of conservation easements held by the organization (check all that apply)	mandant land area
	Preservation of land for public use (e.g., recreation or education)  Preservation of a historically i  Protection of natural habitat  Preservation of a certified his	
		toric structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation contribution contribution in the form of a conservation contribution contrib	Held at the End of the Tax Year
	easement on the last day of the tax year	
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	<u> </u>
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
_	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	ation during the
_	tax year •	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation e	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ments during the year
_	<u> </u>	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stateme	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that d	escribes the
D-	organization's accounting for conservation easements	or Cimilar Apoeto
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Oth	er Sillillar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bala	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	nerance of
	public service, provide the following amounts relating to these items	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pr	ovide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	· · · · · <b>&gt;</b> \$

ched	lule D (Form 990) 2017 PATRICK MANOR INC	3		31-17	<b>44223</b> Pag	e 2
Pa	rt III Organizations Maintaining Col	lections of Art, Histo	orical Treasures,	or Other Similar A	ssets (continued	厂
3	Using the organization's acquisition, accession, and	other records, check any o	f the following that are a	significant use of its		
	collection items (check all that apply)					
а	Public exhibition	d 🔲 Loan or excha	nge programs			
b	Scholarly research	e 🗌 Other				
C	Preservation for future generations		<u> </u>			
4	Provide a description of the organization's collection	s and explain how they furt	ner the organization's ex	cempt purpose in Part		
	XIII		-			
5	During the year, did the organization solicit or receiv	e donations of art, historica	I treasures, or other sim	ılar		
	assets to be sold to raise funds rather than to be ma	aintained as part of the orga	nization's collection?		Yes	No
Pa	rt IV   Escrow and Custodial Arranger					_
	Complete if the organization answ 990, Part X, line 21.	vered "Yes" on Form	990, Part IV, line 9,	, or reported an amo	ount on Form	
1a	Is the organization an agent, trustee, custodian or of	ther intermediary for contrib	utions or other assets n	ot		
					Yes	No
b	If "Yes," explain the arrangement in Part XIII and co	mplete the following table				
					Amount	_
С	Beginning balance			1c		_
d				1d		_
е	Distributions during the year			· · 1e	-	
f	Ending balance			1f		_
2a	Did the organization include an amount on Form 990	0. Part X, line 21, for escrov	v or custodial account lia	ability? · · · ·	· · · · Tyes	No
b	If "Yes," explain the arrangement in Part XIII Check	here if the explanation has	been provided on Part >	XIII		
_	rt V Endowment Funds.	· · · · · · · · · · · · · · · · · · ·				_
	Complete if the organization answ	vered "Yes" on Form	990, Part IV, line 10	0.		
			or year (c) Two years		ck (e) Four years back	_
1a	Beginning of year balance	,,,	, , , ,			
b	Contributions					_
С	Net investment earnings, gains, and					_
	losses					
d	Grants or scholarships					
е	Other expenditures for facilities and					_
	programs					
f	Administrative expenses					
g	End of year balance					_
2	Provide the estimated percentage of the current year	er end balance (line 1g. colu	mn (a)) held as	<u> </u>	1	
- а	Board designated or quasi-endowment	%	(4),			
b	Permanent endowment ▶ %	·····				
C	Temporarily restricted endowment	%				
_	The percentages on lines 2a, 2b, and 2c should equ	<del></del>				
3a	Are there endowment funds not in the possession of		eld and administered for	r the		
	organization by	. ino organization that are in			Yes N	 lo
	(i) unrelated organizations · · · · · · · · ·				3a(i)	_
	(ii) related organizations · · · · · · · · ·				3a(ii)	—
h	If "Yes" on 3a(ii), are the related organizations listed	as required on Schedule R	?		3b	_
4	Describe in Part XIII the intended uses of the organic	· ·				—
	rt VI Land, Buildings, and Equipmen					_
	Complete if the organization answ	vered "Yes" on Form	T			
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a	Land	7,010			7,010	<u>)                                    </u>
b	Buildings	1,404,040		575,958	828,082	<u> </u>
-	1 1 14	1	1			

c Leasehold improvements d Equipment 35,660 35,660 Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) . . . . . . . . . . . . . . . . 870,752

31-1744223

Part VII	Investments -	Othe	er Securities.
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	•	
Complete if the organization answ	wered "Yes" on Form 990 Part IV li	ne 11b. See Form 990. Part X. line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	ŧ	
(2) Closely-held equity interests		
(3) Other		
(A)		•
(B)	ě	
(C)		
(D)		
(E) .	-	
(F)		
`(G)		
(H) .		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		

### Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13.

- (a) Description of investment		(b) Book value	(c) Method of valuation  Cost or end-of-year market value
(1)			
(2)			
(3)			
_(4)		_	
(5)	•		,
(6)			
(7)		-	
(8)			•
(9)			
Total (Column	n (b) must equal Form 990, Part X, col (B) line 13)		

#### Other Assets. Part IX

#### \*Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

			(a) Description	·	<u> </u>	(b) Book value
(1)	-		÷ -			
(2)				•	•	
(3)						
(4)			متو مر =			
(5)				1		J
(6)	+		•	ţ		
(7)				<u> </u>		
(8)		_				
(9)						
otal. (C	Column (b) must ea	ual Form 990. Part X. col	(B) line 15) · · · ·			•

#### Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. ,	(a) Description of liability	•	(b) Book value		
(1) Federal in	come taxes				
(2) ,				71	
(3)			····		
(4)	<u>.</u>				
(5)					
. (6)	-				
(7)					
(8)	-				
(9)				The desired ways	
Total. (Column (b) r	nust equal Form 990, Part X, col (B) line	≘ 25) ▶	, ,		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII. . . . . . . . .

		•	
	•		D 4
_		31-1744223 Peturn	Page 4
<u>lieg</u>	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	Netuiii.	
1	Total revenue, gains, and other support per audited financial statements	1	315,396
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	\$755.8E	313,396
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	13.41	
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	315,396
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	201	313,333
a	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIII )		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	315,396
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	525/55
_C_X	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements	1	468,977
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	\$2.75	
a	Donated services and use of facilities	<b>\$</b>	
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII )		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	468,977
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	AD COMPANY	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	468,977
Ra	nt XIII Supplemental Information.	•	•
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Pai art XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information		
			_
	•		
		-	

#### **SCHEDULE O** (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.

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public Employer identification number

OMB No 1545-0047

PATRICK MANOR INC	31-1744223
01. Form 990 governing body review (Part VI, line 11)	
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990	
NO REVIEW WAS OR WIL BE CONDUCTED	
•	
02. Governing documents, etc, available to public (Part VI, line 19)	
FORM 990, PARK III, LINE 4D - ALL OTHER ACCOMPLISHMENT	
PROVIDE LOW INCOME HOUSING FOR THE ELDRLY.	
03. List of other expenses (Part IX, line 24e)	
CASUALITY LOSSES FROM FLOOD AND HEATING AND COOLING REPAIRS	
<del></del>	