EXTENDED TO NOVEMBER 15.

Return of Organization Exempt From Income Tax

| Form 99 0 | | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Do not enter social security numbers on this form | e Code (exc | ept private foundations) | 2017 Open to Public |
|-----------------------|-----------|---|--------------|-----------------------------------|------------------------|
| Internal Revenue | | Go to www.irs.gov/Form990 for instructions an | d the latest | information. | Inspection |
| A For the 20 | 17 calend | ar year, or tax year beginning and | ending | | |
| B Check if applicable | C Name of | forganization | | D Employer identification | on number |
| Address change | WILL | OW MANOR, INC. | | | |
| Name change | Doing b | usiness as | | 72-132 | 2404 |
| Initial return | Number | and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number | |
| Final return/ | 800 | BILBO STREET | | 337-43 | 9-4189 |
| termin- ated | City or t | own, state or province, country, and ZIP or foreign postal code | _ | G Gross receipts \$ | 92,561. |
| Amended | LAKE | CHARLES, LA 70601 | | H(a) Is this a group return | |
| Applica- | F Name a | nd address of principal officer. S. BEN TAYLOR JR. | | for subordinates? | Yes X No |
| pending | 800 B | ILBO, LAKE CHARLES, LA 70601 M | 7 | H(b) Are all subordinates include | d? Yes No |
| I Tay-eyemi | ot status | $\mathbf{X} = 501(c)(3)$ $501(c)(4)$ $\mathbf{A} = (nsert no.)$ $\mathbf{A} = 4947(a)(1)$ | 0E 527 | If "No " attach a list | (eee instructions) |

| | | 1800 BILBO, LAKE CHARLES, LA 70001 11 | (D) Are all subordinates in | icluded? Yes No | | | | | | | |
|--------------------|--|---|-----------------------------|-----------------------------|--|--|--|--|--|--|--|
| LT | I Tax-exempt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) | | | | | | | | | | |
| | J Website: ► N/A H(c) Group exemption number ► | | | | | | | | | | |
| KF | orm o | forganization: X Corporation Trust Association Other Ly | ear of formation: 1999 N | State of legal domicile: LA | | | | | | | |
| Pa | rt I | Summary | | | | | | | | | |
| as l | 1 | Briefly describe the organization's mission or most significant activities APARTMEN | T COMPLEX FOR | PHYSICALLY | | | | | | | |
| ü | | DISABLED INDIVIDUALS | | | | | | | | | |
| Governance | 2 | Check this box if the organization discontinued its operations or disposed of m | nore than 25% of its net as | sets. | | | | | | | |
| ove | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 7 | | | | | | | |
| ڻ « | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 7 | | | | | | | |
| Se | 5 | Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 5 | 2 | | | | | | | |
| žį. | 6 | Total number of volunteers (estimate if necessary) | 6 | 0 | | | | | | | |
| Activities | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. | | | | | | | |
| • | b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. | | | | | | | |
| - | | | Prior Year | Current Year | | | | | | | |
| ø | 8 | Contributions and grants (Part VIII, line 1h) RECEIVED | 46,828. | 44,666. | | | | | | | |
| ne Pur | 9 | | 44,344. | 47,476. | | | | | | | |
| Revenue | 10 | Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and (3) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 16c, and 11e) | 342. | 419. | | | | | | | |
| Œ | 11 | Other revenue (Part VIII, column (A), lines 3, 4, and CO (A) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C | | 0. | | | | | | | |
| _ | 12 | Total revenue - add lines o through it findst equal tall vin coldinately line - 12/ | 91,519. | 92,561. | | | | | | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 13) GDFN | 0. | 0. | | | | | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. | | | | | | | |
| S | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 10,290. | 19,658. | | | | | | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. | | | | | | | |
| × | b | Total fundraising expenses (Part IX, column (D), line 25) | | | | | | | | | |
| ш | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 109,893. | 105,040. | | | | | | | |
| | 18 | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 120,183. | 124,698. | | | | | | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | <28,664. | <32,137.> | | | | | | | |
| sets or alances | | | Beginning of Current Year | End of Year | | | | | | | |
| sets | 20 | Total assets (Part X, line 16) | 1,424,862. | 1,395,253. | | | | | | | |

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

| | Sign Here | Signature of officer S. BEN TAYLOR JR. | Date 17-18 |
|------------|--------------|---|--|
| INED OCT 1 | Preparer | Type or print name and title Print/Type preparer's name GRAHAM A. PORTUS Firm's name GRAGSON, CASIDAY & GUILLORY Firm's address 145 EAST STREET LAKE CHARLES, LA 70601 | Check PTIN PTIN P00361436 PIrm's EIN 72-0949580 Phone no. 337-439-1986 |
| SCAN | May the II | RS discuss this return with the preparer shown above? (see instructions) BB-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. | X Yes No Form 990 (2017 |

Total liabilities (Part X, line 26)

Net assets or fund balances. Subtract line 21 from line 20

Form 990 (2017)

| orm | 990 (2017) WILLOW MANOR | I, INC. | 72- | -1322404 Page 2 |
|-----|---|-----------------------------------|---|------------------------|
| Par | t III Statement of Program Service Ac | ccomplishments | | |
| | Check if Schedule O contains a response or | note to any line in this Part III | | |
| 1 | Briefly describe the organization's mission. | | 315755 | |
| | TO PROVIDE HOUSING FOR TH | E PHYSICALLY DI | SABLED. | |
| | | | | |
| | | | | |
| 2 | Did the organization undertake any significant pro | gram services during the year v | which were not listed on the | |
| - | prior Form 990 or 990-EZ? | grann don mode donnig mie year v | The first word not held on the | Yes X No |
| | If "Yes," describe these new services on Schedule | 9 O | | |
| 3 | Did the organization cease conducting, or make s | ignificant changes in how it con | iducts, any program services? | Yes X No |
| | If "Yes," describe these changes on Schedule O | | | |
| 4 | Describe the organization's program service according | | | - · |
| | Section 501(c)(3) and 501(c)(4) organizations are r | • | f grants and allocations to others, the | total expenses, and |
| | revenue, if any, for each program service reported | | | |
| 4a | (Code) (Expenses \$124,6 | | | 47,895.) |
| | TO OPERATE AN APARTMENT C | OMPLEX TO HOUSE | PHYSICALLY DISABLE | <u> </u> |
| | INDIVIUDALS. | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4b | (Code) (Expenses \$ | including grants of \$ | |) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4c | (Code) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4d | Other program services (Describe in Schedule O.) | | | |
| | (Expenses \$including (| |) (Revenue \$ | |
| 4e | Total program service expenses ▶ | 124,698. | | |
| | | | | Form 990 (2017) |

| _ | | | |
|------|-----|--------|--|
| Form | 990 | (2017) | |

Form 990 (2017) WILLOW MANOR, INC.

Part IV Checklist of Required Schedules

| | • | | Yes | No |
|-----|--|------------|-----|------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | _1_ | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | <u>X</u> _ |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | <u>X</u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | _6 | | <u>X</u> _ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | ., |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | <u>X</u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | i |
| | If "Yes," complete Schedule D, Part IV | 9 | | _X_ |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | X | |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 444 | | X |
| _ | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11d 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| • | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | ļ | х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 1 | | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | } |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | L | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | | Ì | , | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 146 | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 14b | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | _x_ |
| 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 | l | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | <u>X</u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 1 | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | <u>19</u> | 990 | (2017) |
| | | rom | 33U | (2017) |

| | | | Yes | No |
|-----|---|------|----------|------------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | ' | | |
| | Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | ļ , | | |
| | Schedule K. If "No", go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | 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 | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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 | | X |
| b | is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | |
| | complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 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 | | _X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | 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 | _ | LX |
| 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 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, Part I | 31 | | <u> </u> |
| 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 | | _X_ |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | ŀ | | |
| | sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I | 33 | | <u>X</u> |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | <u> </u> |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | <u>X</u> |
| 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 | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | Ì |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | <u> </u> | <u>X</u> |
| 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 | 37 | <u> </u> | <u>x</u> _ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | X | L |
| | | Form | 990 | (2017) |

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Form 990 (2017) **Part V** Sta

| | Office if Scriedule O contains a response of note to any line in this Part V | | | |
|----------------|--|------------|-----|--------------|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 3 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | | |
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | ĺ |
| | filed for the calendar year ending with or within the year covered by this return 2a 2 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | _2b | | X |
| _ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | _3a_ | | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | 3b | | |
| 4 a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | v |
| L | financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country | 4a | | Х |
| D | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | Ì |
| 5 - | National National Control of the Con | En | | х |
| 5a b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5a 5b | | X |
| C | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| _ | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | 30 | | |
| ou | any contributions that were not tax deductible as chantable contributions? | 6a | | x |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | - Ou | | |
| - | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | x |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | <u> </u> |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | ļ |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 <u>g</u> | | <u> </u> |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | <u> </u> |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | _ | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | _ |
| _ b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b_ | | |
| 10 | Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| a b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | ļ | | 1 |
| 11 | Section 501(c)(12) organizations. Enter. | 1 | | |
| ·· | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| - | amounts due or received from them) | | | |
| 12a | | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 1 | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans | Į | | 1 |
| С | Enter the amount of reserves on hand | <u> </u> | | <u> </u> |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| <u>b</u> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | 00- | <u> </u> |
| | | Form | 990 | (2017) |

Form 990 (2017) WILLOW MANOR, INC. 72-1322404 Page 6

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

| Sect | tion A. Governing Body and Management | | | | | |
|------------|--|----------------|------------------------|----------|----------|------------|
| المحرا | IOITA. Governing body and management | | | | Ves | No |
| 10 | Enter the number of voting members of the governing body at the end of the tax year | l 1a | ٦ ا | \vdash | Yes | No_ |
| ıa | If there are material differences in voting rights among members of the governing body, or if the governing | <u>'a</u> | <u>′</u> | 1 1 | | |
| | 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 | 1 _b | 7 | | | |
| | Did any officer, director, trustee, or key employee have a family relationship or a business relationsh | | any other | } } | ł | |
| 2 | | ip with | any other | ا ۾ ا | | v |
| _ | officer, director, trustee, or key employee? | an dira | * auganusian | 2 | | <u>X</u> |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | ie direc | ct supervision | | . | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 000 | - 41 10 | 3 | _X | 77 |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form | | is filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's as | sets? | | 5 | —— | X |
| 6 | Did the organization have members or stockholders? | | | 6 | | <u>X</u> |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or a | appoint | one or | 1_ 1 | | •• |
| | more members of the governing body? | | | 7a | | <u>X</u> |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | stockh | olders, or | l l | Ì | |
| | persons other than the governing body? | | | 7b | | <u>X</u> |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | ear by th | ie following: | 1 1 | [| |
| а | The governing body? | | | 8a | X | |
| þ | Each committee with authority to act on behalf of the governing body? | | | 8b | _X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re | ached | at the | 1 | 1 | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | 9 | | <u> X</u> |
| <u>Sec</u> | tion B. Policies (This Section B requests information about policies not required by the Internal F | Revenu | e Code.) | | | |
| | | | | | Yes | No |
| 10a | • | | | 10a | | <u>X</u> _ |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such of | chapter | s, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing bo | dy befo | ore filing the form? | 11a | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | } | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | _X_ | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris | | | 12b | | _X_ |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If " | Yes," d | escnbe | | | |
| | ın Schedule O how this was done | | | 12c | | <u> </u> |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | | X |
| 15 | Did the process for determining compensation of the following persons include a review and appro- | | ndependent | İ | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision | ? | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | | <u>X</u> |
| þ | Other officers or key employees of the organization | | | 15b | <u> </u> | <u>X</u> |
| | 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 arrange | ement v | with a | | ! | |
| | taxable entity during the year? | | | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu | ate its i | participation | | · | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization | anizatıc | on's | | | |
| | exempt status with respect to such arrangements? | | | 16b | | |
| Sec | tion C. Disclosure | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► NONE | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 | ·T (Sec | tion 501(c)(3)s only) | avaılab | le | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | |
| | Own website Another's website X Upon request Other (explain | n ın Sc | hedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, c | onflict | of interest policy, an | d finan | cıal | |
| | 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 b | ooks a | nd records: ► | | | |
| | ANN COLLETTE - 337-439-4189 | | | | | |
| | 800 BILBO STREET, LAKE CHARLES, LA 70601 | | | | | |

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, 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 (A) | (B) | _ | | |) | | | (D) | (E) | (F) | |
|--|------------------------|--|---------------------------------|--------------|--------------|------------------------------|--------------|-----------------|-----------------|---------------|--|
| Name and Title | Average | Position (do not check more than one box, unless person is both an | | | Reportable | Reportable | Estimated | | | | |
| | hours per | | | compensation | compensation | amount of | | | | | |
| | week | | officer and a director/trustee) | | | or/trus | tee) | from | from related | other | |
| | (list any | ector | İ | | | Ì | | the | organizations | compensation | |
| | hours for | p to | 81 | | | ated | | organization | (W-2/1099-MISC) | from the | |
| | related | ustee | truste | | #3 | bens | | (W-2/1099-MISC) | | organization | |
| | organizations below | la t | ona | | e e | 5 a | | | | and related | |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations | |
| (1) S. BEN TAYLOR JR. | 1.00 | <u> </u> | - | | - | 1 | - | | | | |
| BOARD MEMBER | | X | 1 | X | | } | | 0. | 0. | 0. | |
| (2) DEBORAH DOSHIER | 1.00 | | | | | | | | | | |
| BOARD MEMBER | | X | | ł | 1 | | | 0. | 0. | 0. | |
| (3) CHESTER MOSES | 1.00 | | | | | | | | | | |
| BOARD MEMBER | | X | | | | | l | 0. | 0. | 0. | |
| (4) PASTOR CHARLES ROBERTSON | 1.00 |] | | | | | | | | | |
| BOARD MEMBER | | X | <u></u> | | | _ | ļ | 0. | 0. | 0. | |
| (5) NICOLE MILLER | 1.00 | | | | | | 1 | | | | |
| BOARD MEMBER | | X | <u> </u> | <u> </u> | | <u> </u> | <u> </u> | 0. | 0. | 0. | |
| (6) JOSEPH THOMAS | 1.00 | | | | | İ | ŀ | _ | _ | _ | |
| BOARD MEMBER | | X | _ | X | _ | $oxed{igspace}$ | <u> </u> | 0. | 0. | 0. | |
| (7) ROBERT SHANNON | 1.00 | | 1 | | | | | _ | | _ | |
| BOARD MEMBER | | X | <u> </u> | X | <u> </u> | | ├ | 0. | 0. | 0. | |
| | | - | | | | | 1 | | | | |
| | | ┼- | - | - | \vdash | - | ┝ | | <u> </u> | | |
| | - | 1 | İ | | l | | | | | | |
| | | ┼- | ╁╌ | ╁一 | ╁ | + | \vdash | | | | |
| | | 1 | | | l | ì | | | | | |
| | | \vdash | | - | \vdash | +- | _ | | | | |
| | | 1 | | | | | | | | | |
| | | _ | T | | | 1 | | | <u> </u> | | |
| | | 1 | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | _ | | | | |
| | | | | | | | | | | | |
| | | $oldsymbol{\downarrow}$ | <u> </u> | _ | \perp | _ | <u> </u> | | | | |
| | <u> </u> | 1 | l | ĺ | ĺ | | | | | | |
| | | ┼ | 1 | 1 | ├- | ┼- | ┼ | | | | |
| | ļ | - | | 1 | | | { | | 1 | ĺ | |
| | | ╁ | +- | +- | \vdash | + | ┼- | | | | |
| | | { | 1 | | 1 | | | | | [| |
| | | | 1 | | <u> </u> | 1_ | <u> </u> | <u> </u> | <u> </u> | L | |

| Section A. Unicers, Directors, Trus | tees, key Em | ploy | ees | , and | 3 H | gne | <u>st C</u> | ompensated Employe | es (continuea) | | | | |
|---|--|--|-----------------------|--|--------------|------------------------------|--------------|--|---------------------------|---|---------|--------------------|-----------|
| (A) | (B) | | | (C Pos | C) | | | (D) | (E) | - { | | (F) | |
| Name and title | Average hours per | | not c | heck | more | than | | Reportable | Reportable | l l | | | |
| | week | | | | | is bot or/trus | | compensation from | compensation from related | - 1 | | other | |
| | (list any | ector | |] | | | | the | organizations | , [| | pensa | |
| | hours for | ja ja | 8 | 1 | Ì | ated | Ì | organization | (W-2/1099-MIS | (C) | | om th | _ |
| | related organizations | rustee | ftrust | | 25 | npens | | (W-2/1099-MISC) | | 1 | _ | anızat | |
| | below | Individual trustee or director | Institutional trustee | | Key employee | stcon | == | | | - 1 | | d relat anızatı | |
| | line) | 횰 | ınst | ОЩСЕ | Key e | Highest compensated employee | Богтег | | | 1 | - 3- | | |
| | | | | | | | | | | | | | |
| | ļ | ↓_ | _ | ļ | <u> </u> | <u> </u> | <u> </u> | | | | | | |
| | <u> </u> | - | | 1 | | | | | | | | | |
| | | - | - | - | <u> </u> | ├- | - | | | | | | |
| | | 1 | | | | Ì | | | | ì | | | |
| | | | | \vdash | | 1 | | | | | | | |
| | | 1 | | | | | | <u> </u> | | j | | | |
| | | | | | | | | | | | | | |
| | ļ | ļ | - | ļ | _ | <u> </u> | | ļ | | | | | |
| | | 4 | | ļ | | ļ | l | | : | , | | | |
| | | ├— | ├— | | - | ├- | <u> </u> | | | | | | |
| | | 1 | | 1 | | ļ | | | | | | | |
| | | | \vdash | | ┢╌ | ╁~ | \vdash | | | | | | |
| | · · · · · · | 1 | | | | | | | |] | | | |
| | | | | | | | | | | | | | |
| | <u> </u> | | <u> </u> | <u> </u> | <u>L</u> _ | <u>L</u> _ | L | | | | | | |
| 1b Sub-total | | | | | | | | 0. | | 0. | | | 0. |
| c Total from continuation sheets to Part V | II, Section A | | | | | | | 0. | | 0. | | | <u>0.</u> |
| d Total (add lines 1b and 1c) Total number of individuals (including but r | not limited to th | | licte | | hove | ٠ | DO 10 | 0. | 000 of reportable | 0. | | | 0. |
| 2 Total number of individuals (including but recompensation from the organization | ioi iii iiitea to ti | 1036 | i iiStt | eu a | DOV | e) wi | 10 11 | eceived more triain \$100 | ,000 or reportable | е | | | C |
| Componisation from the enganization | ······································ | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, | , director, or tr | uste | e, ke | ey er | mplo | oyee | , or | highest compensated e | mployee on | [| | | |
| line 1a? If "Yes," complete Schedule J for s | such individual | | | | | | | | | [| 3 | | X |
| 4 For any individual listed on line 1a, is the si | | | | | | | | • | the organization | | | | |
| and related organizations greater than \$15 | | | | | | | | | | Ì | 4 | | X |
| 5 Did any person listed on line 1a receive or | | | | | - | | elat | ed organization or indiv | idual for services | | _ | | |
| rendered to the organization? If "Yes," con Section B. Independent Contractors | npiete Scriedu | e J i | or s | <u>ucn</u> | <u>per</u> | son | | | | | 5 | | X |
| Complete this table for your five highest co | ompensated in | dep | ende | ent c | ont | racto | ors t | that received more than | \$100,000 of com | nens | ation f | rom | |
| the organization Report compensation for | | | | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| (A) | | | | | | | | (B) | | | (0 | >) | |
| Name and business | address | _N | ON: | E | | | | Description of s | services | С | ompe | nsatio | n |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | ì | | | | |
| | | | | | | | - | | | | | | |
| | | | | | | | 1 | | } | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | _ | İ | | | | |
| | | | | | | | | | - | | | | |
| 2 Total number of independent contractors (| - | not li | ımıte | ed to | | _ | stec | d above) who received n | nore than | | | | |
| \$100,000 of compensation from the organ | ization 📂 | | | | _ | 0_ | | | | | Form | ggn / | 2017 |
| | | | | | | | | | | | | | |

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under Related or Total revenue exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 10 d Related organizations 1d 44,666 e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 44,666 Business Code 2 a RENT INCOME - APT UNIT 623990 47,258 47,258 **b** OTHER INCOME 623990 218. 218. f All other program service revenue g Total. Add lines 2a-2f 47,476. Investment income (including dividends, interest, and 419. 419 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d 92,561. 47,895 Total revenue. See instructions. Form **990** (2017)

9

Form 990 (2017) WILLOW MANOR,
Part IX Statement of Functional Expenses

| 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 | | | | | | | | | | | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. (A) Total expenses (B) Program service expenses Management and general expenses expenses (D) Fundrai expenses | | | | | | | | | | |
| 1 | Grants and other assistance to domestic organizations | | | | | | | | | | |
| | and domestic governments. See Part IV, line 21 | | | | | | | | | | |
| 2 | Grants and other assistance to domestic | | | | | | | | | | |
| | individuals See Part IV, line 22 | | | | | | | | | | |
| 3 | Grants and other assistance to foreign | | | | | | | | | | |
| | organizations, foreign governments, and foreign | | | | | | | | | | |
| | individuals See Part IV, lines 15 and 16 | | | | <u> </u> | | | | | | |
| 4 | Benefits paid to or for members | | | | | | | | | | |
| 5 | Compensation of current officers, directors, | | | | | | | | | | |
| | trustees, and key employees | | | | <u> </u> | | | | | | |
| 6 | Compensation not included above, to disqualified | | | - (| · | | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | | | | | | | |
| | persons described in section 4958(c)(3)(B) | | | | | | | | | | |
| 7 | Other salaries and wages | 13,267. | 13,267. | | | | | | | | |
| 8 | Pension plan accruals and contributions (include | | | | | | | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | | | | | | | |
| 9 | Other employee benefits | 5,376. | 5,376. | | | | | | | | |
| 10 | Payroll taxes | 1,015. | 1,015. | | | | | | | | |
| 11 | Fees for services (non-employees) | | | | | | | | | | |
| а | Management | 7,508. | 7,508. | | | | | | | | |
| b | Legal | | | | | | | | | | |
| С | Accounting | 14,550. | 14,550. | | | | | | | | |
| d | 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 Sch O.) | | | | | | | | | | |
| 12 | Advertising and promotion | | | | | | | | | | |
| 13 | Office expenses | 15. | 15. | | | | | | | | |
| 14 | Information technology | | | | | | | | | | |
| 15 | Royalties | | | | | | | | | | |
| 16 | Occupancy | ļ | | | _ | | | | | | |
| 17 | Travel | | ļ | | | | | | | | |
| 18 | Payments of travel or entertainment expenses | | | | | | | | | | |
| | for any federal, state, or local public officials | | | | | | | | | | |
| 19 | Conferences, conventions, and meetings | | | | | | | | | | |
| 20 | Interest | | | | | | | | | | |
| 21 | Payments to affiliates | 25 222 | 27 222 | | | | | | | | |
| 22 | Depreciation, depletion, and amortization | 37,823. | 37,823. | | | | | | | | |
| 23 | Insurance | 19,791. | 19,791. | | | | | | | | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | | | | | | | |
| а | AND A TARREST AND A CONTRACT AND | 21,444. | 21,444. | | | | | | | | |
| b | MAINTENANCE SUPPLIES | 2,062. | | | | | | | | | |
| C | MISC ADMINISTRATIVE EXP | 1,650. | | | | | | | | | |
| đ | UTILITIES | 197. | 197. | | | | | | | | |
| | All other expenses | | | | | | | | | | |
| 25 | Total functional expenses Add lines 1 through 24e | 124,698. | 124,698. | 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 If following SOP 98-2 (ASC 958-720) | | | | | | | | | | |

| | | Check if Schedule O contains a response or note | to any line in this Part X | | | |
|-----------------------------|------|--|---------------------------------|--------------------------|--------|----------------------|
| | , | | | (A) Beginning of year | | (B) End of year |
| - | 1 | Cash - non-interest-bearing | | 5,170. | _1 | 2,365 |
| - 1 | 2 | Savings and temporary cash investments | 17,968. | 2 | 16,605 | |
| | 3 | Pledges and grants receivable, net | | 3 | | |
| - | 4 | Accounts receivable, net | | 33. | 4 | |
| - } | 5 | Loans and other receivables from current and fo | rmer officers, directors, | | | |
| - | | trustees, key employees, and highest compensa | ted employees Complete | | į | |
| | | Part II of Schedule L | | | 5 | |
| - | 6 | Loans and other receivables from other disqualif | ied persons (as defined under | | | |
| ı, | | section 4958(f)(1)), persons described in section | 4958(c)(3)(B), and contributing | | | |
| ļ | | employers and sponsoring organizations of sect | on 501(c)(9) voluntary | | ŀ | |
| : | | employees' beneficiary organizations (see instr) | Complete Part II of Sch L | | 6 | |
| | 7 | Notes and loans receivable, net | | | 7 | |
| : | 8 | Inventories for sale or use | ł | | _8 | |
| | 9 | Prepaid expenses and deferred charges | | 4,917. | 9 | 4,958 |
| - } | 10a | Land, buildings, and equipment cost or other | 1 1 | | | |
| 1 | | basis. Complete Part VI of Schedule D | 10a 1,578,688. | | | |
| - { | b | Less accumulated depreciation | 10b 591,600. | 1,019,491. | 10c | 987,088 |
| 1 | 11 | Investments - publicly traded securities | | | 11 | |
| - { | 12 | Investments other securities See Part IV, line 1 | 1 | | 12 | |
| - | 13 | Investments - program-related See Part IV, line | 11 | 377,283. | 13 | 384,237 |
| - { | 14 | Intangible assets | (| | 14 | |
| ļ | 15 | Other assets See Part IV, line 11 | | 15 | | |
| - (| 16 | Total assets. Add lines 1 through 15 (must equa | al line 34) | 1,424,862. | 16 | 1,395,253 |
| \neg | 17 | Accounts payable and accrued expenses | | 4,441. | 17 | 6,919 |
| - [| 18 | Grants payable | · 1 | | 18 | |
| } | 19 | Deferred revenue | | | 19 | |
| ŀ | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete I | Part IV of Schedule D | | 21 | |
| , | 22 | Loans and other payables to current and former | | | | |
| | _ | key employees, highest compensated employee | | | } | |
| Liabilities | | Complete Part II of Schedule L | | | 22 | |
| ן נ | 23 | Secured mortgages and notes payable to unrela | ited third parties | 1,570,600. | 23 | 1,570,600 |
| | 24 | Unsecured notes and loans payable to unrelate | • | 3,769. | 24 | 3,819 |
| | 25 | Other liabilities (including federal income tax, pa | | | | |
| | | parties, and other liabilities not included on lines | | | | |
| | ł | Schedule D | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 1,578,810. | 26 | 1,581,338 |
| | | Organizations that follow SFAS 117 (ASC 958 |), check here | | | |
| s | | complete lines 27 through 29, and lines 33 an | | : | | |
| Net Assets or Fund Balances | 27 | Unrestricted net assets | | | 27 | |
| | 28 | Temporarily restricted net assets | | - | 28 | |
| | 29 | Permanently restricted net assets | , , , , , | | 29 | |
| Š., |] | Organizations that do not follow SFAS 117 (A | SC 958), check here | | | |
| <u> </u> | Ì | and complete lines 30 through 34. | | ļ. | | |
| 23 | 30 | Capital stock or trust principal, or current funds | | 0. | 30 | 0 |
| SSe | 31 | Paid-in or capital surplus, or land, building, or ed | I I | 0. | 31 | 0 |
| Ä | 32 | Retained earnings, endowment, accumulated in | | <153,948. | | <186,085 |
| Š | 33 | Total net assets or fund balances | | <153,948. | | <186,085 |
| | 34 | Total liabilities and net assets/fund balances | | 1,424,862. | | 1,395,253 |
| | 1 34 | Total liabilities and her assets/fully balances | | | | Form 990 (201 |

| orm | 990 (2017) WILLOW MANOR, INC. | 12-132 | 2404 | Pag | ge 12 |
|-----|--|------------|------|-----|--------------|
| Pa | t XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | • | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 9 | 2,5 | 61. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 12 | 4,6 | 98. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | <3 | 2,1 | <u>37.</u> > |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | <15 | 3,9 | 48.> |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, | 1 1 | | | |
| | column (B)) | 10 | <18 | 6,0 | <u>85.</u> > |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990. Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 0 | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe | d on a | | | |
| | separate basis, consolidated basis, or both. | | 1 | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | <u> </u> |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa | te basis, | | | |
| | consolidated basis, or both | | | | į |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | 1 | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | ne audıt, | | | i |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | X_ |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S | ngle Audit | | | |
| | Act and OMB Circular A-133? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ured audit | | 1 | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b_ | | |
| | | | Form | 990 | (2017) |

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number WILLOW MANOR, INC. 72-1322404 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions, The organization is not a private foundation because it is. (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. ___ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed in your governing document? (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Part II 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)

| Sec | tion A. Public Support | | | | | | |
|------|---|--------------------------|---------------------------------------|----------------------------|----------------------|---------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| | include any "unusual grants ") | 46,919. | 42,630. | 46,011. | 46,828. | 44,666. | 227,054. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | ľ | | İ | 1 | | |
| | or expended on its behalf | | | ļ | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | 1 | | |
| | the organization without charge | | | | ļ | | |
| 4 | Total. Add lines 1 through 3 | 46,919. | 42,630. | 46,011. | 46,828. | 44,666. | 227,054. |
| | The portion of total contributions | | | | | | / |
| | by each person (other than a | | | | { | | |
| | governmental unit or publicly | | | | } | | |
| | supported organization) included | | | | ļ | | |
| | on line 1 that exceeds 2% of the | } | ł | | | | |
| | amount shown on line 11, | | | • | | | |
| | column (f) | 1 | ĺ | | İ | | |
| 6 | Public support. Subtract line 5 from line 4 | } | | | | | 227,054. |
| | etion B. Total Support | ! | | | | | 241,054. |
| | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| | Amounts from line 4 | 46,919. | 42,630. | 46,011. | 46,828. | 44,666. | 227,054. |
| | Gross income from interest, | 40,010. | | | _ 40,020. | 44,000. | 221,034. |
| 0 | dividends, payments received on | } | J | } | | | |
| | | | | | | | |
| | securities loans, rents, royalties, | 199. | 256. | 288. | 342. | 419. | 1,504. |
| _ | and income from similar sources | 199. | | | 344. | 417. | 1,304. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | } | | | | | } |
| | or loss from the sale of capital | \ | | | | | |
| | assets (Explain in Part VI) | ļ | | | | | 220 550 |
| 11 | • • • • | L | L | | | | 228,558. |
| 12 | Gross receipts from related activities | • | • | | · | 12 | 41,996. |
| 13 | • | - | s first, second, thir | d, fourth, or fifth ta | ix year as a section | n 501(c)(3) | . — |
| 50 | organization, check this box and storection C. Computation of Pub | p here lie Support Pe | rcontago | | | | |
| | | | | .1 (0) | | | 00.34 |
| 14 | Public support percentage for 2017 (| | | column (f)) | | 14 | 99.34 % |
| 15 | | | | | | 15 | 99.30 % |
| 16 | a 33 1/3% support test - 2017. If the | | | | 14 is 33 1/3% or m | iore, check this bo | |
| | stop here. The organization qualifies | | _ | | | | ▶ [X] |
| ! | 33 1/3% support test - 2016. If the | - | | | line 15 is 33 1/3% | or more, check t | his box |
| | and stop here. The organization qua | | · · · · · · · · · · · · · · · · · · · | | | | . ▶∟ |
| 17 | a 10% -facts-and-circumstances tes | | | | | | |
| | and if the organization meets the "fac | | | | | t VI how the orgai | nization |
| | meets the "facts-and-circumstances" | | | | | | ▶∟ |
| | o 10% -facts-and-circumstances tes | st - 2016. If the org | anization did not o | check a box on line | e 13, 16a, 16b, or 1 | 7a, and line 15 is | 10% or |
| | more, and if the organization meets t | he "facts-and-circu | ımstances" test, cl | neck this box and | stop here. Explain | in Part VI how the | e |
| | organization meets the "facts-and-cir | | | | | | . ▶Ц |
| 18 | Private foundation. If the organization | on did not check a | box on line 13, 16 | <u>a, 16b, 17a, or 17b</u> | o, check this box a | nd see instruction | ns ►L |
| | | | | | Scho | dula A (Earm 99) | or 990-F7) 2017 |

Schedule A (Form 990 or 990-EZ) 2017 WILLOW MANOR, INC. Part III | 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.)

| Sec | ction A. Public Support | slow, please comp | neter art ii j | | | | |
|----------|--|----------------------|----------------------|---------------------------------------|---------------------|---------------------|-------------|
| | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | | |
| 2 | 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 | - | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | , | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | <i>y</i> | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7 8 | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| t | 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 | | | 1 | | | |
| | c Add lines 7a and 7b | | / | | | | |
| | Public support. (Subtract line 7c from line 6) | | / | | | | |
| | ction B. Total Support | <u> </u> | / | | <u> </u> | | |
| _ | endar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 9 | | | 7 | | | 1 | |
| 10: | a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| | b Unrelated business taxable income | / | | 1 | | | |
| | (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) | the property of | o first social 45' | rd fourth or fifth | tax 1100* 65 5 555 | on 501/a)/2) ===== | |
| 14 | First five years. If the Form 990 is fo | r the organization's | s iirst, secona, thi | ra, iouriri, or iiπn | tax year as a secti | on 50 I(c)(3) organ | ization, |
| 50 | check this box and stop here ction C. Computation of Publ | ic Support Pe | rcentage | | | | |
| | | | | column (fl) | | 15 | % |
| 15 16 | | | | 00.dimi (i// | | 16 | % |
| _ | ection D. Computation of Inve | | | · · · · · · · · · · · · · · · · · · · | | | |
| 17 | | | | | | 17 | % |
| _ | <i>i</i> | | | 710 70, 00iai1ii1 (1)) | • • | 18 | % |
| 18 | a 33 1/3% support tests - 2017. If the | | | on line 14, and lin | ne 15 is more than | | |
| 19 | more than 33 1/3%, check this box a | | | | | | IS IIO. |
| | b 33 1/3% support tests - 2016. If the | e organization did r | not check a box o | n line 14 or line 19 | a, and line 16 is m | nore than 33 1/3% | |
| ~~ | line 18 is not more than 33 1/3%, che Private foundation. If the organization | | | | | | · [|
| 20 | Private toundation, it the organization | on did not check a | DUX OF TIME 14, 18 | a, OF 190, CHECK | una DOX and See II | istructions . | |

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 historic 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)
- 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?
- 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.
- 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).
- 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 |
|-----|----------|-------|--------------|
| | | | |
| | | | |
| | 1 | | |
| | | | |
| | 2 | | |
| ļ | 3a | | |
| | | | |
| | 3b_ | | |
| | 30_ | | |
| | 3c | | |
| | 4a | | |
| | a | | |
| | | | |
| | 4b | | |
| | ' | | |
| | | | |
| | 4c_ | | |
| | } | | |
| | | | |
| | _5a | | |
| | | | |
| | 5b | | |
| | 5c | | |
| | | | |
| | | | |
| | 6 | | |
| | | | |
| | _ | | |
| | 7_ | | _ |
| | 8 | | <u> </u> |
| | [| | [|
| | 9a | | <u> </u> |
| | | | |
| | 9b | - | |
| | 9c | | 1 |
| | | | |
| | 10- | } |] |
| | 10a | - | |
| | 10b | | <u> </u> |
| m 9 | 90 ar 91 | 90-EZ |) 2017 |

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

| • | • | | | , |
|------|---|-----------|----------------------|--------------------------------|
| Sche | dule A (Form 990 or 990-EZ) 2017 WILLOW MANOR, INC. | - O | -iatio | 72-1322404 Page 6 |
| ٠ | Type III Talletterially little acted coo(a)(b) capper till | | | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | | | n Part VI) See instructions. A |
| | other Type III non-functionally integrated supporting organizations must co | mpiete Si | ections A through E. | (0) 0 |
| Sect | ion 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 | | |
| Sect | Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year) | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI) | | | |
| 2 | 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 | | |
| 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 | | |
| | Minimum Asset Amount (add line 7 to line 6) | B | | |

🗌 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2017

Current Year

Section C - Distributable Amount

Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior year

Enter 85% of line 1

Adjusted net income for prior year (from Section A, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Minimum asset amount for prior year (from Section B, line 8, Column A)

1

3

4 5

| Part V Type III Non-Functionally Integrated 509 | | anizations (continued) | 2-1322404 Page 7 |
|---|---------------------------------------|---------------------------------------|----------------------------------|
| Section D - Distributions | (w)(o) 0 wpp 5 · · · · · · 5 | in a cay | Current Year |
| Amounts paid to supported organizations to accomplish exer | mpt purposes | · · · · · · · · · · · · · · · · · · · | |
| 2 Amounts paid to perform activity that directly furthers exemp | | | · |
| organizations, in excess of income from activity | | | |
| 3 Administrative expenses paid to accomplish exempt purpose | es of supported organization | s | |
| 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 | | | |
| 8 Distributions to attentive supported organizations to which the | ne organization is responsive | | |
| (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) |
| Section E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2017 | Distributable Amount for 2017 |
| Distributable amount for 2017 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2017 (reason- | | | |
| able cause required- explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2017 | | | |
| _a | | | |
| b From 2013 | · · · · · · · · · · · · · · · · · · · | | |
| c From 2014 | | | |
| d From 2015 | | | |
| e From 2016 | <u> </u> | | <u> </u> |
| f Total of lines 3a through e | | | <u> </u> |
| 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 | | | |
| b Applied to 2017 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2017, if | | | |
| any Subtract lines 3g and 4a from line 2. For result greater | | ł | |
| than zero, explain in Part VI. See instructions | | | |
| 6 Remaining underdistributions for 2017 Subtract lines 3h | | | |
| and 4b from line 1 For result greater than zero, explain in | | | |
| Part VI See instructions. | | | |
| 7 Excess distributions carryover to 2018. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2013 | | | |
| b Excess from 2014 | | | |
| c Excess from 2015 | | | |
| d Excess from 2016 | | | |
| e Excess from 2017 | | | |
| | · | | · |

Schedule A (Form 990 or 990-EZ) 2017

| Schedule A | (Form 990 or 990-EZ) 2017 WILLOW MANOR, | INC | 72-1322404 Page 8 |
|------------|--|---|---|
| Part VI | Supplemental Information. Provide the explanation. Provide the explanation IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a line 1, Part IV, Section D, lines 2 and 3, Part IV, Section D, lines 5, 6, and 8, and Part V, Section E, lines 5, 6, and 8, and Part V, Section E, lines 5, 6, and 8, and Part V, Section E, lines 5, 6, and 8, and Part V, Section E, lines 5, 6, and 8, and Part V, Section E, lines 5, 6, and 8, and Part V, Section E, lines 5, 6, and 8, and Part V, Section E, lines 5, 6, and 8, and Part V, Section E, lines 5, 6, and 8, and Part V, Section E, lines 5, 6, and 8, and Part V, Section E, lines 5, 6, and 8, and Part V, Section E, lines 5, 6, and 8, and Part V, Section E, lines 5, 6, and 8, and Part V, Section E, lines 5, 6, and 8, and Part V, Section E, lines 5, 6, and 8, and Part V, Section E, lines 5, 6, and 8, and Part V, Section E, lines 5, 6, and 8, and Part V, Section E, lines 5, 6, and 8, and Part V, Section E, lines 5, 6, and 8, and Part V, Section E, lines 5, 6, and 8, an | anations required by Part II, line 10, Part II, line 17a , 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, line on E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Pa | or 17b, Part III, line 12, s 1 and 2, Part IV, Section C, rt V, Section B, line 1e, Part V. |
| | (See instructions) | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

Inspection

Name of the organization

Employer identification number

Schedule D (Form 990) 2017

WILLOW_MANOR, INC. 72-1322404 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 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 24 listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar 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 balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of 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 balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

| | | MANOR, INC | | | | | | | | Page 2 |
|-----|---|-----------------------|--------------|--------------|-------------------|-------------|----------------|-----------|---------------------|------------|
| Par | t III Organizations Maintaining C | ollections of A | rt, Histo | rical Tre | easures, or | Other | <u>Similaı</u> | Asse | t s (continu | ed) |
| 3 | Using the organization's acquisition, accession | on, and other record | ls, check a | any of the | following that ar | e a sign | ificant us | se of its | collection | items |
| | (check all that apply) | | | | | | | | | |
| а | Public exhibition | d | ما لييا ١ | an or excl | hange programs | 3 | | | | |
| b | Scholarly research | е | □ 04 | ther | | | | | | |
| C | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | ellections and explai | n how the | y further th | ne organization's | s exemp | t purpos | e in Part | : XIII | |
| 5 | During the year, did the organization solicit or | r receive donations | of art, hist | orical treas | sures, or other s | ımılar as | ssets | | | |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | ☐ No |
| Par | t IV Escrow and Custodial Arran | | ete if the o | rganizatio | n answered "Ye | s" on Fo | orm 990, | Part IV, | line 9, or | |
| | reported an amount on Form 990, Par | t X, line 21 | | | | | | | | |
| 1a | is the organization an agent, trustee, custodi | an or other intermed | diary for co | ontribution | s or other asset | s not inc | cluded | _ | _ | |
| | on Form 990, Part X? | | | | | | | L | Yes | L No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing tal | ble. | | | | | | |
| | | | | | | | <u> </u> | | Amount | |
| C | Beginning balance | | | | | | 1c | | | |
| d | Additions during the year | | | | | | 1d | | | |
| е | Distributions during the year | | | | | | 1e | | | |
| f | Ending balance | | | | | | 11 | | | |
| 2a | Did the organization include an amount on Fe | orm 990, Part X, line | 21, for es | crow or cu | ustodial account | t liability | ? | | Yes | ☐ No |
| | If "Yes," explain the arrangement in Part XIII | | | | | | | | | |
| Par | t V Endowment Funds. Complete I | f the organization ar | swered " | es" on Fo | rm 990, Part IV | line 10 | | | | |
| | | (a) Current year | (b) Pri | or year | (c) Two years b | ack (d) | Three ye | ars back | (e) Four y | ears back_ |
| 1a | Beginning of year balance | | | | | | | | | |
| þ | Contributions | | Ĺ | | | | | | | |
| c | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | ļ | | ŀ | | | | | |
| | and programs | · | | | | | | | | |
| f | Administrative expenses | | <u></u> | | | | | | | |
| g | End of year balance | | <u></u> | | l | l_ | | | | |
| 2 | Provide the estimated percentage of the cur | rent year end baland | ce (line 1g, | , column (a | a)) held as | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | | |
| b | Permanent endowment > | % | | | | | | | | |
| С | Temporarily restricted endowment ▶ | % | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | ould equal 100%. | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ession of the organiz | ation that | are held a | ind administered | for the | organiza | ation | _ | |
| | by | | | | | | | | \ | es No |
| | (i) unrelated organizations | | | | | | • | | 3a(i) | |
| | (ii) related organizations | | | | | | | | 3a(ii) | |
| b | If "Yes" on line 3a(ii), are the related organization | ations listed as requ | ired on Sc | hedule R? | | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | e organization's end | owment fu | ınds | | | | | | |
| Pa | rt VI Land, Buildings, and Equipn | nent. | | | | | | | | |
| | Complete if the organization answere | d "Yes" on Form 99 | 0, Part IV, | line 11a. S | See Form 990, F | art X, lir | ne 10 | | | |
| | Description of property | (a) Cost or o | other | (b) Cost | or other | (c) Acc | umulated | ı [_ | (d) Book | value |
| | | basis (invest | ment) | basis | (other) | depre | ciation | | | |
| 1a | Land | 114, | 577. | | | | | | | ,577. |
| | Buildings | 1,457, | 875. | | | 58 | 38,77 | 6. | 869 | ,099. |
| | Leasehold improvements | | | | | | | | | |
| _ | Equipment | 1, | 458. | | | | 1,45 | 8. | | 0. |
| | Other | | 778. | | | | 1,36 | | 3 | ,412. |
| | I. Add lines 1a through 1e (Column (d) must e | | | n (B), line | 10c.) | | | | 987 | ,088. |

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| | |
| (6) | |
| | |
| (8) | |
| (9) | |
| otal. (Column (b) must equal 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 | income taxes | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column | (b) must 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

| chedule D (Form 990) 2017 WILLOW MANOR, INC. | | 72-13 | 22404 Page 4 |
|--|--------------------------------|-------------------------|------------------|
| Part XI Reconciliation of Revenue per Audited Financial St | tatements With Rever | nue per Return. | |
| Complete if the organization answered "Yes" on Form 990, Part IV, | line 12a | | _ |
| 1 Total revenue, gains, and other support per audited financial statements | | 1 | 92,561. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| a Net unrealized gains (losses) on investments | 2a | | |
| b Donated services and use of facilities | 2b | | |
| c Recoveries of prior year grants | 2c | | |
| d Other (Describe in Part XIII) | 2d | | |
| e Add lines 2a through 2d | | 2e | 0. |
| 3 Subtract line 2e from line 1 | | 3 | 92,561. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1. | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b Other (Describe in Part XIII.) | 4b | | |
| c Add lines 4a and 4b | | 4c | 0. |
| 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 | 2) | 5 | 92,561. |
| Part XII Reconciliation of Expenses per Audited Financial S | | | |
| Complete if the organization answered "Yes" on Form 990, Part IV, | • | noos por notan. | • |
| Total expenses and losses per audited financial statements | | 1 | 124,698. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | 124,090. |
| a Donated services and use of facilities | 2a | | |
| _ | | | |
| b Prior year adjustments | 2b | | |
| c Other losses | 2c | | |
| d Other (Describe in Part XIII) | 2d | | 0 |
| e Add lines 2a through 2d | | 2e | 104 600 |
| 3 Subtract line 2e from line 1 | | 3 | 124,698. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 | 1 1 | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b Other (Describe in Part XIII) | 4b | | |
| c Add lines 4a and 4b | | 4c | 0, |
| 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line | 18.) | 5 | 124,698. |
| Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an | d 4, Part IV, lines 1b and 2b; | Part V, line 4, Part X, | line 2; Part XI, |
| lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | - <u></u> | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | ····· |
| | | | |
| | | | |
| | | | |
| | | | - |
| | | | |
| | | | |
| | | | |
| | | | |

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

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

2017

Open to Public Inspection

Name of the organization Employer identification number WILLOW MANOR, INC. <u>72-1322404</u> FORM 990, PART VI, SECTION A, LINE 3: THE ORGANIZATION DELEGATES CONTROL OVER MANAGEMENT DUTIES TO THE LAKE CHARLES HOUSING AUTHORITY. FORM 990, PART VI, SECTION B, LINE 11B: THE ORGANIZATION'S GOVERNING BODY REVIEWS THE FORM 990 BEFORE FILING. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON THE INTERNET. FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC: S. BEN TAYLOR JR. - 800 BILBO ST, LAKE CHARLES, LA 70601 JOSEPH THOMAS - 800 BILBO ST, LAKE CHARLES, LA 70601 ROBERT SHANNON - 800 BILBO ST, LAKE CHARLES, LA 70601