# EXTENDED TO NOVEMBER 15, 2019

SCANNED SEP 18 2019

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information. For the 2018 calendar year, or tax year beginning and ending C Name of organization Check if D Employer identification number Address change WILLOW MANOR, INC. Name change 72-1322404 Doing business as 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 337-439-4189 termin-ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended LAKE CHARLES, LA 70601 H(a) Is this a group return Applica-F Name and address of principal officer S. BEN TAYLOR JR. Yes 🗓 No for subordinates? pending 800 BILBO, LAKE CHARLES, LA 70601 H(b) Are all subordinates included? Tax-exempt status  $\mathbf{X}$  501(c)(3)  $\mathbf{\Box}$  501(c) ( If "No," attach a list. (see instructions) ) ◀ (insert no ) 4947(a)(1) or J Website: ► N/A H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Year of formation: 1999 M State of legal domicile: LA Part I Summary Briefly describe the organization's mission or most significant activities APARTMENT COMPLEX FOR PHYSICALLY Activities & Governance DISABLED INDIVIDUALS if the organization discontinued its operations of disposed of RECEIVED Check this box ▶ L Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line) 7 4 )SO AUG 1 3 2019 5 Total number of individuals employed in calendar year 2018 (Part V, line 2 0 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a OGDEN, UT b Net unrelated business taxable income from Form 990-T, line 38 7b 0. Prior Year **Current Year** 44,666 38,600. Contributions and grants (Part VIII, line 1h) Revenue 47,476 52,305. Program service revenue (Part VIII, line 2g) 419 436. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Ο. 0. 92.561 91 341. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 19,658. 19,658. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 105,040 108,417. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 124,698. 128,075. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -36,734. -32,137Revenue less expenses Subtract line 18 from line 12 End of Year Beginning of Current Year 1,395,253 1,374,909. 20 Total assets (Part X, line 16) ,597,728. ,581,338 21 Total liabilities (Part X, line 26) -222,819 -186,085. Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under penalties of periury. 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 Signature of officer Sign BEN TAYLOR JR. Here Type or print name and title Date Prepare/s signature Print/Type preparer's name self-employed **P**00361436 GRAHAM A. PORTUS XIIWQ1 Paid Firm's name SRAGSON, CASIDAY & GUILLORY Preparer Firm's address > 145 EAST STREET Use Only

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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

LAKE CHARLES, LA 70601

X Yes Form **990** (2018)

Phone no 337 - 439 - 1986

	990 (2018) WILLOW MANOR, INC.	<u>72-1322404</u>	Page <b>2</b>
Pa	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
	Briefly describe the organization's mission  TO PROVIDE HOUSING FOR THE PHYSICALLY DISABLED.		
	10 TROVIDE ROODING FOR THE THIBICARDI DIDABED.		
		<del></del>	
	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	s X No
	If "Yes," describe these new services on Schedule O.		
}	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	s X No
	If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as r	magnifod by avagae	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	• •	
	revenue, if any, for each program service reported	s, the total expenses,	, and
la	(Code) (Expenses \$128,075. including grants of \$) (Revenue	s 52	,741.
	TO OPERATE AN APARTMENT COMPLEX TO HOUSE PHYSICALLY DISA		
	INDIVIUDALS.		
			<del></del>
		<del> </del>	
b	(Code) (Expenses \$) (Revenue	\$	
С	(Code) (Expenses \$	\$	)
		<del></del>	
d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$		
e	Total program service expenses ► 128,075.		
		Form <sup>1</sup>	<b>990</b> (2018)

# Form 990 (2018) WILLOW MANOR, Part IV Checklist of Required Schedules

	- Individual of Trequire Concurred			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		77	
•	If "Yes," complete Schedule A	1	_X	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors?	_2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		\ <sub>v</sub>
4	public office? If "Yes," complete Schedule C, Part I	3_		X
~	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			v
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		X
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			~
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for		-	
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted 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, VII, 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	<u> </u>
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		1	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
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_		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	v	
	Schedule D, Parts XI and XII	12a	X	
D	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_		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization maintain an office, employees, or agents outside or the office office of states.  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-70		
U	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	14b		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			
	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		_X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		ļ
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

# Form 990 (2018) WILLOW MANOR, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
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	00		v
24.5	Schedule J	23	-	X
<b>24</b> a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	04-		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
а	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		<del></del>
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
_	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			_ <del></del> _
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled 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		<u>X</u> _
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,	ļ		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
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		<u>X</u> _
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31_		<u>X</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		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33_		<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>X</u> _
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
ь	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		<del></del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	2		x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
38		38	x	
Pa	Note. All Form 990 filers are required to complete Schedule Ont V Statements Regarding Other IRS Filings and Tax Compliance	, 50	42	
<u>. u</u>	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1.	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			.,,,
1d h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
U	(gambling) winnings to prize winners?	1c_		
			990	2018)

Form 990 (2018) WILLOW MANOR, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	-		-			
•	filed for the calendar year ending with or within the year covered by this return	2		ز ا			
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)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country			_			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	١.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	i	<u> </u>			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		L			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	1	}				
	any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).		_	1			
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?	7 <u>a</u>		<u> </u>			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7 <u>c</u>		<u>X</u>			
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<del></del>			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g_					
h							
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.			4			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
ь	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			,			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-{		'			
11	Section 501(c)(12) organizations. Enter	1					
a	Gross income from members or shareholders  Cross income from members or shareholders  11a	-		]			
D	Gross income from other sources (Do not net amounts due or paid to other sources against			1			
10-	amounts due or received from them)  [11b]  [Section 1007/cV4) and accompanies to the arganization filing Form 900 in liquid Form 10412	120		_ <b></b> J			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		<del></del>			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.	-		,			
13	Is the organization licensed to issue qualified health plans in more than one state?	13a					
а	Note. See the instructions for additional information the organization must report on Schedule O	134		<del></del> ,			
h	Enter the amount of reserves the organization is required to maintain by the states in which the			i 1			
Ų	organization is licensed to issue qualified health plans						
^	Enter the amount of reserves on hand	1 '					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		_X			
	If "Yes," see instructions and file Form 4720, Schedule N						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16					
	If "Yes," complete Form 4720, Schedule O						
		Form	990	(2018)			

Form 990 (2018) WILLOW MANOR, INC. 72-1322404 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6 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					_	X
<u>Sec</u>	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		7			
	If there are material differences in voting rights among members of the governing body, or if the governing						'
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			-			·
b	Enter the number of voting members included in line 1a, above, who are independent	1b		7	l		1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other		ľ		`
	officer, director, trustee, or key employee?			L	2		_X
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?			_ {_:	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			5		$\mathbf{x}$
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or				
	more members of the governing body?			7	'a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or				
	persons other than the governing body?			7	'b		_X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	e following:		_		-
а	The governing body?			- 1	la	X	L
b	Each committee with authority to act on behalf of the governing body?				Bb	_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			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<del>-</del>		9		_X_
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue	e Code )				
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10	0a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapter	s, affiliates,	1	ľ		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10	0b_		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	re filing the form?	1	1a	<u>X</u>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			j	-	x	4
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13						
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			1:	2b		_X_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	escnbe		l		
	ın Schedule O how this was done			1:	2c		X
13	Did the organization have a written whistleblower policy?				3		X
14	Did the organization have a written document retention and destruction policy?			1	4	!	X
15	Did the process for determining compensation of the following persons include a review and approx		ndependent	,	}		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?					_= :
а	The organization's CEO, Executive Director, or top management official				5a	-	X
b	Other officers or key employees of the organization			1:	5b_		_X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			Ì	Ì		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	vith a				· .
	taxable entity during the year?			11	6a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				j		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anızatıo	n's			-	
	exempt status with respect to such arrangements?		<del></del>	11	6b		Ь
	tion C. Disclosure				_		
17	List the states with which a copy of this Form 990 is required to be filed NONE	-4 000	T (Cartie - 504(-)	(2)-			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	ma 990	1-1 (Section 501(c)	(J)S 0	miy)	avana	DIE
	for public inspection. Indicate how you made these available. Check all that apply	O	hadula Ol				
	Own website Another's website X Upon request Other (explain			med 4:-			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	ontiet (	or interest policy, a	and fil	iano	ial	
	statements available to the public during the tax year	l	.d				
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks ar	ia records 🚩				
	S. BEN TAYLOR - 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.

Average hours per week (list any hours for related organizations below line)  (1) S. BEN TAYLOR JR.  (2) DEBORAH DOSHIER  BOARD MEMBER  (3) CHESTER MOSES  BOARD MEMBER  (4) PASTOR CHARLES ROBERTSON  (5) LOLLION ELMER  BOARD MEMBER  (5) JOSEPH THOMAS  BOARD MEMBER  (6) JOSEPH THOMAS  (6) JOSEPH THOMAS  BOARD MEMBER  (7) ROBERT SHANNON  (do not check more than one by bed an officer and a director/rustlee)  (do not check more than one boach mere produced compensation of from the organization shell with the organization and related organizations (W-2/1099-MISC)  (W	(A) Name and Title	(B)			(C Pos	C) ition	1		(D) Reportable	<b>(E)</b> Reportable	(F) Estimated	
Week (list any hours for related organizations below line)	Name and Title	Average	(do not check more than one			than						
(ist any hours for related organizations below line)  (1) S. BEN TAYLOR JR.  BOARD MEMBER  (2) DEBORAH DOSHIER BOARD MEMBER  (3) CHESTER MOSES BOARD MEMBER  (4) PASTOR CHARLES ROBERTSON BOARD MEMBER  (5) LOLLION ELMER BOARD MEMBER  (6) JOSEPH THOMAS BOARD MEMBER  (7) ROBERT SHANNON  (N-2/1099-MISC)  The organization (W-2/1099-MISC)  The organization of the			offic	, unie cer ar	ss pe id a d	rson Irecto	or/trus	n an tee)	· ·			
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1.00   X   X   X   X   X   X   X   X   X		line)	Ngu	Insti	₩	Key	High emp	Fera				
(2) DEBORAH DOSHIER       1.00         BOARD MEMBER       X         (3) CHESTER MOSES       1.00         BOARD MEMBER       X         (4) PASTOR CHARLES ROBERTSON       1.00         BOARD MEMBER       X         (5) LOLLION ELMER       1.00         BOARD MEMBER       X         (6) JOSEPH THOMAS       1.00         BOARD MEMBER       X         (7) ROBERT SHANNON       1.00	(1) S. BEN TAYLOR JR.	1.00	Ţ -							_		
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BOARD MEMBER	BOARD MEMBER		X		L_		ļ		0.	0.	0.	
(4) PASTOR CHARLES ROBERTSON       1.00         BOARD MEMBER       X         (5) LOLLION ELMER       1.00         BOARD MEMBER       X         (6) JOSEPH THOMAS       1.00         BOARD MEMBER       X         (7) ROBERT SHANNON       1.00	(3) CHESTER MOSES	1.00	ļ						r 			
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			-			l	1		{	}		

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

	•	Check if Schedule O conf	tains a response	or note to any line	e in this Part VIII			
•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d	Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	nts, and ove 1f	38,600.				
3 8	<u>h</u>	Total. Add lines 1a-1f		<b>•</b>	38,600.			
vice	2 a b	252172 60122656		Business Code 623990 623990	51,234. 1,071.	51,234. 1,071.		
Program Service Revenue	С	KEIAIK CIMKOLD		- 023330	1,0/1.	1,071.		
rogra	d e						·	
<u>a.</u>	f	All other program service reve	enue		52,305.		<del></del>	
-	<u> </u>	Total. Add lines 2a-2f Investment income (including	dividends intere	est and	52,303.		<del></del>	
		other similar amounts) Income from investment of ta		▶	436.	436.		
	4 5	Royalties	x-exempt bond p	roceeds				
ł	J	Hoyandos	(ı) Real	(II) Personal			<del></del>	
,	6 a	Gross rents						
	b	Less rental expenses				Í		l
	C	Rental income or (loss)						
		Net rental income or (loss)		<u> </u>				
- 1	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
}	D	Less cost or other basis and sales expenses		]				
	c	Gain or (loss)	<del></del>	<del></del>				
1		Net gain or (loss)		<b>•</b>		{		
anne		Gross income from fundraisin including \$	ng events (not of					
Other Reven		contributions reported on line Part IV, line 18	e 1c) See a					
ŧ	b	Less direct expenses	b					
0	С	Net income or (loss) from fund	draising events	<b>•</b>				
ļ	9 a	Gross income from gaming ad				j		ļ
	_	Part IV, line 19 Less direct expenses	a b			ŀ		
}		Net income or (loss) from gan				-		
		Gross sales of inventory, less						
		and allowances	а		1	l		
	b	Less cost of goods sold	b					
ļ	С	Net income or (loss) from sale	es of inventory	<b>.</b>			<del></del> _	
-		Miscellaneous Revenu		Business Code				
	11 a			<del></del>	<del></del>			
	b			<del>   </del>	<del></del>			<del></del>
	G G	All other revenue						<del></del>
	e	Total. Add lines 11a-11d		<b>•</b>				
	12	Total revenue See instructions	·- <u>-</u>		91,341.	52,741.	0.	0.
83200	12.31	1-18						Form <b>990</b> (2018)

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 (B) Program service (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b. Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 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 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 13,267 13,267 Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 5,376 5,376, Other employee benefits 1,015. 1,015. Payroll taxes 10 11 Fees for services (non-employees) 7,779. 7,779 Management Legal h 12,091 12,091 Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 15 15. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 38,275 38,275 22 Depreciation, depletion, and amortization 17,194 17,194. Insurance 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 23,754. 23,754. a MAINTENANCE CONTRACT 6,771. 6,771 MAINTENANCE SUPPLIES 1,650. 1,650. c MISC ADMINISTRATIVE EXP 513. 513 BAD DEBTS 375. 375 e All other expenses 128,075. 0 0. 128,075. Total functional expenses. Add lines 1 through 24e 25 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)

Part X		Balance Sheet			
· _		Check if Schedule O contains a response or note to any line in this Part X			
•			(A) Beginning of year		<b>(B)</b> End of year
1	1	Cash · non-interest-bearing	2,365.	1	13,446.
2	2	Savings and temporary cash investments	16,605.	2	18,494.
3	3	Pledges and grants receivable, net		3	
4	ļ	Accounts receivable, net		4	
5	5	Loans and other receivables from current and former officers, directors,			
- }		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
6	3	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		Ì	
		employers and sponsoring organizations of section 501(c)(9) voluntary			
va		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	,	Notes and loans receivable, net		7	<del></del>
ž   8		Inventories for sale or use		8	
9		Prepaid expenses and deferred charges	4,958.	9	4,079
-		Land, buildings, and equipment cost or other		<u> </u>	
.0	<i>,</i> u	basis Complete Part VI of Schedule D 10a 1,578,688.			
	h	Less accumulated depreciation 10b 629,875.	987,088.	- 10c	948,813
11		Investments - publicly traded securities	30170001	11	2107013
12		Investments - other securities. See Part IV, line 11		12	
13		Investments - program-related See Part IV, line 11	384,237.	13	390,077
14		Intangible assets	301,231.	14	330,077
15		Other assets See Part IV, line 11	<del> </del>	15	<del></del>
16		Total assets. Add lines 1 through 15 (must equal line 34)	1,395,253.	16	1,374,909
17		Accounts payable and accrued expenses	6,919.	17	22,062
18		Grants payable	0,7525.	18	
19		Deferred revenue		19	<del></del>
l l		Tax-exempt bond liabilities		20	
20		Escrow or custodial account liability Complete Part IV of Schedule D		21	
l l		Loans and other payables to current and former officers, directors, trustees,			
22	2	key employees, highest compensated employees, and disqualified persons		ĺ	
		Complete Part II of Schedule L		22	
ر ا <u>ت</u> ق	,	Secured mortgages and notes payable to unrelated third parties	1,570,600.	23	1,570,600
23		Unsecured notes and loans payable to unrelated third parties	3,819.	24	5,066
24		• •		-2-	3,000
25	,	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of			
				25	
00	,	Schedule D Tatal liabilities Add lines 17 through 25	1,581,338.	26	1,597,728
26		Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶ and	1,301,330.	20	1,551,120
				l	
.   š	_	complete lines 27 through 29, and lines 33 and 34.		27	<del>-</del>
27		Unrestricted net assets	<del></del>	28	<del></del>
28		Temporarily restricted net assets		29	
27 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20	9	Permanently restricted net assets	<u> </u>	25	
		Organizations that do not follow SFAS 117 (ASC 958), check here			
ō	_	and complete lines 30 through 34.	0.	20	n
30		Capital stock or trust principal, or current funds	0.	30	0
į 31		Paid-in or capital surplus, or land, building, or equipment fund		31_	-222,819
32		Retained earnings, endowment, accumulated income, or other funds	-186,085	32	-222,819.
33		Total net assets or fund balances	-186,085.	33	
	‡	Total liabilities and net assets/fund balances	1,395,253.	34	1,374,909

	1990 (2018) WILLOW MANOR, INC.	72-13	322404	Pa	ge <b>12</b>			
Pa	rt 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	1,3	41.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	12	8,0	75.			
3	Revenue less expenses Subtract line 2 from line 1	_3	-3	6,7	34.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-18	6,0	85.			
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,							
	column (B))	10	-22	2,8	19.			
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 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 reviewed	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 separate	e basıs,						
	consolidated basis, or both							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,						
	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 Si	ngle Audıt						
	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	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		l			

Form **990** (2018)

## **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete of 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

Pa	rt I	Reason for Public (	Charity Status (/	All organizations must co	mplete th	ıs part ) Se	ee instructions				
he	organi	zation is not a private found	lation because it is: (	For lines 1 through 12, o	heck only	one box)					
1		A church, convention of ch						$\Lambda \neg$			
2		A school described in secti						\) /			
3		A hospital or a cooperative					ii).	• /			
4		A medical research organiz					· · ·	the hospital's name.			
	_	city, and state	•	,,							
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a g	overnmental unit describ	ed in			
•	—	section 170(b)(1)(A)(iv). (C		nego or armorany ormio	- 0. <b>0,</b> 0.0.	,					
6		A federal, state, or local gov	· · ·	nental unit described in a	section 17	70/h\/ 1\/ A\	(v)				
	$\overline{\mathbf{x}}$		<del>-</del>					nublic described in			
•		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)									
0				(4)/A)/) (Complete Bort	: II V						
8	H	A community trust describe									
9	لـــا	An agricultural research org									
		or university or a non-land-g	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state of the colleg	e or			
		university									
10		An organization that norma						-			
		activities related to its exen	•	·			• •				
		income and unrelated busin		(less section 511 tax) fro	om busine	sses acqu	ired by the organization	after June 30, 1975			
		See section 509(a)(2). (Cor	•								
11	닐	An organization organized a			•						
12		An organization organized a									
		more publicly supported or	~					theck the box in			
	_	lines 12a through 12d that	describes the type o	f supporting organization	n and com	plete lines	s 12e, 12f, and 12g				
а	L	Type I. A supporting orga	•	•				-			
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	upporting			
		organization You must o	•								
b	<u> </u>	Type II. A supporting org									
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported			
		organization(s) You mus	t complete Part IV,	Sections A and C.							
С	L	Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,			
		its supported organization	n(s) (see instructions	<ul> <li>You must complete F</li> </ul>	Part IV, Se	ections A,	D, and E.				
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)			
		that is not functionally int	egrated The organiz	ation generally must sat	isfy a disti	ribution re	quirement and an attenti	veness			
		requirement (see instruct	ions) You must con	nplete Part IV, Sections	A and D,	and Part	٧.				
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III				
		functionally integrated, or	Type III non-functio	nally integrated supporti	ng organiz	zation.					
f	Ente	r the number of supported o	organizations								
g		ide the following information			C						
	(1	) Name of supported	(ii) EIN	(III) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
					!						
				_	!						
					<u> </u>			<u> </u>			
ota	ı										

Schedule A (Form 990 or 990 EZ) 2018 WILLOW MANOR, INC.

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	ction A. Public Support						<del></del>
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	42,630.	46,011.	46,828.	44,666.	38,600.	218,735.
2	Tax revenues levied for the organ-		]				
	ızatıon's benefit and either paid to		İ				
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to		1				
	the organization without charge						
4	Total, Add lines 1 through 3	42,630.	46,011.	46,828.	44,666.	38,600.	218,735.
5	The portion of total contributions						
	by each person (other than a		İ	1			
	governmental unit or publicly						
	supported organization) included					[	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4						218,735.
Sec	ction B. Total Support	_ <del></del>					<del></del>
Cale	ndar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	42,630.	46,011.	46,828.	44,666.	38,600.	218,735.
8	Gross income from interest,						
	dividends, payments received on		Ì	•			
	securities loans, rents, royalties,						
	and income from similar sources	256.	288.	342.	419.	436.	1,741.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain					İ	
	or loss from the sale of capital					ļ	
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10	· }					220,476.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	<del></del>
13	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	k year as a sectio	n 501(c)(3)	
	organization, check this box and stor						<b>_</b>
Sec	ction C. Computation of Publ	ic Support Pei	rcentage			<del></del>	
14	Public support percentage for 2018 (i	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	99.21 %
	Public support percentage from 2017					15	99.34 %
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies		_				$\triangleright [X]$
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on lir	ne 13 or 16a, and I	ine 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					rt VI how the organ	ization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets th						,
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a,	<u>, 16b, 17a, or 17b,</u>	check this box a		s PO EZ 2019

# 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

Section A. Public Support	selow, please com	plete Part II)				
Calendar year (or fiscal year beginning in)	(-) 2014	(h) 2015	(a) 2016	(-1) 0017	(-) 0010	45.7
1 Gifts, grants, contributions, and	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
membership fees received (Do not						
include any "unusual grants ")						
, <u> </u>	<del></del>	<del> </del>		-	<del> </del>	<del></del>
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the			ĺ			[
organization's tax-exempt purpose	ļ	<del>                                     </del>	<del> </del> -	<del> </del>	<del> </del>	
3 Gross receipts from activities that						
are not an unrelated trade or bus-				1		
iness under section 513					<u> </u>	
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					1	
the organization without charge				<del> </del>	<u></u>	
6 Total. Add lines 1 through 5	<u></u>	<del> </del>		<del> </del>	<del></del>	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	<u></u>				ļ	<u> </u>
b Amounts included on lines 2 and 3 received from other than disqualified persons that	`		j			
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year				<u> </u>		<u> </u>
c Add lines 7a and 7b				ļ	ļ	ļ
8 Public support. (Subtract line 7c from line 6)	L		l	1	L	
Section B. Total Support	<del></del>		<del>,</del>	<del>,</del>	<del></del>	<del></del>
Calendar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018_	(f) Total
9 Amounts from line 6		\\	<b></b>	ļ	ļ	
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,		1				
and income from similar sources				<u> </u>		<u> </u>
<b>b</b> Unrelated business taxable income		ļ		ļ		
(less section 511 taxes) from businesses						
acquired after June 30, 1975				ļ		
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income Do not include gain	ļ					
or loss from the sale of capital assets (Explain in Part VI )		<u></u>			<u> </u>	
13 Total support (Add lines 9, 10c, 11, and 12)		<u></u>			<u></u>	
14 First five years. If the Form 990 is fo	r the organization'	s first, second, thii	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organiz	ation,
check this box and stop here						▶□
Section C. Computation of Pub	ic Support Pe	rcentage				
15 Public support percentage for 2018 (	line 8, column (f),	divided by line 13,	column (f))		15	%
16 Public support percentage from 2017	7 Schedule A, Part	t III, line 15			16	%
Section D. Computation of Inve	stment Incom	e Percentage				
17 Investment income percentage for 20	<b>)18</b> (line 10c, colur	mn (f), divided by l	ne 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2018. If the			on line 14, and line	e 15 is more than :	33 1/3%, and line 1	17 is not
more than 33 1/3%, check this box a						\ ▶□
b 33 1/3% support tests - 2017. If the						and \
line 18 is not more than 33 1/3%, che						<b>&gt;</b>
20 Private foundation, If the organization						ightharpoons

# 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

- 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) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 (as 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 disgualified 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
		<b></b>	
	1_		
	2_		- 1
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	3b	-	-
	- 3c		-1
-	- 4a		ر.
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	4b_	-	
-	4c		
		:	}
	 Ec		
	5a	-	'
-	5b		
	<del></del> .		
-	6	-	
-	7		
	8	•	. 1
	- 9a		
	9b		-
	9c	-	
	<u> </u>		<u> </u>
_	10a		: 
	10b		
n QQ(	n or go	ハードフ	2018

Sche	edule A (Form 990 or 990-EZ) 2018 WILLOW MANOR, INC.		•	72-1322404 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	a Organ		78 1322404 Tage 0
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co			,
Sect	tion 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		
	ion B - Mınimum 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)			
	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
e	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		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount, Subtract line 5 from line 4, unless subject to			

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

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2018

than zero, explain in Part VI. See instructions

7 Excess distributions carryover to 2019. Add lines 3j

Part VI See instructions

and 4c

8 Breakdown of line 7

a Excess from 2014

b Excess from 2015

c Excess from 2016

d Excess from 2017

e Excess from 2018

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Schedule A	Form 990 or 990-EZ) 2018 WILLOW	MANOR,	INC.	72-1322404 Page 8
Part VI	Supplemental Information. Pr Part IV, Section A, lines 1, 2, 3b, 3c, 4l line 1; Part IV, Section D, lines 2 and 3	ovide the expla o, 4c, 5a, 6, 9a, , Part IV, Section	unations required by Part II, line 10, Part II, line 17a o 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines on E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V es 2, 5, and 6. Also complete this part for any addition	r 17b, Part III, line 12, 1 and 2, Part IV, Section C, V, Section B, line 1e, Part V.
		<del></del>		
		-		
		<del></del> _		
		<del></del>		
		<u> </u>		
				<del></del>
				<del> </del>

# **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.

OMB No 1545-0047 Open to Public

Inspection

Nam	e of the organization			Emp	oloyer identification	
WILLOW MANOR, INC.				72-1322404		
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Ac	cou	I <b>nts.</b> Complete if th	ne
	organization answered "Yes" on Form 990, Part IV, Iir	<del></del>				
		(a) Donor advised funds	(b	) Fun	ds and other accou	ınts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	$\mbox{\rm Did}$ the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d fund	s		
	are the organization's property, subject to the organization's	exclusive legal control?			Yes	☐ No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be u	used or	nly		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose o	conferr	ng		
	impermissible private benefit?				Yes	No_
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, P	art IV, I	ine 7		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)				
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rıcally ı	mpor	tant land area	
	Protection of natural habitat	Preservation of a certif	ied hist	toric s	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a con	servę	tion easement on t	he last
	day of the tax year		1		Held at the End of th	e Tax Year
а	Total number of conservation easements		-	2a		
b	Total acreage restricted by conservation easements		<u> </u>	2b		
C	Number of conservation easements on a certified historic str		L	2c		
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	re	]		
	listed in the National Register					
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organiz	zation	during the tax	
	year ▶					
4	Number of states where property subject to conservation ea					
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of			<del></del> 1	
	violations, and enforcement of the conservation easements				L Yes	L No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cons	ervatioi	n eas	ements during the	year
	<b></b>					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	ion eas	emer	its during the year	
	<b>\$</b>					
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(I	n)(4)(B)	(1)	,	<u></u>
	and section 170(h)(4)(B)(ii)?				Yes	No
9						
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes the	ne orga	ırıızaı	ion's accounting io	r
Par	conservation easements t III   Organizations Maintaining Collections o	of Art Historical Treasures or Ot	her S	imil	ar Assets	
T a	Complete if the organization answered "Yes" on Form					
	If the organization elected, as permitted under SFAS 116 (AS		ent and	d hala	nce sheet works o	f art
ıa	historical treasures, or other similar assets held for public ex					
			oc or p	ubiic	Scrvice, provide, ii	i dit Aiii,
L	the text of the footnote to its financial statements that descr If the organization elected, as permitted under SFAS 116 (At		and ha	lance	sheet works of art	historical
D	treasures, or other similar assets held for public exhibition, e					
		ducation, or research in furtherance of pub	351 V	.00, p	ACAIGO LIO IONOWIN	g announts
	relating to these items (i) Revenue included on Form 990, Part VIII, line 1			•	\$	
	(ii) Assets included in Form 990, Part X				\$ \$	
0	If the organization received or held works of art, historical tre	easures or other similar assets for financial	gain n			
2	the following amounts required to be reported under SFAS 1		34, P		-	
_	Revenue included on Form 990. Part VIII. line 1	To vice soo, rolating to those items		<b>&gt;</b> :	\$	

b Assets included in Form 990, Part X

	t III Organizations Maintaining C					Oth -			<u> 22404</u>	
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following tha	it are a s	ignificant i	use of its	collection i	tems
	(check all that apply)									
à	Public exhibition	(			hange progra	ams				
b	Scholarly research	•	e [(	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	•		-	_			se in Par	t XIII	
5	During the year, did the organization solicit of					er sımılaı	r assets		_	_
	to be sold to raise funds rather than to be ma						_		Yes	No_
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		lete if the	organizatio	on answered	"Yes" on	Form 990	), Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	an or other interme	diary for d	contribution	ns or other as	sets not	ıncluded	<u> </u>		
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing to	able.						
	•	•	_						Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			·
2a	Did the organization include an amount on Fe	orm 990. Part X. line	e 21. for e	scrow or c	ustodial acco	unt liabil	itv?		Yes	No
	If "Yes," explain the arrangement in Part XIII		•				•			
Par										<del></del>
		(a) Current year		rior year	(c) Two year		(d) Three y	ears back	(e) Four ye	ars back
1a	Beginning of year balance	<u></u>		<u> </u>	137		1=1	<u></u>	107	
h	Contributions								-	
c	Net investment earnings, gains, and losses		t							
d	Grants or scholarships		<u> </u>		<del></del>					
	Other expenditures for facilities		<u> </u>	<del></del>	<del>                                     </del>					
•	and programs		l							
	Administrative expenses		<del>                                     </del>		<del>                                     </del>					
'	End of year balance		<del> </del>		<del> </del>					<del></del>
9	Provide the estimated percentage of the cur	root year and halan	ce (line 1	a column (	all held as				L	
2	· · · · · · · · · · · · · · · · · · ·	rent year end balan	% %	y, coluini (	a)) Held as					
a	Board designated or quasi-endowment	%								
D	Permanent endowment	%								
С	Temporarily restricted endowment									
_	The percentages on lines 2a, 2b, and 2c sho			* a . a h a l al a	and and an investor	uad far ti	ha araan	ation		
3а	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are nelo a	ino auministe	red for ti	ne organiz	auon	<u></u>	
	by									es No
	(i) unrelated organizations								3a(ı)	<del>-   -</del>
-	(ii) related organizations			ahadula 00	<b>,</b>				3a(ii)	<del> </del>
	If "Yes" on line 3a(ii), are the related organiza	· · · · · · · · · · · · · · · · · · ·			•				3b	
4	Describe in Part XIII the intended uses of the		owment t	unas						
Pai	t VI Land, Buildings, and Equipm		O D-4 N		C F 000	D-4 V	luna 10		•	
	Complete if the organization answere							<del></del>	400.1	<del></del>
	Description of property	(a) Cost or o			t or other		ccumulate	ea	(d) Book v	alue
		basis (invest		Dasis	(other)	ae	preciation		111	F 7 7
	Land		577.				606 3	<del></del>		<u>.577.</u>
	Buildings	1,457,	8/5.				626,3	08.	831	<u>,507.</u>
	Leasehold improvements		<del></del>					-	<del></del>	
	Equipment		458.				$\frac{1,4!}{2}$			0.
	Other	4,	· · · ·		<u>.                                      </u>		2,0	49.		<u>,729.</u>
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	t X, colu <u>m</u>	nn (B), line	10c)				948	<u>.813.</u>

(1) Federal income taxes			
(4)		<del></del> .	
(6)			
(7)			
(8)			
(9)			
otal (Column (b) must equal Form 990, Part X, col. (B) line 25	<b>▶</b>		

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.

	dule D (Form 990) 2018 WILLOW MANOR, INC.		72-13	22404 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	91,341.
2*	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	91,341.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		_
С	Add lines 4a and 4b	_	4c	0.
<u>5</u>	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	91,341.
Pal	T XII Reconciliation of Expenses per Audited Financial St		nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	<u>e 12a</u>		100 075
1	Total expenses and losses per audited financial statements		1	128,075.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	ا مما		
a	Donated services and use of facilities  Prior year adjustments	2a	<del></del>	
0	Other losses	2b   2c		
d	Other (Describe in Part XIII )	2d		
_	Add lines 2a through 2d	20	2e	0.
3	Subtract line 2e from line 1		3	128,075.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		-	22070751
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	3)	5	128,075.
	t XIII Supplemental Information.			
Prov	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	4, Part IV, lines 1b and 2b, I	Part V, line 4, Part X, I	ne 2; Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide ar	ny additional information.		
		<del></del>	<del></del>	
			<del></del>	<del></del>
				<del></del>
			_	
	· <u> </u>			

# **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

WILLOW MANOR. INC.

Employer identification number 72-1322404

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
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