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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20														
B Check if applicable:		Please C Name of organization			, =				ployer identification number					
	Address 0		use IRS	C Name of organ	nization		Owner,	Assec	2 tion			43554		
H	Name cha	-	label or		ally 1	reperty	0 (31)(1)	7 132001	Daniel Carolina					
Ħ	Initial retu	-	print or type.				ot delivered to stre	et address)	Roomvsuite		hone number 3) 8/6/43/4			
\Box	Terminatio		See			YAK RO	on a			(305	-		<u>'</u>	
	Amended	l return	Specific Instruc-			ry, and ZIP + 4				F Group				
	Application	on pending	tions.	Fine	CU 80	470					ber , , >			
	• Secti	on 501(c)(3)	organiz	ations and 4947	7(a)(1) none	xempt charita	ble trusts must	t attach	G Acco	unting met	hod:	DA Cash □	Accrual	
			a con	pleted Schedu	ile A (Form	990 or 990-EZ	Z).		Othe	r (specify) I	<u> </u>			
_	H Check ▶ □								if the organization is not ach Schedule B (Form 990,					
-			ohook o	h, one) 🕅 50	41-11-1-	(Constant)	4947(a)(1) or	☐ 5 27		EZ. or 990-				
				ily one) 🔀 50					4	<u> </u>		\$05.000	A	
	not requ	uired, but if th	e organ	zation chooses	to file a retu	m, be sure to fi	anization and its ile a complete re	turn.			nore th			
L	Add line						00 or more, file Fo				▶\$	37,07	<u> </u>	
Р	art l	Revenue	, Expe	nses, and C	hanges i	n Net Asset	ts or Fund B	alances	(See the	instructi	ons fo	or Part I.)		
_	T 1	Contributio	ns. aift:	orants, and s	imilar amou	ints received					1			
	2		_	-			nd contracts .			II	2			
	3	_		and assessm							3	3634	5	
	4	Investment								• • • •	4	ं प		
	5a				ota athar th		·			• • • •				
	1 .					-		-						
	b								/		5c			
9	_C						tract line 5b from	•	•					
Revenue	6					-	f any amount is froi	mgaming, c	neck nere		3.5			
Š	а			. •			contributions	ا دم ا						
œ	1	reported o		,										
	b			nses other tha				6b						
	C	Net incom	e or (lo	ss) from speci	al events a	ınd activities	(Subtract line	60 from li	ne 6a) .		6c			
	7a	Gross sale	s of in	entory, less re	eturns and	allowances		7a						
	b	Less: cost	of god	ds sold				7b			160			
	C	Gross prof	fit or (lo	ss) from sales	of invento	ry (Subtract 1	line 7b from lir	ne 7a) .			7c			
	8	Other reve	nue (d	scribe 🕨	Electri	c rebute)]	8	4		
	9	Total reve	nue. A	dd lines 1, 2,	3, 4, 5c, 6d	c, 7c, and 8.				▶	9	37.0-	14	
	10	Grants and	d simila	r amounts pai	d (attach s	chedule) .					10	<u> </u>		
	11										11			
S	12	Benefits paid to or for members							12					
ŝ	13	Professional fees and other payments to independent contractors							13	19.7	81			
Expenses	14	Occupancy, rent, utilities, and maintenance						14	7	£ 3				
ŭ	15	Printing, publications, postage, and shipping.							15	7	53			
	16	Other expenses (describe > Insurance, wheetings pank service chas)						chesi	16	194	14			
	17			Add lines 10 t							17	242	<u> </u>	
							ne 9)				18	12.8	7 8	
Net Assets	10						•							
55	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	33,2	61		
+	20										20	41.6		
ž	21		changes in net assets or fund balances (attach explanation)					21	44.3					
D														
	Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year													
		_	•			,				3,,,26 (22			
2:									72	1,001	23		<u>v</u>	
2			_								24	}		
2	4 Othe	er assets (d	escribe	>		·)		2 3 (2		+	2 14	
2	5 Tota	al assets .							- 3.	3,261	25			
2	6 Tota	al liabilities	(descri	oe ▶)	- 3 3	<u> </u>	26			
2	Net assets or fund balances (line 27 of column (B) must agree with line 21)						27	Form 990-						
Fo	or Privac	ey Act and P	aperwo	rk Reduction A	ct Notice, :	see the Instru	ction for Form	990.	Cat. N	o. 10642l		Form 350-	(Z008)	

Forn	990-EZ (2008)					Page Z		
Ρa	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part I	II.)	-	Expenses		
What is the organization's primary exempt purpose? Main tain timprove youds						(Required for 501(c)(3) and (4) organizations		
because what was achieved in corning out the organization's evernot numbers. In a clear and concise manner, I						and 4947(a)(1) trusts; optional for others.)		
des	cribe the services provided, the number of persons ber	netited, or other relevant into	rmation for each pi	ogram me.	optic	mai for others.)		
28	Maintained + improved 5	undivision roud	5					
	, 							
		(. f			28a			
	(Grants \$) If this amount inch	udes foreign grants, check	nere		ZUA			
29	Meetings for membership							
		i						
	(Grants \$) If this amount incli	udes foreign grants, check	here	. ▶ 🗆	29a			
30								
00								
	(Grants \$) If this amount incl	30a						
31	Other program services (attach schedule)				أما			
	(Grants \$) If this amount incl Total program service expenses (add lines 28a th	udes foreign grants, check	here	<u>. ▶ L.</u>	31a 32			
	Int IV List of Officers, Directors, Trustees, and Key					ons for Part IV.)		
	!	(b) Title and average	(c) Compensation	(d) Contributio	ns to	(e) Expense		
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compet	plans & nsation	account and other allowances		
T	lavid Crespo			~		_		
3	lavid Crespo 4470 Jensen Dr. Pine Co 80470	3 hrs	0	0		0		
	icki Beacom	Vice President		^				
	14568 Cedar Dr Pine Co 80470	<u>l</u> hr	0	0		0		
£	14568 Cedar Dr Pine Co 80470 Lenge Brain 1881 EIK Creek Rd Pine Co 80470	Trensurer	U	Ö				
	1881 EIK Creek Rd Pine Co 80470	3 hrs				<u> </u>		
	SUZY Nelson 33619 Berg Lane P.ne co 80470	secretary + hrs	0	U		0		
_	lan Eliminalis	Divactor						
	Ken Fleming loss 35370 Upper Aspen Lane Pine 80470 Chestine Groves 4447 High View Dr Pine 80470	2 hrs	0	ن		0		
	Christine Groves	President						
	4447 High View Dr Pine 80470	3 hrs	\mathcal{O}	\mathcal{O}		O		
	Vicky Souver 34298 Berg Lane Pine Co 80470 William Patterson 14751 Jensen Rd Pine Co 80470	Vice President						
	34298 Bery Lune Pine Co 80470	1 hr	0	0		Ü		
	Willsom Putterson	Treasurer	_					
	14751 Jensen Rd Pine Co 80470	3 hrs	<u> </u>	0		0		
	Suxan Patterson	Secretary	0	0		0		
	Tanice Sailes	Dividend						
	Suxan Patterson 4751 Jensen Rd Pine Lo fuy70 Janice Spikes 34457 Civile Dr Pine Lo fuy70 2025 Miears 33778 Berg Lane Pine Co fuy70 5 teve Sparer 14298 Berg Lane Pine Co fuy70	1 hy	0	0		U		
_	2NSS MIRAYS	Director						
	33778 Berg Lane Pinelo 80470	1 hr	0	0		0		
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Par	Other Information (Note the statement requirements in the instructions for Part VI.)			
		\Box	Yes	No
	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, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
	Did the organization have unrelated business gross income of \$1,000 or more or section 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		
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		/
b	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a ○ Did the organization file Form 1120-POL for this year?	37b		
	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? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		~
	1 103, complete contends E, t at it and once the total amount involved	7		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9	3.4		
	Gross receipts, included on line 9, for public use of club facilities	offin.	文化	
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 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," complete Schedule L. Part I	40b	:	
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	7450	d.	
d	Enter amount of tax on line 40c reimbursed by the organization ▶			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		J
41	List the states with which a copy of this return is filed. ▶			
42a	The books are in care of ► Renat Brain Located at ► 11881 EIK Cruk RA Pine CO ZIP + 4 ► 80) 514 470	43	<u>'Y</u>
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	Yes	No
	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		
	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			▶ □
	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	-0.6588 - 1. 1444	Yes	No
	Form 990-EZ	44		
45 	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	# 0	/
	Fo	rm 99	U-EZ	(2008)

Page	
raye	

Part	VI Section 501(c)(3) organizations only and complete the tables for lines 50 at		organizations mi	ust answer question	ons 46⊸	19
46	Did the organization engage in direct or indirect p	olitical campaign activitie	s on behalf of or	in opposition to	Y	es No
	candidates for public office? If "Yes," complete Si				46	
47	Did the organization engage in lobbying activities?	? If "Yes," complete Sche	edule C, Part II .		47	
	Is the organization operating a school as describe	· · · · · · · · · · · · · · · · · · ·			48	
	Did the organization make any transfers to an exe				49a	
	If "Yes," was the related organization(s) a section	•			49b	
	Complete this table for the five highest compensate each received more than \$100,000 of compensations.				employe	es) who
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances	
Total	number of other employees paid over \$100,000					
•	compensation from the organization. If there is no					
	(a) Name and address of each independent contractor p	bald more than \$100,000	(6)	ype of service	(c) Compe	nsation

			·			

						·
Total	number of other independent contractors each re		. ▶			
Sign	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	ed this return, including accom on of preparer (other than office	panying schedules and er) is based on all infor I	statements, and to the best mation of which preparer	has any kr	rowledge lowledge.
Here	Signature of officer J Braun	Treasurer		Date		
	Type or print name and title.					
Paid Prepai	Preparer's signature	Date	Check if self- employed_I	Preparer's Identifying N	Number (See ii	nstructions)
Use O	I FIRM'S DAME FOR VOLIS N		•	Phone no. ► ()		
May t	he IRS discuss this return with the preparer show	n above? See instruction		TROTTO TIO, P	☐ Yes	☐ No
				Fo	rm 990-E	

ELK FALLS PROPERTY OWNERS ASSOCIATION EIN 84-6043554 2008 Form 990-EZ

Explanation of Line 20 Other Changes in Net Assets

The amount reported on line 20 represents an adjustment of 2007 reported activity. An error was discovered on the 2007 Form 990-EZ. Line 18 Excess for the Year was overstated by \$1,695.

This was comprised of the following amounts: Utility Expense (Line 14) was understated by \$694. Membership Dues & Assessments (Line 3) was overstated by \$1,001.