# 990 Fcm

## **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

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

Inte	rnal Reveru		Information about Form 990 and its instructions is at www.irs				Inspection
<u>A</u>			lendar year, or tax year beginning 5/1/2016 , and en			0/2017	
B,	Check if a	applicable:	C Name of organization HARPERS CHOICE COMMUNITY ASSOCIATION, IN	C.	D Employer	identification	ı number
	Address	change	Doing business as				
	Name cha	2000	Number and street (or PO box if mail is not delivered to street address) Room/suite		52-0993424		
	Name Ch	ange	5440 OLD TUCKER ROW		E Telephone	number	
	Initial retu	ırn	City or town State ZIP code		(410) 730-3	888	
	Final return	utarminated	COLUMBIA MD 21044		(470) 700 0	000	
	- 041 (CR)(I	riter ir ratiou	Foreign country name Foreign province/state/county Foreign postal of	code			
	Amended	return			G Gross rece	eipts \$	719,554
1	Applicatio	n pending	F. Name and address of principal officer:	H(a) Ic th	is a group return f	or subordinatos	yes X No
	Applicatio	in pending		. ,			
				` '	e all subordinate		Yes No
ł	Tax-exemp	pt status	501(c)(3) X 501(c) ( 4 ) ◀ (insert no.) 4947(a)(1) or 527	If "	No," attach a lis	t. (see instruc	tions)
J	Website	e: ► colu	ımbiavıllages.org/harperschoice	H(c) Gro	oup exemption r	number <b>&gt;</b>	
		rganization					flogal dominia: has
		<u>-</u>		of forma	tion: 1968	IVI State o	f legal domicile: MD
نا	art I		mmary				
	1	Briefly o	escribe the organization's mission or most significant activities: HCC/	Aisac	ommunity o	rganization	that
Š	i	adminis	ters programs and special events for the residents of the community. It is a	lso			
ğ		respons	ible for the operation, maintenance, and development of community facilities	es.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(er	2		nis box  if the organization discontinued its operations or disposed		than 25%	of its net as	ente
Governance	3		of voting members of the governing body (Part VI, line 1a)	or more	2 11411 2070	3	4
8						4	4
S	4		of independent voting members of the governing body (Part VI, line 1b)				
Activities	5		mber of individuals employed in calendar year 2016 (Part V, line 2a)			5	19
ŧ	6		mber of volunteers (estimate if necessary)			6	5
ď	7a		related business revenue from Part VIII, column (C), line 12			7a	2,11/
	b	Net unre	elated business taxable income from Form 990-T, line 34	<u> </u>		7b	0
					Prior Year		Current Year
Ф	8	Contribu	itions and grants (Part VIII. line 1h)		358	3,892	379,825
Revenue	9	Progran	n service revenue (Part VIII, line 2g)		323	3,458	339,591
šve	10	Investm	ent income (Part VIII. column (A), lines 3, 4, and 7d).			66	138
ď	11		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	0
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12).		682	2,416	719,554
	13		and similar amounts paid (Part IX, column (A), lines 1–3)			0	0
	14		paid to or for members (Part IX, column (A), line 4)			<u> </u>	0
			· · · · · · · · · · · · · · · · · · ·		443	3,444	425,302
es	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)	_	440		423,302
ü	16a		onal fundraising fees (Part IX. column (A), line 11e)			0	
Expenses	.   b		ndraising expenses (Part IX_column (D), line 25) ▶ 0			. 055	070.000
ш	17		kpenses (Part IX. column (A). lines 11a–11d. 11f–24e) .			1,955	276.692
	18	Total ex	penses Add lines 13–17 (must equal Part IX, column (A), line 25)			3,399	701.994
	19	Revenu	e less expenses. Subtract line 18 from line 12			1,017	17.560
Net Assets or	Sas			Beginn	ing of Current	Year	End of Year
sets	20	Total as	sets (Part X. line 16)		359	9,000	380.937
As	21	Total lia	pilities (Part X. line 26)		227	7,647	232.025
Se	22	Net ass	ets or fund balances. Subtract line 21 from line 20		131	1,353	148.912
	art II	Sic	nature Block				
			y I declare that I have examined this return, including accompanying schedules and statements.	and to th	ne best of my kr	owledge	
arc	belief it i	is true, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of which	prepare	r has any knowl	edge.	
	gn	<b>7</b>	Signature of officer		Date		
He	ere						
			Type or print name and title				
		Desc	t/Type preparer's name Preparer's signature	Dat	e	_	PTIN
р.	امنہ		Tropard Signature			heck X i	
	aid	DE	BORAH L. HERMAN	8/	4/2017 s	elf-employed	P00104306
	epare		n's name ► DEBORAH L. HERMAN, CPA		Firm's EIN	52-13027	36
Us	se Only	у —		12		(410) 461	
			n's address ► 3036 PATUXENT OVERLOOK CT., ELLICOTT CITY, MD 2104	T	Phone no.	107 (OI F)	
Ma	av the IF	RS discus	ss this return with the preparer shown above? (see instructions).				X Yes No

Pa	rt III Statement of Program Serv Check if Schedule O contain				[X]
1	Briefly describe the organization's mission	is a response of note to	any line in this Part in .		
'	HCCA: S A COMMUNITY ORGANIZATION	THAT ADMINISTERS DE	POGRAMS AND SPECIAL E	VENTS FOR THE	
	RESIDENTS OF THE COMMUNITY IT IS				
	DEVELOPMENT OF COMMUNITY FACILI				
2	Did the organization undertake any significa	ant program services durir	ng the year which were not li	sted on	r
	the prior Form 990 or 990-EZ?			Yes	X No
	If "Yes ' describe these new services on Sc				
3	Did the organization cease conducting, or r				r., 1
				Yes	X No
4	If "Yes ' describe these changes on Schedu Describe the organization's program service		ah of ita throp largaet progra	m convices, as measured by	
4	expenses. Section 501(c)(3) and 501(c)(4)				
	the total expenses, and revenue, if any, for			TRO dire dilocations to others.	
		1 9			
4a	(Code: ) (Expenses \$	261,570 including g	rants of \$ 265,878	) (Revenue \$	0)
	PROGRAM EXPENSES - EXPENSES OF	ADMINISTERING PROGI	RAMS, CLASSES, AND INS	TRUCTORS FOR COMMUNIT	ΤY
	PARTICIPATION				
			* * · · · · · · · · · · · · · · · · · ·		
4b	(Code: ) (Expenses \$	230,155 including g	rants of \$ 75,965	) (Revenue \$ 335,8	312 )
	FACILITIES AND EQUIPMENT RENTAL EX		IRRED IN RENTING AND M	AINTAINING SPACE USED E	3Y
	COMMUNITY FOR BUSINESS AND SOCI	AL MEETINGS			
				÷ •	
4c	(Code: ) (Expenses \$	25,383 including g		, (	722 )
	SPECIAL EVENTS EXPENSES - EXPENS		IISTERING SPECIAL YEAR	LY AND NON-RECURRING	
	EVENTS PROVIDED FOR COMMUNITY	· · · · · · · · · · · · · · · · · · ·		<del></del>	
	·				
	***				
	en e				
		e de la companya de l			
			· · · · · · · · · · · · · · · · · · ·	0.44	
***					
4d	Other program services (Describe in Scher		10.004	0.057	
	(Expenses \$ 27,737 includi		18,991 ) (Revenue \$	3.057 )	
4e	Total program service expenses	544,845			

<ul> <li>1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." complete Schedule A</li> <li>2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?</li> </ul>	1	Yes	No
complete Schedule A	1	ļ	
	1	ł	
			X
	2	-	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		1	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		-	+-^-
election in effect during the tax year? If "Yes," complete Schedule C, Part II.			
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		+	<del> </del>
assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	·		
Part III	5		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		1	
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	ļ	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
complete Schedule D. Part III	8	<del> </del>	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 de	a la t		
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		1	1
endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D. Part V.			X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		1	
VII. VIII IX, or X as applicable.			
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	Э		
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.	<u>11b</u>		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		<del> </del>	
reported in Part X, line 16? If "Yes," complete Schedule D. Part IX.	11d		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Pa	· · · · · · · · · · · · · · · · · · ·	+	1
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
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," com	nplete		
Schedule D. Parts XI and XII	12a	-	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "			
and if the organization answered "No" 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.		<del> </del>	X
<ul><li>14a Did the organization maintain an office, employees, or agents outside of the United States?</li><li>b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,</li></ul>	14a	-	X
fundraising, business, 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		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to o	<del></del>		
for any foreign organization? If "Yes." complete Schedule F, Parts II and IV			X
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	<u> </u>	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 (see instructions).	17	<del> </del>	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
Part VIII lines 1c and 8a? <i>If "Yes." complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	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		×

Pari	Checklist of Required Schedules (continued)	~~~	*	<del></del>
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A). line 1? If "Yes," complete Schedule I, Parts I and II.	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A). line 2? If "Yes," complete Schedule I, Parts I and III.	22		XX
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes." complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100.000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	to defease any tax-exempt bonds?	24c 24d		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24u		^
258	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	ZJa		^
IJ	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II.	26		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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L.			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L. Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		
24	conservation contributions? If "Yes," complete Schedule M.	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes." complete Schedule N</i> ,	31		Х
22	Part i  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		🟠
32	If "Yes." complete Schedule N. Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	f "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		1
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		ļ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			,,
	VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		v	
	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O.	38	X 000	(2016)
		⊢orm	JJU	(2016)

14a

52-0993424 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V. . . . . Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 13 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Χ 1c 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 19 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? 3a 3a Χ If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. Χ 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 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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 6a 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). 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 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 If "Yes," indicate the number of Forms 8282 filed during the year. d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ e 7f Χ Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? . . . . . 8 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a a 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b Section 501(c)(7) organizations. Enter 10 10a 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 10b b Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 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 . . . . . b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a Is the organization licensed to issue qualified health plans in more than one state?... Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b 13c Enter the amount of reserves on hand

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

14b

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HARPERS CHOICE COMMUNITY ASSOCIATION, INC. Form 990 (2016) 52-0993424 Page 6 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 Yes Νo 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Χ 6 6 Χ 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 Х Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Χ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? Χ 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a 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 Χ 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 Χ Were officers directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Χ 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Χ 12c Χ Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Χ Did the process for cetermining 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 Х Other officers or key employees of the organization. 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Χ 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? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 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 X Upon request Other (explain in Schedule O) X Own website Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name address, and telephone number of the person who possesses the organization's books and records 20 HARPERS CHOICE COMMUNITY ASSOC.

5440 TUCKER ROW, COLUMBIA, MD 21044

(410) 730-3888

Form	990	(2016)	

HARPERS CHOICE COMMUNITY ASSOCIATION, INC.

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::)/~	USE	1047	4

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# 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 ail of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) Position (A) (B) (do not check more than one (D) (E) (F) Name and Title Average box, unless person is both an Reportable Reportable Estimated hours per officer and a director/trustee) compensation compensation amount of week (list any Officer from from related Highest compensated other Individual trustee Key employee employee Institutional hours for the organizations compensation related organization (W-2/1099-MISC) from the organizations (W-2/1099-MISC) organization below dotted and related trustee line) organizations (1) ROBERT FONTAINE 2.00 **BOARD CHAIR** 0.00 Χ Χ 0 0 (2) JIM SMITH 2.00 **BOARD MEMBER** 0.00 Χ Χ 0 0 (3) STEPHEN COOK 2.00 **BOARD MEMBER** 0.00 Χ 0 0 (4) ERIK AVANT 2.00 **BOARD MEMBER** 0.00 0 0 Х (5) ALAN KLEIN 4.00 COL COUNCIL REP 0.00 Х 0 0 (6) STEPHEN INGLEY 40.00 0.00 Χ 92,541 0 5,552 VILLAGE MANAGER Х (7) (8)(9)(10)(11)(12)(13)(14)

	(A) Name and title	(C) Position (B) (do not check more than of box, unless person is both officer and a director/trust					than of the than the the than the the than the the than the the than the the the than the the than the	one n an ee)	(D) Reportable compensation	(E) Reportable compensation		(F) Stimate	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	or ar	other mpensa from the ganizat nd relat ganizati	ie tion tea
(15)													
(16)		-											
(17)								•					
(18)													
(19)													
(20)													
(21)					,								
(22)													
(23)										<del> </del>			
(24)													
(25)													
1b c d	Sub-total  Total from continuation sheets to Part VII, Se  Total (add lines 1b and 1c)	ection A			i			<ul><li> </li><li> </li><li> </li></ul>	92,541 0 92,541	0			5.55 5.55
2	Total number of individuals (including but not line reportable compensation from the organization	nited to those lis	ted a		e) w	vho	recei	ved			l		2.00
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? <i>If "Yes." complete Sched</i>			mpl		e, o			compensated		3	Yes	No
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual.									7	4		X
5	Did any person listed on line 1a receive or accrefor services rendered to the organization? If "Ye							_		idual	5		X
	tion B. Independent Contractors									T400 000 -f			
1	Complete this table for your five highest compecompensation from the organization. Report co year.										tax		
	(A) Name and business add	ress	.,,	·					(B) Description of serv	vices	(C Compe	nsation	1
													F4
2	Total number of independent contractors (include												

Part VIII

Statement of Revenue

		Check if Schedule O contains a respons	se or r	note to any line 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
	1a	Federated campaigns	1a	0		revenue		312:314
rants	b	Membership dues	1b	0				
Gra		Fundraising events	1c	0				
fts, r Ar	d	Related organizations	1d	0				
. Gi		Government grants (contributions)	1e		*			
Sin	e	All other contributions, gifts, grants, and	16	<u> </u>				
Contributions, Giffs, Grants and Other Similar Amounts	'	similar amounts not included above	1f	270 025				
ntrill 2 Ot		Noncash contributions included in lines 1a-1f:		379,825				
Col	g		\$	0	270.025			
	h_	Total. Add lines 1a-1f		Business Code	379,825			<del></del>
nue	٥	LEACE AND DENITAL DEVENUE		<u> </u>	005 040	205.010		
eve	2a	LEASE AND RENTAL REVENUE		900099	335,812	335,812		
Ωť qu	b	TUITION AND ENROLLMENT REVENUE		900099	0	0		
ryic	C	SPECIAL EVENT REVENUE		900099	722	722		
Se	d				0			
ran	6	All attached and a second a second and a second a second and a second a second and a second and a second and			0	0.40	0.447	
Program Service Revenue	† 	All other program service revenue		<b>-</b>	3,057	940	2,117	
	<u>g</u> 3	Total. Add lines 2a-2f			339,591			
	J	Investment income (including dividends, into other similar amounts)	erest.	_	120	120		
	4	·	ــــــــــــــــــــــــــــــــــــــ		138	138		
	4	Income from investment of tax-exempt bon-	a proc		0			
	5	Royalties	a!	(ii) Persona:				
	Ca	Gross rents		(ii) i cisona.				
	6a							
	b	Less rental expenses	0	0				
	C C	Rental income or (loss)	U	<u> </u>	0			
	d 7a	Net rental income or (loss)  Gross amount from sales of (i) Secur	ties	(ii) Other	<u> </u>			
	7a	Oross amount from sales of		·				
		assets other than inventory	0	0				
	b	Less: cost or other basis	0					
		and sales expenses	0	0				
	С	Gain or (loss)	0					
	d	Net gain or (loss)		_ · · · · · · •	0			
a)	^					İ		
'n	8a	Gross income from fundraising						
ve		events (not including \$ 0						
S.		of contributions reported on line 1c).	_				:	
ìer	L.	See Part IV. line 18	a	0		İ		
Other Revenue		Less direct expenses	b	<u> </u>				
•	C	Net income or (loss) from fundraising event	.S .		0			
	9a	Gross income from gaming activities	_					
	1	See Part IV. line 19		0				
		Less: direct expenses			0			
		Net income or (loss) from gaming activities						
	Tua	Gross sales of inventory, less returns and allowances	_	اه				
	1-			0				
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sales of inventory  Miscellaneous Revenue	<u> </u>	Business Code	0			
		iviiscellaneous kevenue		business Code	0			
	11a				0			
	b				0			
	C C	All other revenue			0			
	d	All other revenue  Total. Add lines 11a-11d		<b>. &gt;</b>	0			
	е 12	Total revenue. See instructions			719,554	337,612	2,117	0
	1 4-	15th 161611do. CCC mondono.			. 10,001	-0.,0.2	-,	

#### Part IX Statement of Functional Expenses

Secti	cn 501(c)(3) and 501(c)(4) organizations must complete all c	columns. All other or	ganizations must co	omplete column (A)	
	Check if Schedule O contains a response or note t	o any line in this Pa	rt IX .		
	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 expenses
1	Grants and other assistance to domestic organizations				
2	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign	U			
Ş	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0		•	
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
-	trustees, and key employees	86,295	64,721	21,574	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	265,052	198,789	66,263	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	14,977	11,233	3,744	
9	Other employee benefits	32,360	24,270	8,090	
10	Payroll taxes	26,618	19,963	6,655	
11	Fees for services (non-employees)				
a	Management	31,744	31,744		
cl c	Legal .	11,265	8,449	2,816	
c d	Accounting	0	0,443	2,010	
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
q	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	31,112	28,585	2,527	
12	Advertising and promotion	10,145	7,609	2,536	
13	Office expenses	17,597	13,197	4,400	
14	Information technology	2,083	2,083		
15	Royalties .	0			
16	Occupancy	127,759	95,819	31,940	
17	Travel	377	377		
18	Payments of travel or entertainment expenses				
	for any federal state, or local public officials	0			
19	Conferences, conventions, and meetings	856	642	214	
20	Interes:	0			
21	Payments to affiliates	0	0.070	2,959	
22	Depreciation, depletion, and amortization	11,837 7,548	8,878 5,661	1,887	
23 24	Insurance Other expenses Itemize expenses not covered	7,046	3,001	1,007	
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.)				
а	NEWSLETTER	9,053	9,053		
b	DONATIONS	2,440	2,440		
C	SPECIAL EVENTS EXPENSES	6,700	6,700		
d	STAFF DEVELOPMENT	6,176	4,632	1,544	
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	701,994	544,845	157,149	
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► I if		i	ĺ	

Total net assets or fund balances

Total liabilities and net assets/fund balances

33

#### Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 145,196 108,953 2 172,200 2 238,449 3 0 3 4 857 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 Notes and loans receivable, net 0 7 Inventories for sale or use 8 8 Prepaid expenses and deferred charges. 4,050 9 9 Land, buildings, and equipment, cost or 10a other basis Complete Part VI of Schedule D 10a 197,315 b Less: accumulated depreciation 10b 163,780 36.697 10c 0 11 Investments—publicly traded securities 11 0 12 12 Investments—other securities See Part IV, line 11... 0 13 Investments—program-related See Part IV, line 11... 13 14 Intangible assets 0 14 0 Other assets. See Part IV, line 11. 0 15 0 15 359,000 380,937 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . 54,070 17 64,725 17 18 18 Grants payable 19 137,545 19 125,788 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 Loans and other payables to current and former officers, directors, 22 trustees key employees, highest compensated employees, and d squalified persons. Complete Part II of Schedule L. 22 0 23 23 Secured mortgages and notes payable to unrelated third parties 0 Unsecured notes and loans payable to unrelated third parties. 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete 36,032 25 41,512 Part X of Schedule D 232.025 227,647 26 26 Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here ► X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 131,353 27 148 912 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds 32 148.912 131,353 33

380.937

359.000

34

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?

If the organization changed either its oversight process or selection process during the tax year, explain in

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

If "Yes I 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

Schedule O

the Single Audit Act and OMB Circular A-133?

Form **990** (2016)

3a

Χ

2c | X

### SCHEDULE D (Form 990)

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.

Department of the Treasury Internal Revenue Service Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number

OMB No. 1545-0047

Open to Public Inspection

	PERS CHOICE COMMUNITY ASSOCIATION, INC.	52-0993424
Par		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	6
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year).	
3	Aggregate value of grants from (during year) .	
4	Aggregate value at end of year	
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 contro	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant	funds can be
	used only for char table purposes and not for the benefit of the donor or donor advisor, of	r for any other
	purpose conferring impermissible private benefit?	Yes No
Par	Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	7
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		n of a historically important land area
	to and	n of a certified historic structure
	len-rand	Tot a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	
	easement on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terms	minated by the organization during
	the tax year ▶	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	
_	violations and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year
		Parameter and the second secon
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con-	servation easements during the year
	S S S S S S S S S S S S S S S S S S S	of coction 170(h)(4)(P)(i)
В	Does each conservation easement reported on line 2(d) above satisfy the requirements	or section 170(II)(4)(b)(I) Yes No
	and section $170(h)(4)(B)(ii)$ ?	lancari lancari
9	In Part XIII, describe how the organization reports conservation easements in its revenue balance sheet, and include, if applicable, the text of the footnote to the organization's fin	
	the organization's accounting for conservation easements.	ancial statements that describes
Par		or Other Similar Assets
L CL	Complete if the organization answered "Yes" on Form 990, Part IV, line	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its i	
	works of art, historical treasures, or other similar assets held for public exhibition, educa	
	of public service, provide, in Part XIII, the text of the footnote to its financial statements t	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reve	
	works of art historical treasures, or other similar assets held for public exhibition, educa	tion, or research in furtherance
	of public service, provide the following amounts relating to these items	
	(i) Revenue included on Form 990. Part VIII. line 1	\$
	(ii) Assets included in Form 990 Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar ass	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these	
а	Revenue included on Form 990, Part VIII, line 1	S
h	Assets included in Form 990, Part X	<b>&gt;</b> 5

Part	Organizations Maintaining Co	llections of Art, Histo	orical Treasures, o	or Other Similar Ass	ets (continued)
3	Using the organization's acquisition, acces	sion, and other records, o	check any of the follow	ving that are a significan	t use of its
	collection items (check all that apply):				
a	Public exhibition	d	Loan or exchange	programs	
b	Scholarly research	e	Other		
С	Preservation for future generations				
4	Provide a description of the organization's	collections and explain ho	ow they further the or	ganization's exempt purp	ose in Part
	XIII.				
5	During the year, did the organization solicit				
	assets to be sold to raise funds rather than		of the organization's	collection?.	Yes No
Part			000 D 11/ 1: 0		unt on Form
	Complete if the organization and	swered "Yes" on Form	990, Part IV, line 9	, or reported an amol	int on Form
	990, Part X, line 21.		· for any taller than an	they goeds not	
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?			other assets not	Yes No
b	If "Yes," explain the arrangement in Part X				
			9		Amount
С	Beginning balance			. 1c	0
d	Additions during the year				
е	Distributions during the year				
f	Ending balance			. 1f	0
2a	Did the organization include an amount on	Form 990, Part X, line 21	, for escrow or custo	dial account liability?	Yes X No
b	If "Yes," explain the arrangement in Part X	III. Check here if the expla	anation has been prov	vided on Part XIII	
Part	V Endowment Funds.				
	Complete if the organization an	swered "Yes" on Form	990, Part IV, line 1	0.	
	(	a) Current year (b) Price	or year (c) Two year	s back (d) Three years bac	k (e) Four years back
1a	Beginning of year balance	0	0	0	0 0
b	Contributions				
С	Net investment earnings, gains,				
4	and losses Grants or scholarships				
d e	Other expenditures for facilities				
C	and programs				
f	Administrative expenses				
g	End of year balance	0	0	0	0 0
2	Provide the estimated percentage of the co	urrent year end balance (I	ine 1g. column (a)) he	eld as:	
a	Board designated or quasi-endowment	<b>▶</b>			
b	Permanent endowment	%			
С	Temporarily restricted endowment	%			
_	The percentages on lines 2a, 2b, and 2c s	,	a that are bold and o	dministered for the	
3a	Are there endowment funds not in the pos	session of the organization	n that are new and a		Yes No
	organization by (i) unrelated organizations				3a(i)
	(ii) related organizations				3a(ii)
b	If "Yes" on line 3a(ii), are the related organ	iizations listed as required	on Schedule R?		3b
4	Describe in Part XIII the intended uses of t				
Part	VI Land, Buildings, and Equipm	ent.			
	Complete if the organization an	swered "Yes" on Form	990, Part IV, line	1a. See Form 990, P	art X, line 10
	Description of property	(a) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Book value
		(investment)	basis (other)	depreciation	
1a	Land	0			
b	Buildings	0	29,06	0 28,464	0 000
c d	Leasehold improvements  Equipment	0	38,24	<del></del>	11.23/
u e	Other	0	130,00		21,698
AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 1	. Add lines 1a through 1e. (Column (d) mus	<del></del>			33,535

ſ	a) Description of security or category	(h) Pool value	0, Part IV, line 11b. See Form 990, Part X, line 12 (c) Method of valuation
1	(including name of security)	(b) Book value	Cost or end-of-year market value
(1) Financia	il derivatives	0	
(2) Closely-	held equity interests	0	
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E.)		7-75-41	
(F <sup>c</sup> )	and the second s		
(G)			
(H)			
Part VIII	b) must equal Form 990, Part X. col. (B) line 12.)	0	
Part VIII	Investments—Program Relate		0, Part IV, line 11c. See Form 990, Part X, line 13
	(a) Description of investment		(c) Method of valuation
	(a) Description of Investment	(b) Book value	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			IARPHARA (A)
(7)			
(8)			
(9)			
	b) must equal Form 990_Part X, col. (B) line 13.)	0	
Part IX	Other Assets.	awarad "Vas" an Farm 00	O. Dart IV. line 11d. See Form 000. Bort V. line 15
			0, Part IV, line 11d. See Form 990, Part X, line 15
(4)	(6	n) Description	(a) Book value
(1)		· · · · · · · · · · · · · · · · · · ·	
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colu	ımrı (b) müst equal Form 990. Part X. co	I. (B) line 15.)	· · · · · · · · · · · · · · · · · · ·
Part X	Other Liabilities.		
	Complete if the organization an line 25.	swered "Yes" on Form 99	0, Part IV, line 11e or 11f. See Form 990, Part X.
1.	(a) Description of liability	(b) Book value	
	ai income taxes	0	
	UED PAYROLL	15,704	
	UED VACATION LEAVE	25,808	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	nust equal Form 990. Part X. col. (B) line 25.)	41,512	
- retail pooluiiii (D)	, made aguar com 500. Fait N. Gor (D) IIIIG 20.)		organization's financial statements that reports the

Par		Return.	Page ♣
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  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:	<u> </u>	
• 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.)		
e	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	1	
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	0
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses p		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1	
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	}	
a	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c 2c		
d	Other (Describe in Part XIII.)	_	
е	Add lines 2a through 2d	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		_
С	Add lines 4a and 4b.	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	0
	de the descriptions required for Part II. lines 3, 5, and 9, Part III, lines 1a and 4: Part IV, lines 1b and 2b, Part IX. lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information in the second s		

#### 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.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

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.

HARPERS CHOICE COMMUNITY ASSOCIATION,	INC.	52-0993424
Form 990 Part III, Line 4d. Program Service Exper	nses: 27,737, Grants and allocations:	
18,991, Revenue: 3,057 NEWSLETTER AND MISC	CELLANEOUS EXPENSES - EXPENSES	INCURRED IN
PUBLISHING PERIODIC NEWSLETTERS USED T	O INFORM COMMUNITY OF PROGRAM	S, EVENTS, AND ACTIVITIES
AVAILABLE AND OTHER SERVICES MADE AVAIL	ABLE TO THE COMMUNITY	
Form 990, Part VI, Section B, Line 11a: THE COMP	LETED FORM 990 HAS BEEN PROVIDE	D TO ALL BOARD
MEMBERS VIA EMAIL FOR REVIEW PRIOR TO S	UBMISSION.	
Form 990. Part VI. Section C, Line 19: THE ORGAN	NIZATION POSTS ITS GOVERNING DOC	UMENTS AND
POLICIES ON ITS WEBSITE. FINANCIAL STATEM	ENTS ARE AVAILABLE UPON REQUEST	IN THE ORGANIZATION
OFFICE		
Form 990 Part XI, Line 9: ROUNDING		
	***	
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**Depreciation and Amortization** 

(Including Information on Listed Property)

OMB No. 1545-0172

Sequence No 179

internal Revenue Service.

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

Identifying number

Name(s) shown on return Business or activity to which this form relates 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 8.676 Threshold cost of section 179 property before reduction in limitation (see instructions). 3 2,010.000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . . . . . . 4 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 (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2015 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 ▶ 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't 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 MACRS Depreciation (Don't include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2016 9.702 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 2016 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property year placed (business/investment use (e) Convention (f) Method (g) Depreciation deduct period in service only-see instructions) 19 a 3-year property 8.676 HY b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs. MM h Residential rental 27.5 yrs S/L 27.5 yrs. MM S/L property MM S/L i Nonresidential real MM S/L Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System 20 a Class life S/L S/L b 12-year MM S/L c 40-year 40 yrs

23 For assets shown above and placed in service during the current year, enter the

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

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28

21

23

1,26

11.837

Form	4562 (2016)				ERS CHOICE C					
Part					other vehicles	s, certain	aircraft,	certain o	computers, ar	nd property
			ent, recreation		,					
					andard mileage r			se exper	nse, complete c	inly 24a,
					ion B, and Section					
	Section A-	-Depreciation	n and Other Inf	ormation (Cau	ition: See the in	structions	for limits f	or passe	nger automobil	es.)
24a	Do you have evidence	to support the b	ousiness/investmen	it use claimed?	X Yes No	24b	If "Yes," is	the evide	ence written?	X Yes No
	(a)	(b)	(c)	(d)	(e)	(f	)	(g)	(h)	(i)
	Type of property	Date placed	Business/ investment use	Cost or other basis	Basis for depreciation (business/ investme		very M	ethod/	Depreciation	Elected section 179
***	(list vehicles first)	in service	percentage		use only)		od Coi	vention	deduction	cost
25	Special depreciation									
	the tax year and us				ise (see instructi	ons)		25	<u> </u>	
26	Property used mor	e than 50% ir	n a qualified bus	iness use:				-		
COM	PUTERS(4)	7/20/2014	100.00%	5,101	5,1	101 5	S/	HY	1,020	
LAP1	OP	6/24/2015	100.00%	1,236	1,2	236 5	S/	HY	247	
27	Property used 50%	or less in a	uqualified busines	ss use:						
			%				S/L -	-		
			%				S/L -			
			%				S/L	-		
28	Add amounts in co					ge 1		28	1,267	
29	Add amounts in co	lumn (i), line	26. Enter here a	ınd on line 7, p	age 1		· · · · ·		29	<u> </u>
			Sec	tion B—Inforn	nation on Use o	f Vehicles	8			
	ete this section for ve ir employees, first ans									:S
				(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle		(d) hicle 4	(e) Vehicle 5	(f) Vehicle 6
30	Total business/inves		9	Venice	venicle 2	Venicle	,   ve	HIGE #	venicle 3	venicle o
	the year ( <b>don't</b> inclu	de commuting	rimes)							

30	Total business/investment miles driven during the year (don't include commuting miles)	Vehi	-	(t Vehi	•	(c Vehi	•	Vehi	•	(ı Vehi	e) cle 5	( Vehi	f) cle 6
31	Total commuting miles driven during the year												
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 during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?					<u> </u>		<u> </u>					

### 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 aren't more than 5% owners or related persons (see instructions).

37	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?		
40	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?		
41	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," don't complete Section B for the covered vehicles.		

Part	V Amortization	T		,		1	
	(a)	(b)	(b) (c) (d		(e) Amortization	(f)	
	Description of costs	Date amortization Amortizable amount Co begins				Amortization for the year	
42	Amortization of costs that begins during your 20	116 tax year (see	nstructions):				
43	Amortization of costs that began before your 20	16 tax year			43		
44	Total. Add amounts in column (f). See the instru	uctions for where t	o report	<u> </u>	44		