## **Short Form** 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. 1545-1150 2015

Department of the Treasury

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

Open to Public

inte	mal Reve	nue Service ► Information about Form 990-EZ and its instructions is	s at ww	w.irs.gov/fo	rm990.		
Α	For the	2015 calendar year, or tax year beginning ,	2015,	and ending			, 20
B Check if applicable: C Name of organization					D Emp	loyer ider	ntification number
	Address	s change Elk Falls Property Owners Association Inc					6043554
H	Name cha	thange Number and street (or P.O. box, if mail is not delivered to street address) Room/suite					nber
H	initial retu	11110 File Crook Dood				720	-480-9328
Ħ		eluni/terminated				up Exem	ption
	Application pending Pine, CO 80470				Nu	mber 🕨	
G.	Accoun	ting Method: ✓ Cash		Н	Check	▶ ✓ if t	the organization is not
	Nebsite						ch Schedule B
J ]	ax-exer	npt status (check only one) — ☐ 501(c)(3)	(a)(1) or	527	(Form 9	390, 990-	EZ, or 990-PF).
K	Form of	organization: Corporation Trust Association 7 o	ther I	Non-profit co	prporati	on .	
L/	Add line	s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,0	000 or m	nore, or if tota	ıl assets	-	
(Pa	rt II, col			,		<b>▶</b> \$	49,180
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Ba	alanc	es (see the	instru	ctions f	or Part I)
		Check if the organization used Schedule O to respond to any que	stion i	n this Part I			🗵
	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	49,030
	4	Investment income	٠			4	43
	5a	Gross amount from sale of assets other than inventory	5a			W 5000	· · · · · · · · · · · · · · · · · · ·
	d	Less: cost or other basis and sales expenses	5b			1999	
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b	from li	ne 5a)		5c	
	6	Gaming and fundraising events		,			
	a	Gross income from gaming (attach Schedule G if greater than					
üe	1	\$15,000)	6a		•		
Revenue	b	Gross income from fundraising events (not including \$		contribution	าร	1884	
ě		from fundraising events reported on line 1) (attach Schedule G if the				17 A 2	
_		sum of such gross income and contributions exceeds \$15,000)	6b			34	
	C	Less: direct expenses from gaming and fundraising events	6c			- 11000	
	d	Net income or (loss) from gaming and fundraising events (add lines (		6b and su	btract		
		line 6c)				6d	
	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 (Subtract line 7b from line 7b				7c	
	8	Other revenue (describe in Schedule O)			• •	8	107
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	•			9	49,180
	10	Grants and similar amounts paid (list in Schedule O)			·	10	40,100
	11	Benefits paid to or for members				11	
ų,	12	Salaries, other compensation, and employee benefits			• •	12	
JSe	13	Professional fees and other payments to independent contractors			• •	13	25,993
Expenses	14	Occupancy, rent, utilities, and maintenance			• •	14	20,993
М	15	Printing, publications, postage, and shipping	• •		• •	15	
	16	Other expenses (describe in Schedule O)	• •			16	458
	17	Total expenses. Add lines 10 through 16	• •			17	7,170
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	· · ·	· · · ·		18	34,438
ets	19	Net assets or fund balances at beginning of year (from line 27, columns).	nn (A)\	/must agree	e with	16	14,742
Net Assets		end-of-year figure reported on prior year's return)				19	***
	20	Other changes in net assets or fund balances (explain in Schedule O) .				20	55,046
ž	21	Net assets or fund balances at end of year. Combine lines 18 through 2				21	0
Eas		work Reduction Act Notice, see the congrete instructions			· ·	21	69,788

Form	OGO	C7	(20	151

Pa	rt II Balance Sheets (see the instructions					
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part II		🗆
				(A) Beginning of year	-	(B) End of year
22	Cash, savings, and investments		· · · · · · · ·	55,046	22	69,788
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets	· · · · · · ·	· · · · · ·	55,046		69,788
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column	n (B) must agree wit	h line 21)	55,046	27	69,788
Par	Statement of Program Service Accom					Cunanasa
10/ba	Check if the organization used Schedule	e O to respond to a	ny question in this	Part III	(Rec	Expenses quired for section
	t is the organization's primary exempt purpose?				501	c)(3) and 501(c)(4)
as n	cribe the organization's program service accompl neasured by expenses. In a clear and concise n ons benefited, and other relevant information for e	nanner, describe th	of its three largest per services provide	orogram services, d, the number of	orga othe	nizations; optional for rs.}
28	Maintain and improve subdivision roads					
	***************************************					
	(Grants \$ ) If this amount				28a	ı
29	Member communications and meetings					]
	P#98084					}
		~~~~~~~				ļ
	(Grants \$ ) If this amount	t includes foreign gra	ants, check here .	<u> ▶ □</u>	29a	
30	Cluster mailboxes				ĺ	
		<del></del>				
	/O				l	
24	(Grants \$ ) If this amount				30a	
31	Other program services (describe in Schedule O)				١	-
32	(Grants \$ ) If this amount Total program service expenses (add lines 28a	t includes foreign gra	ants, check here .	<u> </u>	31a	
Par	t IV List of Officers, Directors, Trustees, and Ke	unrough Stay			32	tions for Don NA
	Check if the organization used Schedule	ey Employees (list each	n one even it not con	ipensated—see the ii Dort IV	istruc	CONSIDIPARTIV)
	Oricon in the organization used contedute		(c) Reportable	(d) Health benefits.	<del>; ;</del>	· · · · L
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-	contributions to employ benefit plans, and	0	Estimated amount of ther compensation
Suza	nne Nelson	_				
Direc	tor	3		0	0	0
	hia Henshaw			•		
Direc	tor and Treasurer	3		0	0	0
	e Braun					•
	etary and Treasurer	3		0	0	0
	Vastola					
Presi		2		0	0	0
	rt Wallace					
	President	2		0	0	0
	hia Lantz etary	-		_ ا		_
	d Crespo	2		0	0	. 0
Presi		- 2			_	•
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		-1	1	1	1	

Part		in th	ne	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
00	Did the second street of the s	,	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	١.,		,
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		<b>√</b>
300	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
26	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	ļ	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	ر م بشر باده شد		
ь	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 outstanding at the end of the tax year covered by this return? .		an done	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	38a	108.6 K	
39	Section 501(c)(7) organizations. Enter:			i → suu f ing Tili may au fis
а	Initiation fees and capital contributions included on line 9	av avi c	4969 P.A	
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			140 to
,	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	704	1	6 6
Ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	الد بطويقه	ورسلينوها	يثره سنوره
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	405		
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b	Separation of	27.0
	on organization managers or disqualified persons during the year under sections 4912,	7.2	热的	, A. T.
	4955, and 4958	1000		200 A
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	energy energy		
_	40c reimbursed by the organization	1 2 0 d	rhile, de	
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		
41	List the states with which a copy of this return is filed ▶	406	<del></del>	
42a		720-48	0-932	8 .
	Located at ► 11881 Elk Creek Road Pine, CO ZIP + 4 ►		470	
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	a serie soo waxa	✓
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and		1000	
	Financial Accounts (FBAR).	2	16	4.
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	a de anterifeta	1
	If "Yes," enter the name of the foreign country: ►	720		. –
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		.	▶∐
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	12.76	1.63	110
	completed instead of Form 990-EZ	44a	- Anglitein	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	446	100	,
C	Did the organization receive any payments for indoor tanning services during the year?	44b 44c		<b>∀</b> ./
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	33	\$255 C	ly.
•	explanation in Schedule O	44d	م دُ دُهُمُ المُعَالِمُونِ وَ أَنْ	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		變形	
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	DOLLES MOLES	7

orm 9	90-EZ (2015)							age 4
46	Did the organization engage, directly or in to candidates for public office? If "Yes," of	ndirectly, in political o	ampaign activities on	behalf of or in	opposition	46	Yes	No
Part		s <b>only</b> is must answer que	stions 47–49b and	52, and com		1	or line	es
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par	activities or have a	•	n in effect dur	ring the tax	47	Yes	No
48	Is the organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," complete :	Schedule E .		48		
49a	Did the organization make any transfers t	o an exempt non-cha	ritable related organiz	ation?		49a		
b 50	If "Yes," was the related organization a se Complete this table for the organization's	ection 527 organization				49b		-1 1
30	employees) who each received more than	s live highest compen s \$100,000 of compen	sated employees (oth sation from the organ	er than officer nization, If ther	s, airectors, e is none. ei	truste nter "N	es an lone."	а кеу
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1899-MISC)	(d) Health ber contributions to a benefit plans, and compensat	nefits, employee (e) l deferred of	Estimate ther com	d amou	ınt of
				'			<b></b> .	
	-	·	1	<u> </u>				
f	Total number of other employees paid ov	er \$100,000	. •	<u> </u>				
51	Complete this table for the organization \$100,000 of compensation from the organization	s five highest compe mization. If there is no	ensated independent one, enter "None."	contractors w	ho each red	eived	more	thar
	(a) Name and business address of each independ	lent contractor	(b) Type of serv	ice	(c) Com	pensatio	n	
			*,					

	•			
52 Did	the organization complete Scheonpleted Schedule A	dule A? Note: All section	501(c)(3) organizations m	ust attach a ►□ Yes □ No
Under penalti	es of perjury, I declare that I have examined thi and complete. Declaration of preparer (other th	s return, including accompanying sch	edules and statements, and to the	best of my knowledge and belief, it is
Sign Here	Signature of officer  Renae J Braun, Treasurer  Type or print name and title		Date	5/15/16
Paid Prepare	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed
Use Onl	l .		Firm	's EiN ▶
	Firm's address ▶		Phor	ne no.
May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No				

Form **990-EZ** (2015)

d Total number of other independent contractors each receiving over \$100,000 . . . ▶

## 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.

OMB No. 1545-0047

Department of the Treasury internal Revenue Service Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ,
rmation about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs

Open to Public

Name of the organization	Employer identification number
Elk Falls Property Owners Association Inc	84-6043554
Part I Line 8	
Revenue from non-members \$50	
Fee for new mailbox lock and key \$57	
	**************************************
***************************************	
Part I Line 16	
Taki Gilo IV	
Insurance \$6,663	***************************************
P. ( ) . ( ) . ( )	
Registration Fees \$38	
Filing Fees \$44	
·	
Meeting Expenses \$395	
Bank Service Charge and Supplies \$30	
Daily Service Orlange and Supplies 440	
·····	
,	