Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ For organizations with gross receipts less than $100,000 and total assets less than $250,000 at the end of the year.

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

OMB No 1545-1150

2005

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning , 2005, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

29 IA 200512 06 00 3 0000
ELK FALLS PROPERTY OWNERS ASSN
11119 S ELK CREEK RD
PINE GROVE CO 80470-7500

D Employer identification number: 84 : 6043554

E Telephone number: (303) 816-9045

F Group Exemption Number ▶

• *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

G Accounting method: ☒ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I **Website:** ▶

J **Organization type** (check only one)— ☒ 501(c) (6) ◀(insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $100,000 or more, file Form 990 instead of Form 990-EZ . ▶ $

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	33,284.01
	4	Investment income			4	14.70
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less: cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)			5c	
	6	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ ☐				
	a	Gross revenue (not including $ ______ of contributions reported on line 1)	6a			
	b	Less: direct expenses other than fundraising expenses	6b			
	c	Net income or (loss) from special events and activities (line 6a less line 6b)			6c	
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less: cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)			7c	
	8	Other revenue (describe ▶ LEGAL SETTLEMENT, IREA REBATE)			8	11,038.16
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶			9	44,336.87
Expenses	10	Grants and similar amounts paid (attach schedule)			10	
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	
	13	Professional fees and other payments to independent contractors			13	37,762.97
	14	Occupancy, rent, utilities, and maintenance			14	647.60
	15	Printing, publications, postage, and shipping			15	2,558.78
	16	Other expenses (describe ▶ INSURANCE, ENTERTAINMENT, REFUND)			16	4,017.71
	17	**Total expenses** (add lines 10 through 16) ▶			17	44,987.06
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)			18	(650.19)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	10,112.60
	20	Other changes in net assets or fund balances (attach explanation)			20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ▶			21	9,462.41

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Part II Balance Sheets—If Total assets on line 25, column (B) are $250,000 or more, file Form 990 instead of Form 990-EZ.

	(See page 41 of the instructions.)	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	10,112.60	22	9,462.41
23	Land and buildings		23	
24	Other assets (describe ▶)		24	
25	**Total assets**	10,112.60	25	9,462.41
26	**Total liabilities** (describe ▶)		26	
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	10,112.60	27	9,462.41

 Cat. No. 10642I

Part III Statement of Program Service Accomplishments (See page 42 of the instructions.)

What is the organization's primary exempt purpose? MAINTAIN, IMPROVE OPEN SPACE

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

28	MAINTENANCE AND IMPROVEMENTS OF ROADS AND OPEN SPACE FOR COMMUNITY AT LARGE (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	21,093.71
29	LAWSUIT CHALLENGING ILLEGAL LAND USE ON BEHALF OF COMMUNITY AT LARGE (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	16,669.26
30	MEETINGS FOR COMMUNITY AT LARGE (Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	870.76
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	38,663.73

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
THOMAS SCHUSTER, PRESIDENT PINE, CO 80470	2	-0-	-0-	-0-
VICKY SPARER, SECRETARY PINE, CO 80470	1	-0-	-0-	-0-
DAVID PETERSEN, TREASURER PINE, CO 80470	2	-0-	-0-	-0-

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		✓
35	*If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.*			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a -0-			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		✓
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved 38b			
39	*501(c)(7) organizations.* Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	*501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ____ ; section 4912 ▶ ____ ; section 4955 ▶ ____			
b	*501(c)(3) and (4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.	40b		✓
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ -0-			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ -0-			

Part V **Other Information (Note** the attachment requirement in General Instruction V, page 14.) *(Continued)*

41 List the states with which a copy of this return is filed. ▶

42a The books are in care of ▶ DAVID PETERSEN Telephone no. ▶ (303) 816-9045
Located at ▶ 34018 BERG LANE PINE, CO ZIP + 4 ▶ 80470-9703

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **42b**		✓
If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? **42c**		✓
If "Yes," enter the name of the foreign country: ▶		

43 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041***—Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ | 43 |

Please Sign Here

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

▶ Signature of officer | APRIL 13, 2006 Date

▶ DAVID PETERSEN, TREASURER
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst W)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶		EIN ▶	
		Phone no. ▶ ( )	