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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public

Department of the Treasury internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection For the 2014 calendar year, or tax year beginning 5/1/2014 and ending 4/30/2015 Check if applicable: Name of organization HARPERS CHOICE COMMUNITY ASSOCIATION, INC D Employer identification number Doing business as Address change Number and street (or P.D. box if mail is not delivered to street address) Room/suite 52-0993424 Name charge 5440 OLD TUCKER FLOW E Telephone number Initial return City or town ZIP code (410) 730-3888 COLUMBIA MD 21044 Final return/terminated Foreign country name Foreign province/state/county Foreign postal code Amended return G Gross receipts \$ 671.289 F Name and address of principal officer: Application pending X No H(a) Is this a group return for subordinates? ROBERT FONTAINE 10964 EIGHT BELLS LANE, COLUMBIA, MD 210 H(b) Are all subordinates included? 501(c)(3) X 501(c) (4 If "No," attach a list. (see instructions) Tax-exempt status:) **(**insert no.) 4947(a)(1) or Website: ► columbiavillages.org/harperschoice H(c) Group exemption number ▶ X K Form of organization Cornoration Trust Association Other > L Year of formation: M State of legal domicile 1968 MD Part I Summary Briefly describe the organization's mission or most significant activities: HCCA IS A COMMUNITY ORGANIZATION THAT Governance ADMINISTERS PROGRAMS AND SPECIAL EVENTS FOR THE RESIDENTS OF THE COMMUNITY. IT IS ALSO RESPONSIBLE OPERATION, MAINTENANCE, AND DEVELOPMENT OF COMMUNITY FACILITIES. Check this box ▶ | If the organization discontinued its operations or disposed of more than 25% of its net assets. 2 3 Number of voting members of the governing body (Part VI, line 1a). 6 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 6 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 16 6 Total number of volunteers (estimate if necessary) . 6 25 Total unrelated business revenue from Part VIII, column (C), line 12 7a 1,483 Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Contributions and grants (Part VIII, line 1h) 342,601 351,016 9 Program service revenue (Part VIII, line 2g) 279,582 320,166 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 205 107 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 622.388 671.289 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3). 0 0 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 445,082 448,332 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Pa.t IX, column (D), line 25) ▶ h 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 195,115 186,583 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 640,197 634,915 19 Revenue ess expenses. Subtract line 18 from line 12 -17.80936.374 **Beginning of Current Year** 20 Total assets (Part X. line 16) 262,120 327,302 21 Total habilities (Part X. line 26) 191,158 219,966 Net assets or fund balances. Subtract line 21 from line 20 70.962 107,336 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 Signature of officer Here Type or print name and title Print/Type preparer's name Preparer's signature Date Check X if Paid DEBORAH L. HERMAN 7/20/2015 self-employed P00104306 Preparer Firm's name DEBORAH L. HERMAN, CPA Firm's EIN ► 52-1302736 Use Only Firm's address ► 3036 PATUXENT OVLK CT., ELLICOTT CITY, MD 21042 Phone no. (410) 461-6992 May the IRS discuss this return with the preparer shown above? (see instructions) No

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,"		1.00	1
2	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	ļ	Х
	candidates for public office? If "Yes," complete Schedule C, Part I			1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		X
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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> </u>	X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes."			
a	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? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
	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.	4		
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	×	
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, ine 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total asse:s reported in Part X, ine 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
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 Parl X, line 16? If "Yes," complete Schedule D, Part IX.	11d		_X_
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	Х	
·	the organization's separate of consolidated limital 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			
	Schedule D, Parts XI and XII.	12a		Χ
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "Nc" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		_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_
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.		Ì	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
1.5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		_X_
	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	4-		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		_X
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16		
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		Х
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	1	Χ
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		
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		$\frac{x}{x}$
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			-
20	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			
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	L	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.			
242		_23		Х
4-Ta	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			
h	Did the organization invest any proceeds of toy exempt hands because the	24a		X
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
·	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		<u> X</u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	05-		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	25a		X
	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	ĺ	Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	ì	Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	(Jak		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	İ	Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Χ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Χ
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		1	
31		30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		<u>X</u> .
	If "Yes," complete Schedule N, Part I'			.,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		_X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	33	\rightarrow	<u>X</u>
	III. or IV. and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	^
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? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part		İ	
	VI	37		X
8	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	Х	
		Form \$	990 (2	C14)

14a

HARPERS CHOICE COMMUNITY ASSOCIATION, INC. 52-0993424 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V. Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . 1a 3 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable b 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?. 1c Χ Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return. 2a 16 If at least one is reported on line 2a did the organization file all required federal employment tax returns? 2b Χ Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? За 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. Χ 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority 4a over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a Х 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) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Χ If "Yes" to line 5a or 5b, did the organization file Form 8886-T? С 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? Χ If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 7 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 Χ If "Yes," did the organization notify the donor of the value of the goods or services provided? b 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с Χ d If "Yes," indicate the number of Forms 8282 filed during the year . Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? e 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f 7f Χ If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h 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. Did the sponsoring organization make any taxable distributions under section 4966? a 9a Χ Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . b Χ 10 Section 501(c)(7) organizations. Enter-Initiation fees and capital contributions included on Part VIII, line 12 a 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 11 Section 501(c)(12) organizations, Enter: Gross income from members or shareholders . . . a 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year. b 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 Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b

Did the organization receive any payments for indoor tanning services during the tax year?.

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: The governing body? 8a Χ Each committee with authority to act on behalf of the governing body? 8b Χ is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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 body before filing the form? 11a b Describe in Schedule O the process if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Χ 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Χ Did the organization have a written whistleblower policy? 13 13 Х Did the organization have a written cocument retention and destruction policy? Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official. 15a 15b If "Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a If "Yes" did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records HARPERS CHOICE COMMUNITY ASSOC (410) 730-3888 5440 TUCKER ROW, COLUMBIA, MD 21044

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Page 7

CIATION, INC. 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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related	box office	unie: er an	Pos neck ss pe	rson lirect	than cois both or/trusto employ	ne an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee		employee	Highest compensated employee		(W-2/1099-MISC)		organization and related organizations
(1) ROBERT FONTAINE	2.00									
BOARD CHAIR	0.00	X		X				0	0	0
(2) ALICIA KONG	2.00						ŀ			
BOARD VICE CHAIR:	0.00	X		Χ				0	0	0
(3) STEPHEN COOK	2.00									
BOARD MEMBER	0.00	X			_			0	0	0
(4) ROBIN PROCIDA	2.00									
BOARD MEMBER	0.00	X		<u></u>				0	0	0
(5) BENJAMIN RUBIN	2.00									
BOARD MEMBER	0.00	X						0	0	0
(6) ALAN KLEIN	4.00			İ						
COL COUNCIL REP	0.00	X						0	0	0
(7) STEPHEN INGLEY	40.00									
VILLAGE MANAGER	0.00	<u> </u>		Χ	Х	Х		63,288	0	3,797
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

1b Sub-total	P	art VII Section A. Officers, Directors, Tr	ustees, Key Em	ploye	es,	an	d Hi	ghes	t C	ompensated En	ployees (cont	inued,)	i age
Concisions where the continuation sheets to Part VII, Section A Concision where the standard part vision of the organization is any former ordical disclosuration in the organization Part vision of the organization Part vision Part														
Floating Far Week (sit sky) Floating for week (sit sky) Floa						heck	more	e than						
115			hours per				direct	or/trus	tee)	compensation	compensation			
115				or d	inst	OH OH	Key	emp	Fon		1	cc		
115			1	linect	tutio	ब्रि	emp	nest o	ner				from t	he
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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII. . (B) (C) (D) Related or Total revenue Unrelated Revenue exempt business excluded from function revenue tax under sections revenue 512-514 1a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts b Membership dues 1b C Fundraising events 1c 0 d Related organizations. 1d 0 e Government grants (contributions). 1e 0 f All other contributions, gifts, grants, and similar amounts not included above. 1f 351,016 Noncash contributions included in lines 1a-1f. 0 Total. Add lines 1a-1f. 351,016 **Business Code** Program Service Revenue 2a LEASE AND RENTAL REVENUE 900099 314,662 314,662 TUITION AND ENROLLMENT REVENUE 900099 С SPECIAL EVENT REVENUE 900099 3,876 3,876 d 0 0 All other program service revenue 1,628 145 1,483 Total. Add lines 2a--2f 320,166 3 Investment income (including dividends, interest, and other similar amounts) 107 107 income from investment of tax-exempt bond proceeds . 0 5 Royalties 0 (i) Real (ii) Personal 6a Gross rents . . b Less: rental expenses Rental income or (loss) . С 0 0 d Net rental income or (loss). ▶ (i) Securities 7a Gross amount from sales of (ii) Other assets other than inventory 0 0 b Less cost or other basis and sales expenses 0 0 c Gain or (loss) 0 0 Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses 0 b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part V, line 19 0 **b** Less: direct expenses 0 b c Net income or (loss) from gaming activities. 10a Gross sales of inventory, less returns and allowances. 0 **b** Less: cos: of goods sold . . . 0 Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11a 0 b 0 С 0 All other revenue. 0 Total. Add lines 11a--11d. 0 Total revenue. See instructions 671,289 318,790 1,483

following SOP 98-2 (ASC 958-720)

	It IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete a	Il columns All other	arganizationa must		. 1
	Check if Schedule O contains a response or not	e to any line in this P			
Do 8b	not include amounts reported on lines 6b, 7b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising
1	Grants and other assistance to domestic organizations		- CAPOTISCS	general expenses	expenses
2	domestic governments. See Part IV, line 21.	0			
2	Grants and other assistance to domestic				
3	individuals. See Part IV, line 22. Grants and other assistance to fore gn	0			
,	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	0	+		
5	Compensation of current officers, directors,				
	trustees, and key employees	87,746	65,810	24.020	
6	Compensation not included above, to disqualified	07,740	05,610	21,936	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	282,425	211,819	70,606	
8	Pension plan accruals and contributions (include			, 5,550	
	section 401(k) and 403(b) employer contributions)	13,449	10,087	3,362	
9	Other employee benefits	33,243	24,932		
10	Payroll taxes	31,469	23,602	7,867	
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	0			
c d	Accounting Lobbying L	5,230	3,923	1,307	
e	Professional fur draising services. See Part IV, line 17	0			···
f		0			
g	Other. (If line 11g amount exceeds 10% of line 25, column	0			
9	(A) amount list line 11g expenses on Schedule O.)	10,823	0 117	0.700	
12	Advertising and promotion	7,723	8,117 5,792	2,706	
13	Office expenses	16,077	12,058	1,931 4,019	
14	Information technology	10,077	12,000	4,019	
15	Royalties	0			
16	Occupancy	96,570	72,428	24,142	
17	Travel	356	356	21,112	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials.	o			
19	Conferences, conventions, and meetings	2,450	1,838	612	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	11,669	8,752	2,917	0
23	Insurance	7,491	5,618	1,873	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amourt exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	NEWSLETTER	11,440	11,440		· · · · · · · · · · · · · · · · · · ·
b	DONATIONS	2,018	2,018		
c	SPECIAL EVENTS EXPENSES	11,404	11,404		
d	STAFF DEVELOPMENT	3,332	2,499	833	
е	All other expenses	0,002	2, ,00	333	***
25	Total functional expenses. Add lines 1 through 24e	634,915	482,493	152,422	0
26	Joint costs. Complete this line only f the		122,100		
	organization reported in column (B) joint costs				
	from a combined educational campa gn and				
	fundraising solicitation. Check here ▶ if				

Part X Balarice Sheet

		Check if Schedule O contains a response of	note to any line in this Pari	t X		
	· · · · · · · · · · · · · · · · · · ·			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		76,576	1	75,030
	2	Savings and temporary cash investments	152,171	2	212,448	
	3	Pledges and grants receivable, net		3	0	
	4	Accounts receivable, net	700	4	660	
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compens Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified personal control of the contr			3	A Carlos Control (Control (Con
		4958(f)(1)), persons described in section 4958(c)(3)(B), a				
		sponsoring organizations of section 501(c)(9) voluntary e				
ets		organizations (see instructions). Complete Part II of Sche			6	
Assets	7	Notes and loans receivable, net		0	+	0
∢	8				8	
	9	Prepaid expenses and deferred charges			9	3,796
	10a	Land, buildings, and equipment: cost or			100	
	ĺ	other basis. Complete Part VI of Schedule D	10a 176,06	88		
	b	Less: accumulated depreciation.	10b 140,70	32,673	10c	35,368
	11	Investments—publicly traded securities		0		0
	12	Investments—other securities. See Part IV, line	0	12	0	
	13	Investments—program-related. See Part IV, line	0	13	0	
	14	Intangible assets		0	14	0
	15				15	0
	16	Total assets. Add lines 1 through 15 (must equal			16	327,302
	17	Accounts payable and accrued expenses			17	46,237
	18	Grants payable			18	
	19	Deferred revenue	117,058	19	132,752	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete F		21		
Liabilities	22	Loans and other payables to current and former				
#		trustees, key employees, highest compensated				The second second
ap		disqualified persons. Complete Part II of Schedu			22	
	23	Secured mortgages and notes payable to unrela		0	23	0
	24	Unsecured notes and loans payable to unrelate		0	24	0
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	3 17-24). Complete			
	20			33,362	_25	40,977
	26	Total liabilities. Add lines 17 through 25		191,158	26	219,966
es		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 ar	••	1	ku.	2040
ınc	27			70.000		
Balances	28	Temporarily restricted net assets		70,962	27	107,336
מו	29	Permanently restricted net assets			28 29	
5	2.5				29	
or Fund		Organizations that do not follow SFAS 117 (ASC958), complete lines 30 through 34.	check here ightharpoonup and			
	20	· ·				
Net Assets	30	Capital stock or trust principal, or current funds.	and the second of		30	
Ą	31	Paid-in or capital surplus, or land, building, or ed			31	
<u> </u>	32 33	Retained earnings, endowment, accumulated in Total net assets or fund balances		70,962	32	407.000
	34	Total liabilities and net assets/fund balances	$\label{eq:continuous} \Phi_{ij}\rangle = \Phi_{ij}\rangle - \Phi_{ij}\rangle $	262,120	33	107,336
		Total liabilities and fiet assets/fully balances.	<u> </u>	202,120	34	327,302

	990 (2014) HARPERS CHOICE COMMUNITY ASSOCIATION, INC.	5	2-0993424	Pa	ge 12
Pai	t XI Reconciliation of Net Assets		3000.21		90
	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	-	67	1,289
2	Total expenses (must equal Part IX, column (A), line 25)	2			4,915
3	Revenue less expenses. Subtract line 2 from line 1	3			6,374
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0,962
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		107	7,336
Par	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		- L		
_	Schedule O		- 1 Eg		
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		45.4	4	
	reviewed on a separate basis, consolidated basis, or both:			187	
	X Separate basis			, S.	*
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes " check a box below to indicate whether the financial statements for the year were audited on a		8,5		
	separate basis, consolidated basis, or both:				
	X Separate basis Consclidated 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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.			12	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
р	If "Yes." did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

Form **990** (2014)

SCHEDULE D (Form 990)

Department of the Treasury

Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

0MB No. 1545-0047 2014

Open to Public Inspection

Employer identification number HARPERS CHOICE COMMUNITY ASSOCIATION, INC. 52-0993424 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate value of contributions to (during year) . 2 3 Aggregate value of grants from (during year) . Aggregate value at end of year 4 5 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? No 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? Yes No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 1 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 Protect on 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 . . . Total acreage restricted by conservation easements. b 2b Number of conservation easements on a certified historic structure included in (a) . . . С Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 during the tax year 4 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? Yes No 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and 9 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" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historica, 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, 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 in 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: Revenue included in Form 990, Part VIII, line 1. \$ Assets included in Form 990. Part X \$

Par	Organizations Maintaining	Collections of	Art, Histo	<u>rical Tr</u>	<u>reasures, o</u>	r Othe	<u>r Similar Asse</u>	≥ts (contii	nued)
3	Using the organization's acquisition, acc	cession, and other	records, ch	eck any	of the follow	ing that	are a significant		
	use of its collection items (check all that	apply):							
а	Public exhibition		d	Loan	or exchange	prograr	ns		
b	Scholarly research		е	Other					
С	Preservation for future generation	ıs							
4	Provide a description of the organization		l explain hov	v thev fu	urther the ora	anizatio	on's exempt purp	ose in	
	Part XIII.								
5	During the year, did the organization sol	icit or receive don	ations of an	, histori	cal treasures	or oth	er similar		
	assets to be sold to raise funds rather th							Yes	No
Part	IV Escrow and Custodial Arra	ngements.							
	Complete if the organization a	•	to Form 9	90. Par	t IV. line 9.	or rep	orted an amou	nt on Forr	n
	990, Part X, line 21.			,	• • • • • • • • • • • • • • • • • • • •				
1a	is the organization an agent, trustee, cu	stodian or other in	ntermediary	for conti	ributions or o	ther as:	sets not		
								Yes	No
b	If "Yes," explain the arrangement in Part								
	-			-				Amount	
С	Beginning balance					. 10	;		0
d	Additions during the year					10	i		
е	Distributions during the year					16)		
f	Ending balance					11	:		0
2a	Did the organization include an amount	on Form 990, Par	t X, line 21,	for escr	ow or custodi	ial acco	unt liability?	Yes	X No
b	If "Yes," explain the arrangement in Part								Ħ
Part									
n CH	Complete if the organizat on a	answered "Yes"	to Form 9	90 Par	t IV/ line 10				
	Complete if the organization a	(a) Current year	(b) Prior		(c) Two years		(d) Three years back	(e) Four	years back
1a	Beginning of year balance	0		0	(0)	0	(2)	0	0
b	Contributions	0		U		-			
	Net investment earnings, gains,							+	
С	and losses								
ч	Grants or scholarships								
d	Other expend tures for facilities								
е	·					İ			
	and programs								
†	Administrative expenses	0		0		0		0	
g	End of year balance		<u></u>		L			<u>U</u>	
2	Provide the estimated percentage of the	e current year end		ie ig, co	numn (a)) nei	id as.			
a	Board designated or quasi-endowment Permanent endowment	0/	·%						
b		<u></u>							
С	Temporarily restricted endowment	%	-						
	The percentages in lines 2a, 2b, and 2c	· ·		that ara	hald and ad	miniata	rad for the		
3 a	Are there endowment funds not in the p	ossession of the t	organization	ınaı are	e neiù and au	minste	led for the		Yes No
	organization by								163 140
	(i) unrelated organizations						• • • •	3a(i)	
	(ii) related organizations			in a second				3a(ii)	
b	If "Yes" to 3a(i), are the related organization		•					3b	
4	Describe in Part XIII the intended uses of		n's endowme	ent tuna	S				
Part				00 D		- 0	F 000 D-		10
	Complete if the organization a	answered "Yes"	to Form 9				1		
	Description of property	(a) Cost or o	- 1		ost or other is (other)		Accumulated depreciation	(d) Bool	k value
		(investr		Dasi			20pi Colution		
1a	Land		0	<u>-</u>	0				0
b	Buildings	* •	0		07.964	.	0		0
C	Leasehold improvements		0		27,864		27,864 18,613		7,059
d	Equipment		0		25,672 122,532		94,223		28,309
Tota	Other	ust equal Form 0		olumn (l	94,223		25,368 35,368
IUIA	ı. Muu iirles Ta iillüüüli Te. (C <i>ülüliili (ü) III</i>	abi bydai i Ullii 98	JU, I all A. U	JIUIIIII (I	<i>□), 1111</i> ∪ 1∪∪./				55,550

	es.	
Complete if the organization a	nswered "Yes" to Form 99	0, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial derivatives	0	
2) Closely-held equity interests	0	
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H) otal. (Column (b) must equal Form 990, Part X, col. (B) line 12)	0	
Part VIII Investments—Program Rela	·	
		0, Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation
	(S) BOOK PAIGE	Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5) (6)		
(7)		
(8)		
(9)		
otal. (Column (b) must equal Form 990 Part X, col. (B) line 13.)	0	
Part IX Other Assets.		
Complete if the organization a	nswered "Yes" to Form 99	0, Part IV, line 11d. See Form 990, Part X, line 15.
	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(4) (5)		
(4) (5) (6)		
(4) (5)		
(4) (5) (6) (7)		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, c	ol. (B) line 15.)	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, co		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, co		0, Part IV, line 11e or 11f. See Form 990, Part X,
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, c Part X Other Liabilities. Complete if the organization a line 25. (a) Description of liability	nswered "Yes" to Form 99	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, complete if the organization a line 25. (a) Description of liability (1) Federal income taxes	nswered "Yes" to Form 99 (b) Book value	0, Part IV, line 11e or 11f. See Form 990, Part X,
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, complete if the organization a line 25. 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED PAYROLL	nswered "Yes" to Form 99 (b) Book value 0 21,883	0, Part IV, line 11e or 11f. See Form 990, Part X,
(4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, complete if the organization a line 25. 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED PAYROLL (3) ACCRUED VACATION LEAVE	(b) Book value (b) Book value 21,883 19,094	0, Part IV, line 11e or 11f. See Form 990, Part X,
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, c Part X Other Liabilities. Complete if the organization a line 25. 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED PAYROLL (3) ACCRUED VACATION LEAVE (4) RESTRICTED FUNDS	nswered "Yes" to Form 99 (b) Book value 0 21,883	0, Part IV, line 11e or 11f. See Form 990, Part X,
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, or Part X Other Liabilities. Complete if the organization a line 25. 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED PAYROLL (3) ACCRUED VACATION LEAVE (4) RESTRICTED FUNDS (5)	(b) Book value (b) Book value 21,883 19,094	0, Part IV, line 11e or 11f. See Form 990, Part X,
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, complete if the organization a line 25. 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED PAYROLL (3) ACCRUED VACATION LEAVE (4) RESTRICTED FUNDS (5) (6)	(b) Book value (b) Book value 21,883 19,094	0, Part IV, line 11e or 11f. See Form 990, Part X,
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, complete if the organization a line 25. I. (a) Description of liability (1) Federal income taxes (2) ACCRUED PAYROLL (3) ACCRUED VACATION LEAVE (4) RESTRICTED FUNDS (5)	(b) Book value (b) Book value 21,883 19,094	0, Part IV, line 11e or 11f. See Form 990, Part X,

40,977

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	r Return.	
1	Total revenue, gains, and other support per audited financial statements.	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	-	
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d	1. 60	
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1.75%	
а	Investment expenses not included on Form 990, Part VIII, line 7b. 4a		
b	Other (Describe in Part XIII.) 4b	1.00	
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	0
Par		<u> </u>	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	- Neturn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	」	
С	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	0
	ide the descriptions required for Pa t II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
		,	
			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

HARPERS CHOICE COMMUNITY ASSOCIATION, INC. 52-0993424 Form 990, Part III, Line 4d: Program Service Expenses: 29,541, Grants and allocations: 15,974, Revenue: 1,483 NEWSLETTIER AND MISCELLANEOUS EXPENSES - EXPENSES INCURRED IN PUBLISHING PERIODIC NEWSLETTERS USED TO INFORM COMMUNITY OF PROGRAMS, EVENTS, AND ACTIVITIES AVAILABLE AND OTHER SERVICES MADE AVAILABLE TO THE COMMUNITY Form 990, Part VI, Section B, Line 11a: THE COMPLETED FORM 990 HAS BEEN PROVIDED TO ALL BOARD MEMBERS VIA EMAIL FOR REVIEW PRIOR TO SUBMISSION. Form 990 Part VI, Section B, Line 12b: COMMITTEE CONSISTING OF A BOARD MEMBER, AN EMPLOYEE, AND A COMMUNITY MEMBER ANNUALLY REVIEW COMPLIANCE WITH THE POLICY. Form 990, Part VI, Section C, Line 19: THE ORGANIZATION POSTS ITS GOVERNING DOCUMENTS AND POLICIES ON ITS WEBSITE. FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST IN THE ORGANIZATION OFFICE.

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

(99)

Attach to your tax return. Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Business or activity to which this form relates

Sequence No. 179 Identifying number

HARPERS CHOICE COMMUNITY ASSOCIATIO 990 52-0993424 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 500,000 Total cost of section 179 property placed in service (see instructions). 2 2,594 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2.000.000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 0 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 500,000 (a) Description of property (c) Elected cost FURNITURE & EQUIPMENT 2,594 2,594 7 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 2.594 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 2,594 10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562. 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions). 11 38,968 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 2,594 13 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 ▶ 13 0 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions). 14 15 Property subject to section 168(f)(1) election. 15 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2014 17 8,088 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (a) Classification of property (d) Recovery year placed (business/investment use (e) Convention (f) Method (g) Depreciation deduction ir service only--see instructions) 3-year property 5-year property 7-year property 6,669 HY 477 d 10-year property 15-year property f 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. MM S/L 27.5 yrs. property MM S/L i Nonresidential real MM 39 yrs. S/L MM S/L Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System 20 a Class life b 12-year 12 yrs. S/L c 40-year S/L 40 yrs. MM Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 510 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 11,669 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Form 4562 (2014) HARPERS CHOICE COMMUNITY ASSOCIATION, INC. Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) Do you have evidence to support the business/investment use claimed? X Yes No 24b If "Yes," is the evidence written? X Yes No (b) (d) (e) Basis for depreciation (f) (g) (h) (i) Business/ Type of property Date placed investment use Cost or other basis Recovery Method/ (business/ investment Depreciation Elected section 179 (list vehicles first) percentage in service use only) period Convention deduction Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 Property used more than 50% in a qualified business use COMPUTERS(4) 7/20/2014 100.00% 5,101 5 S/L - HY 510 Property used 50% or less in a qualified business use % S/L -% S/L -% S/L -Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 510 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 0 Section B-Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 the year (do not include commuting miles) Total commuting miles driven during the year 31 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use: Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person? . Is another vehicle available for personal use? Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by Yes No your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? . . . Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Part VI Amortization (a) (b) (c) (d) (e) Amortization Description of costs Date amortization Amortizable amount Code section Amortization for this year period or begins percentage Amortization of costs that begins during your 2014 tax year (see instructions).

Amortization of costs that began before your 2014 tax year

Total. Add amounts in column (f). See the instructions for where to report

0

43

44