# Form 990

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 2014

Open to Public

Department of the Treasury

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

inte	nai Revenu		information about Point 770 and its instructions is at www.irs.gov/i	Omisso.			inspection	
<u>A</u>	For the	2014 calen	dar year, or tax year beginning , 2014, and ending				,	
В	Check if a	pplicable:	C Name of organization Master Community Association, Inc		D Employ	er ident	tification number	
	Addr	ess change	Doing business as		48-	1256	200	
	Nam	e change	Number and street (or P.O. box if mail is not delivered to street address) Room/sul	ite	E Telepho			
	Initia	i return	2823 Roslyn Street		(30	3) 3	88-0724	
	Final r	return/terminated	City or town, state or province, country, and ZIP or foreign postal code		(50	<u> </u>	00 0724	
	Amer	nded return	Denver CO 80238		G Gross	neointe	\$5,047,413	
	$\vdash$	cation pending		l(a) is this a				
		cason penang					163	X No
1	Toy ov	ompt ctatus	Denise Gammon 2823 Rosalyn St Denver CO 80238   501(c)(3)   X 501(c) (4 )   ✓ (insert no.)   (4947(e)(1) or	l(b) Are all su if 'No,' at	ttach a list. (	see instr	uctions)	
-		empt status	1   100   (0)   12   00   (0)   4   7   (1/301110.7)   17/17(a)(1)   021					
J	Webs	,		(c) Group ex				
K		organization:	X Corporation Trust Association Other L. Year of formation:	2001	M s	itate of le	egal domicile: CO	
.00	irt l	Summar	У					
			e the organization's mission or most significant activities:					
9			ciation maintains common areas, greenbelts, rec		on			
뗥	<u> </u>	acılıtı	es, and provides street lights for public roads	·			<b></b>	
ē								
õ	2 C	heck this bo	if the organization discontinued its operations or disposed of more that	an 25% of	its net as			
∘ক	3 N	umber of ind	ing members of the governing body (Part VI, line 1a)			3		6
Activities & Governance	5 To	ofal number	ependent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2014 (Part V, line 2a)			4		6
	6 To	otal number	of volunteers (estimate if necessary)			5		
	7a To	otal unrelated	business revenue from Part VIII, column (C), line 12			7a		0
_	b N	et unrelated	business taxable income from Form 990-T, line 34			7b		0.
Revenue				·	ior Year	7.5	Current Ye	
	8 C	ontributions a	and grants (Part VIII, line 1h)	<u> </u>	783,2	22		
			ce revenue (Part VIII, line 2g)		661,5		3,294,	,899 <u>.</u> ,502.
ě	10 In	vestment inc	ome (Part VIII, column (A), lines 3, 4, and 7d)		22,7			, 302. , 871.
æ			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1	025,1		1,095,	
			<ul> <li>add lines 8 through 11 (must equal Part VIII, column (A), line 12)</li> </ul>		492,6		5,047,	
			nilar amounts paid (Part IX, column (A), lines 1-3)		15270		3,011,	440.
			o or for members (Part IX, column (A), line 4)					
			compensation, employee benefits (Part IX, column (A), lines 5-10)	1	072,2	<i>6</i> E	1 100	1 /\ 1
ses			indraising fees (Part IX, column (A), line 11e)	<u> </u>	012,2	00.	1,180,	101.
Expenses								
꿃			ng expenses (Part IX, column (D), line 25) ► 0.					
_			s (Part IX, column (A), lines 11a-11d, 11f-24e)	3,	354,1	20.	3,505,	554.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,	426,3	85.	4,685,	655.
	<b>19</b> Re	evenue less	expenses. Subtract line 18 from line 12		66,2			758.
Net Assets or Fund Balances				Beginning			End of Ye	
asete Hari	<b>20</b> To	otal assets (F	'art X, line 16)		458,9		2,824,	
A A	<b>21</b> To	otal liabilities	(Part X, line 26)		552,5			912.
흫	22 Ne	et assets or f	und balances. Subtract line 21 from line 20	1 .	906,3		2,407,	
		Signature			300,3	00.	2,107,	0.50.
	<del></del>			of my knowled	dae and heli	of it is tr	tio compat and	
comp	lete. Declar	ration of preparer	re that I have examined this return, including accompanying schedules and statements, and to the best of (other than officer) is based on all information of which preparer has any knowledge.	a triy anomic	age and ben	C1, 14 15 II	ue, correct, and	
		<b>L</b>						
Sig	n	Signature	of officer	Date	:			
He	re	Kevi	n Burnett					
			rint name and title.					
		Print/Type pre	parer's name Preparer's signature Date		Check	if	PTIN	
Pai	٦	James 1				J" [		
	o parer	Firm's name	James Moore & Associates, IC	2   s	elf-employe	. ا	P00614536	
	only				Samuel marks		4.50.00	
	- Omy	Firm's address			irm's EIN 🟲		-1450885	
A # :	the IDC	dlague - #F!	Aurora CO 80014		hone no.	(303		
way	ine IKS	aiscuss this	return with the preparer shown above? (see instructions)				. X Yes	No

Form	990 (2014) Master Community Association, Inc.	48-1256200	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	The Association maintains common areas, greenbelts, recreation		
	facilities, and provides street lights for public roads.		<b>-</b> -
	ractificies, and provides screet fights for public roads.	· <del></del>	
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	Form 990 or 990-EZ?		
	If 'Yes,' describe these new services on Schedule O.	Yes	X No
3		, <u> </u>	п
J	Did the organization cease conducting, or make significant changes in how it conducts, any program service	s? Yes	X No
4	If 'Yes,' describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to and revenue, if any, for each program service reported.	, as measured by expenses others, the total expenses,	<b>5.</b>
	/Code:		
4 a		Revenue \$ 5,047	<u>,413.</u> )
	The Association maintains common areas, greenbelts, recreation		<b>-</b> -
	facilities, and provides street lights for public roads.	·	
*			· <del></del> <del>-</del>
			- <del>-</del>
4 b	(Code:) (Expenses \$ including grants of \$) (	Revenue \$	)
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
		·	
		·	
			<b>-</b>
		~ <del></del>	
4 c	(Code:) (Expenses \$ including grants of \$) (	Revenue \$	)
	~ = = = = =		
	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4 e	Total program service expenses ► 4,685,655.		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
4	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ı	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	11 b		Х
(	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	11 c		Х
(	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
r	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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	1	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	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		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
	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		Х
	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

#### Part IV Checklist of Required Schedules (continued) Yes No 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 . . . . . . Χ 21 22 Χ 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 Χ 24a Χ 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any fax-exempt bonds? 24c 24d 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 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 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 Х 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 Χ 26 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 Χ 27 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): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . . . . . . . . . . . . . . . . Х 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete X 28b Χ 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M . . . . . . . . . . Χ 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I . . . . . . Χ 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 32 X Χ 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, Χ 34 35a Χ X 35b 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 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is 37 treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 Χ

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

# Form 990 (2014) Master Community Association, Inc. 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

	The second of th			
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2502255	Yes	No
•	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<ul> <li>NASSARISZO</li> </ul>		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	X	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a		21	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		1000000
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	A CASSESSIVA	X
	<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		<del>                                     </del>
4	a 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)?	4 a		Х
	b If 'Yes,' enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a 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?	7 a		X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		x
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
!	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			80.0
;	a Did the sponsoring organization make any taxable distributions under section 4966?	9a		)
١	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:		6.6	
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			100
	Section 501(c)(12) organizations. Enter:		67.43	66.8
	a Gross income from members or shareholders			
	o Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ł	of f 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	1211	194.194	
	Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?	13 a	a njaya	Asse
	Note. See the instructions for additional information the organization must report on Schedule O.	194	de deservice	edebel de
ŧ	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			
	a Did the organization receive any payments for indoor tanning services during the tax year?			
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 a		X
3AA		14 b	000 (	2044

Form 990 (2014) Master Community Association, Inc. 48-1256200 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year . . . . . 6 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 . . . . . 6 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision Χ 3 Did the organization make any significant changes to its governing documents 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . 5 Χ 6 Χ 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 h X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X X 8 h Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b Χ 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? . . . . . . . . 11 a X 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 . . . . . . . . . . 12 a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c Χ Χ 13 14 Χ Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 a Χ X 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . . . . . . 16a X b 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?..... 16 b 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. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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

Kevin Burnett

Denver

2823 Roslyn St

80238

48	3-1	2	5	62	0	0	

Form 990 (2014)

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

# Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

Check this box if neither the organization no	r any related organi	izatio	n cc			ted a	ny o	current officer, dire	ctor, or trustee.	
(A) Name and Title	(B) Average hours per	is both an officer a						(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	wieek (list any hours for related organiza- tions below dotted line)	or director	nstitutional trustee	Officer	(ey employee	Highest compensated employee	ormer	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Brian Fennelly President	1.00	Х		Х				0.	0.	0.
(2) George Pavlik Vice President		Х		Х				0.	0.	0.
(3) Lee Ferusson Treasurer		X		Х				0.	0.	0.
		X		Х				30.	0.	0.
(5) Tasha Jones Director		X						0.	0.	0.
(6) Kevin Burnett Executive Director		Х			Х			150,000.	0.	0.
_(7)										
(8)										
(9) (10)	-									
(11)										
(12)										·
(13)										
(14)										
ΒΔΔ	TEEAO	107 /	12/27/	11.4						Earm 000 (2014)

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Part VII Section A. Officers, Directors, I		Key	<u>En</u>			es,	an	d Highest Con	npensated Em	ployees (continued)
	(B)			•	C)					
(A)	Average hours			heck		re than one n is both an		(D)	(E)	(F)
Name and title	per week				directo	or/trust	ee)	Reportable compensation from	Reportable compensation from	Estimated amount of other
	(list any hours	or or	l Ing	Officer	Key	Highest compensated employee	랔	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
	for related	ndividual trustee or director	nstitutional trustee	Q	Key emplayee	lộc st	를			organization and related
	organiza - tions	₫ <u>≅</u>	<u> </u>		ologi	(a, 23				organizations
	below dotted	Liste	<u>E</u>		8	B				
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(21)										
(										
(22)		1					<u> </u>			
(23)	·									
<del></del>	1									
(24)										
(25)										
1 b Sub-total	,						>	150,030.	0.	0.
c Total from continuation sheets to Part VII, Sect	ion A 🕡					:	>			
d Total (add lines 1b and 1c)							▶	150,030.	0.	0.
2 Total number of individuals (including but not limited	ed to those	isted	abo	ve)	who	rece	ivec	d more than \$100,0	000 of reportable co	mpensation
from the organization   1										
										Yes No
3 Did the organization list any former officer, director	r, or trustee								ployee	
on line 1a? If 'Yes,' complete Schedule J for such i								· · · · · · · · · · ·		3 X
4 For any individual listed on line 1a, is the sum of retthe organization and related organizations greater	portable co	mpe	nsati	ion a	and o	other	cor	mpensation from		
such individual	man proug	0007	П 'Y	es c	comp	лете 	Scn	neaule J Tor		4 X
5 Did any person listed on line 1a receive or accrue	compensati	on fro	nm a	inv i	ınrei	lated	ora	anization or individ	luel	
for services rendered to the organization? If 'Yes,'	complete S	chedi	ule J	l for	suci	h per	son		· · · · · · · · · · ·	. <b>5</b> X
Section B. Independent Contractors										
1 Complete this table for your five highest compensation from the organization. Report compensation.	ited indeper ensation for	ndent the c	: con	itrac ndar	tors	that i	rece lina	eived more than \$1	00,000 of	oor
(A)			30.01		, , ,		11719	(B)		
Name and business add	ess							Description of		(C) Compensation
					<del></del>					
							$\dashv$			
							$\neg$			
										,
2 Total number of independent contractors (including	but not lim	ited t	o the	ose	liste	d abc	ove)	who received mor	e than	
\$100,000 of compensation from the organization	>								§ 5	

Part VIII	Statement of Revenue	
	Check if Schedule O contains:	response or no

10/26/60	acecenskii	Check if Schedule O contains a re	sponse or note to any l	ine 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
ts t	1:	a Federated campaigns	1 a				
in in		Membership dues	<b>1b</b> 3,294,899.				
9 5	1	Fundraising events	1c				
# #		d Related organizations	1 d				
9 2		Government grants (contributions)	1 e				
Ë ë						0.610 8 6 6 6 6	
E E	1	f All other contributions, gifts, grants, and similar amounts not included above.	1f				
₽ ₹	1.	Noncash contributions included in lines 1a-1	· ·	-			
Contributions, Gifts, Grants and Other Similar Amounts	}	Total. Add lines 1a-1f		-			
	├-'	Tiotal. Add tilles 1a-11	Business Code	3,294,899.			
묾	٦,		<u> </u>				
ě		Non-resident pool fee	713940	136,960.	136,960.	0.	0.
ă.		Resident_pool_fee		196,587.	196,587.	0.	0.
ž	(	Other pool income	713940	311,955.	311,955.	0.	0.
જૂ	١ '	] 					
듄	6						
Program Service Revenue	1	All other program service revenue	L				
Ω.		Total. Add lines 2a-2f		645,502.			
	3	Investment income (including dividen	ds, interest and				
		other similar amounts)		<u> </u>	11,871.	0.	0.
	4	Income from investment of tax-exem					
	5	Royalties					
		(i) Real	(ii) Personal				
		Gross rents		-			
	i	Less: rental expenses					
		Rental income or (loss)			10 - 20 - 10 - 10 10 10 10 10 10 10 10 10 10 10 10 10		
	6	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securitie	s (ii) Other				
		assets other than inventory			to come a come of the		
	b	Less: cost or other basis		100000000000000000000000000000000000000	000000000000000000000000000000000000000		
		and sales expenses					
		Gain or (loss)					
	d	Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·				
He	8 a	Gross income from fundraising event	s		0.00		
		(not including\$					
ě		of contributions reported on line 1c).	4				
7		See Part IV, line 18	•	3.35.00.00.00.00.00.00			
Other Rever		Less: direct expenses	·				
0	С	Net income or (loss) from fundraising	events		300000000000000000000000000000000000000		
	9 a	Gross income from gaming activities. See Part IV, line 19					
			i				
		Less: direct expenses					
i		Net income or (loss) from gaming act					
	10 a	Gross sales of inventory, less returns and allowances					
	<b>L</b>		_				
		Less: cost of goods sold	L	a an an a salas lanaka jilang			
	C	Net income or (loss) from sales of inv Miscellaneous Revenue	<del></del>		V		
ŀ	11 a		Business Code	ર જાતમાં મુક્કેટ હેમ્પ્રાન્ટ મહાનુકો			the shows a superior of the
ļ		THE TAY DESCRIPTION OF THE TRANSPORTED THE TRA		917,298.	917,298.	0.	0.
		Miscellaneous	900099	177,843.	177,843.	0.	0.
	G	All other revenue	_				
		All other revenue					30550000000000000000000000000000000000
				1,095,141.			
	12	Total revenue. See instructions	· · · · · · · · · · · · · · · · · · ·	5,047,413.	1,752,514.	0.	0.

### Part IX Statement of Functional Expenses

Do i	not include amounts reported on lines 7b, 8b, 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 and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	150,030.	0.	150,030.	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	130,030.	0.	100,030.	0.
7	Other salaries and wages	843,625.	465,979.	377,646.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,056.	0.	21 AEC	0
9	Other employee benefits	95,730.	0.	31,056. 95,730.	0.
10	Payroll taxes	59,660.	35,647.	24,013.	0.
11	Fees for services (non-employees):	92,000.	JJ, 047.	24,010.	V.
а	Management	166,675.	0.	166,675.	0.
b	Legal	8,821.	0.	8,821.	0.
c	Accounting	10,553.	0.	10,553.	0.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
-	Investment management fees Other. (If line 11g amt exceeds 10% of line 25, column				
10	(A) amount, list line 11g expenses on Schedule O) Advertising and promotion				
13	Office expenses	00 (7)	^	00 676	
14	Information technology	88,676.	0.	88,676.	0.
15	Royalties	W			
16	Occupancy	55,118.	55,118.	0.	0.
17	Travel	33/110.	33,110.	· ·	<u>V.</u>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	50,734.	50,734.	0.	0.
23 24	Other expenses. Itemize expenses not	162,379.	0.	162,379.	0.
2-4	covered 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.)				
	PC Metro District expenses	898,441.	898,441.	0.	0.
	Reserve expenses	167,540.	167,540.	0.	0.
С	Community room exp	55,178.	55,178.	0.	0.
	Community events	504,875.	504,875.	0.	0.
	All other expenses	1,336,564.	1,336,564.	0.	0.
	Total functional expenses. Add lines 1 through 24e	4,685,655.	3,570,076.	1,115,579.	0.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation.  Check here ► if following  SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing		1	
	2	Savings and temporary cash investments	1,353,680.	2	1,538,141.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	202,228.	4	246,340.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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	
इ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	18,230.	8	17,452.
۷ ا	9	Prepaid expenses and deferred charges	63,550.	9	40,169.
	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	130,809.	10 c	359,918.
	11	Investments publicly traded securities	690,409.	11	622,782.
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,458,906.	16	2,824,802.
	17	Accounts payable and accrued expenses	134,352.	17	217,296.
	18	Grants payable		18	
	19	Deferred revenue	169,305.	19	182,474.
	20	Tax-exempt bond liabilities		20	
ē	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
		Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	248,941.	25	17,142.
	26	Total liabilities. Add lines 17 through 25	552,598.	26	416,912.
Š		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
aŭ	27	Unrestricted net assets	701,350.	27	729,757.
ğ	28	Temporarily restricted net assets	1,204,958.	28	1,678,133.
0	29	Permanently restricted net assets		29	3.07.000
Net Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
ş	30	Capital stock or trust principal, or current funds		30	e me in a manifest entre e
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
ē	33	Total net assets or fund balances	1,906,308.	33	2,407,890.
	34	Total liabilities and net assets/fund balances	2,458,906.	34	2,824,802.
BAA	<b>A</b>				Form <b>990</b> (2014)

	10	1256	200		Pa	ge 12
Pa	5 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (					
	Check if Schedule O contains a response or note to any line in this Part XI					. X
1		1	<u></u>	.04	7,4	13.
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 68		
3	Check if Schedule O contains a response or note to any line in this Part XI.  Total revenue (must equal Part VIII, column (A), line 12)			1,7		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	, 90		
5	Net unrealized gains (losses) on investments	5			7,5	
6	Donated services and use of facilities	6			<u> </u>	<i></i> / •
7		7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		12	2,3	0.7
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		···	4 64	<u>, J</u>	07.
****		10	2	40	7,8	90.
Pai	rt XIII] Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. [
				١	/es	No
1	Accounting method used to prepare the Form 990; Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked 10th as I available					
	in Schedule O.				6.5	
<b>2</b> a	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a					
	separate basis, consolidated basis, or both:				1500	
	Separate basis Consolidated basis Both consolidated and separate basis		100	AMAZINES CONT	eraconaren en	PARTITION OF
t	were the organization's financial statements audited by an independent accountant?			2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate					
	basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
C	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi review, or compilation of its financial statements and selection of an independent accountant?	t, 		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single			26.25 SQ		10000000
	Audit Act and OMB Circular A-133?		· ·	3 a		X
b	f Yes, did the organization undergo the required audit or audits? If the organization did not undergo the required au					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 h	- 1	

Form 990 (2014)

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TEEA0112 05/28/14

#### SCHEDULE C (Form 990 or 990-EZ)

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and it instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Open to Public Inspection

<ul> <li>Section 501(c)(3) organizations</li> <li>Section 501(c) (other than sections</li> </ul>	s: Complete Parts I-A and B. Do not complete tion 501(c)(3)) organizations: Complete Parts	Part⊩C. I-A and C below Do r	ot complete Part I-R	
<ul> <li>Section 527 organizations: Cor</li> </ul>		Trans o bolow, bot	or complete Fair FB.	
	s,' to Form 990, Part IV, line 4, or Form 990	EZ. Part VI. line 47 (	Lobbying Activities), the	en
<ul> <li>Section 501(c)(3) organizations</li> </ul>	s that have filed Form 5768 (election under se	ction 501(h)): Comole	te Part II-A. Do not compi	lete Part II-B
<ul> <li>Section 501(c)(3) organizations Part II-A.</li> </ul>	s that have NOT filed Form 5768 (election und	ler section 501(h)): Co	omplete Part II-B. Do not	complete
If the organization answered 'Ye (Proxy Tax) (see instructions), the	s,' to Form 990, Part IV, line 5 (Proxy Tax) ( nen	see instructions) or	Form 990-EZ, Part V, lin	e 35c
<ul> <li>Section 501(c)(4), (5), or (6) or</li> </ul>	ganizations: Complete Part III.			
Name of organization			Employer identific	ation number
Master Community Asso	ociation, Inc.		48-125620	10
Part I-A Complete if the	organization is exempt under secti	on 501(c) or is a	section 527 organi	ization
	organization's direct and indirect political camp			
	· · · · · · · · · · · · · · · · · · ·			<b>,</b>
3 Volunteer hours	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	)
	organization is exempt under secti			
1 Enter the amount of any exci	se tax incurred by the organization under section	ion 4055		
2 Enter the amount of any exci	se tax incurred by the organization under sect	Mii 4955	· · · · · · · · · · · · · · · · · · ·	·
	se tax incurred by organization managers und			
	section 4955 tax, did it file Form 4720 for this			
4a Was a correction made?				Yes No
<b>b</b> If 'Yes,' describe in Part IV.				
Part I-C Complete if the c	organization is exempt under secti	on 501(c) , exce	pt section 501(c)(3)	•
1 Enter the amount directly exp	pended by the filing organization for section 52	7 exempt function ac	tivities ▶ \$	>
2 Enter the amount of the filing function activities	organization's funds contributed to other orga	nizations for section (	527 exempt	
3 Total exempt function expend	ditures. Add lines 1 and 2. Enter here and on F	Form 1120-POI		
			·	
	Form 1120-POL for this year?			L_1 ""       ""
organization made payments amount of political contribution	and employer identification number (EIN) of a . For each organization listed, enter the amouns received that were promptly and directly deaction committee (PAC). If additional space is	nt paid from the filing	organization's funds. Also	antor the
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)				
(2)				
(3)				
(4)			49.00	
(5)				
(6)				

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2	<sup>2014</sup> Master Comm	unity Associatio	on, Inc.	48-125	0200	age <b>2</b>	
Part II-A Complete it section 501	f the organizatio	n is exempt under se	ection 501(c)(3) and	filed Form 5768 (e	lection under		
A Check ► if the fill	ng organization belon	gs to an affiliated group (an	d list in Part IV each affili	ated group member's nar	ne.		
				area greap memparo man	,		
address, EIN, expenses, and share of excess lobbying expenditures).  B Check   if the filing organization checked box A and 'limited control' provisions apply.							
(The term		ng Expenditures ns amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals		
1 a Total lobbying expendite	ures to influence publi	c opinion (grass roots lobby	/ing)				
		islative body (direct lobbyin					
		1b)					
	•	: 1c and 1d)				, <del></del>	
f Lobbying nontaxable an	nount. Enter the amou	int from the following table i	in		<u>.</u>		
If the amount on line 1e, co	Т.	The lobbying nontaxable					
Not over \$500,000	() - () ()	20% of the amount on line 1e.					
Over \$500,000 but not over \$	1.000.000	\$100,000 plus 15% of the exces	s over \$500,000.			190	
Over \$1,000,000 but not over	·***	\$175,000 plus 10% of the exces					
Over \$1,500,000 but not over		\$225,000 plus 5% of the excess	······································				
Over \$17,000,000		\$1,000,000.	σναι ψησοσίσσος.				
	amount (enter 25% of	line 1f)				<u> </u>	
	•	nter -0					
		ster -0					
j If there is an amount oth section 4911 tax for this	ner than zero on eithei year?	line 1h or line 1i, did the o	rganization file Form 4720	reporting	· · · Yes	No	
(Son	ne organizations tha	l-Year Averaging Period t t made a section 501(h) e s below. See the instruct	lection do not have to c	omplete all of the five h 2f.)			
	Lobb	ying Expenditures During	4-Year Averaging Peri	od			
Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) Total		
2 a Lobbying non-taxable amount							
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))							
c Total lobbying expenditures							

BAA

d Grassroots nontaxable amount

e Grassroots ceiling amount (150% of line 2d, column (e)) . . .

f Grassroots lobbying expenditures . . . .

Schedule **C** (Form 990 or 990-EZ) 2014

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Toronolo Wasi reasonate lines de thursels di belevi e di la	(a	1)		(b)	
or each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	An	nount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a Volunteers?	E Averagement Resident	**************************************			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?			esta escoca terraleste estado estado estado	en de senation de la	state of the sec
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					-
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i · · · · · · · · · · · · · · · · · ·					
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		7-26-14-56-5			
b If 'Yes,' enter the amount of any tax incurred under section 4912					SENTERFARE
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	41.95e1.150				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	c)(5)	Or.			
section 501(c)(6).	<b>U</b> ,(U)	,			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				Х	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				Х	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		Х
Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	c)(5) Part l	, or s II-A,	section 5 line 3, is	i01(c)	)
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2 a			
b Carryover from last year		2 b	~~~~		
c Total		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
					-
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			

Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## Supplemental Financial Statements

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

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

OMB No. 1545-0047

2014

Open to Public Inspection

Master Community Association, Inc. 48-1256200 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' to 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) . . . Aggregate value of grants from (during year) . . . . . Aggregate value at end of year . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2 b c Number of conservation easements on a certified historic structure included in (a) . . . . . . . . 2 ¢ d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic 2 d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 

▶\$

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		,	The state of the state of the state of	
b Buildings		,		
c Leasehold improvements	124,373.		1,036.	123,337.
d Equipment	342,658.		106,077.	236,581.
e Other				
otal. Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part X, colur	nn (B), line 10c.)		359,918.

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Schedule D (Form 990) 2014

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		( ) and a substitution of the substitution of
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
( <u>E)</u>		
(F)		
(G)		
(H)		
(1)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		
Part VIII Investments — Program Related.  Complete if the organization answered ')	es' to Form 990 I	Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		(1) mented of valuesion, educit of one of your market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(0)	1111	
(9)		
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.		
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►  Part IX Other Assets.  Complete if the organization answered 'Y  (a) Des	es' to Form 990, F	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►  Part IX Other Assets.  Complete if the organization answered 'Y	'es' to Form 990, F	
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)   Part IX Other Assets. Complete if the organization answered "Y  (a) Des	es' to Form 990, F	
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►  Part IX Other Assets.  Complete if the organization answered 'Y  (a) Des  (1) (2) (3) (4)	es' to Form 990, F	
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►  Part IX Other Assets.  Complete if the organization answered "Y  (a) Des  (1)  (2)  (3)  (4)  (5)	es' to Form 990, F	
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►  Part IX Other Assets. Complete if the organization answered "Y  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)	es' to Form 990, F	
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►  Part IX Other Assets.  Complete if the organization answered "Y  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)	es' to Form 990, F	
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►  Part IX Other Assets. Complete if the organization answered "Y  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)	es' to Form 990, F	
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►  Part IX Other Assets. Complete if the organization answered "Y (a) Des  (1) (2) (3) (4) (5) (6) (7) (8) (9)	es' to Form 990, F	
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Y  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)	cription	(b) Book value
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answered 'Y  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 13.)  Part X Other Liabilities.  Complete if the organization answered 'Yes' to Form 1990, Part X, column (B), line 13.)  Complete if the organization answered 'Yes' to Form 1990, Part X	ne 15.)	(b) Book value
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answered 'Y  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 13.)  Part X Other Liabilities.  Complete if the organization answered 'Yes' to Form 990, Part X (a) Description of liability	ne 15.)	(b) Book value
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answered 'Y  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 13.)  Part X Other Liabilities.  Complete if the organization answered 'Yes' to Form 10 (a) Description of liability  (1) Federal income taxes	ne 15.)	(b) Book value
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Y  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 13.)  Part X Other Liabilities.  Complete if the organization answered "Yes" to Foliable (a) Description of liability  (1) Federal income taxes  (2) Credit card	rm 990, Part IV, line 1' (b) Book value	(b) Book value
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Y  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line  Part X Other Liabilities.  Complete if the organization answered "Yes" to Form (a) Description of liability  (1) Federal income taxes  (2) Credit card  (3) Employee benefits payable	rm 990, Part IV, line 1 (b) Book value	(b) Book value  (b) Book value
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered "Y  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line  Part X  Other Liabilities.  Complete if the organization answered "Yes" to Form  (a) Description of liability  (1) Federal income taxes  (2) Credit card  (3) Employee benefits payable  (4) Swim team fund	rm 990, Part IV, line 17 (b) Book value 54 1, 45 3, 40	(b) Book value  (b) Book value  1
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered "Y  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line  Part X  Other Liabilities.  Complete if the organization answered "Yes" to Form  (a) Description of liability  (1) Federal income taxes  (2) Credit card  (3) Employee benefits payable  (4) Swim team fund  (5) Other	rm 990, Part IV, line 1' (b) Book value  54 1,45 3,46 -26	(b) Book value  (b) Book value  (c) Book value
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered "Y  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line  Part X  Other Liabilities.  Complete if the organization answered "Yes" to Form  (a) Description of liability  (1) Federal income taxes  (2) Credit card  (3) Employee benefits payable  (4) Swim team fund	rm 990, Part IV, line 17 (b) Book value 54 1, 45 3, 40	(b) Book value  (b) Book value  (c) Book value
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered 'Y  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line  Part X  Other Liabilities.  Complete if the organization answered 'Yes' to Form (a) Description of liability  (1) Federal income taxes  (2) Credit card  (3) Employee benefits payable  (4) Swim team fund  (5) Other  (6) Storm Sewer reserve fund  (7) Future improvement fund  (8)	rm 990, Part IV, line 1' (b) Book value  54 1,45 3,46 -26	(b) Book value  (b) Book value  (c) Book value
Ital. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets. Complete if the organization answered 'Y  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Iotal. (Column (b) must equal Form 990, Part X, column (B), line  Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability  (1) Federal income taxes  (2) Credit card  (3) Employee benefits payable  (4) Swim team fund  (5) Other  (6) Storm Sewer reserve fund  (7) Future improvement fund  (8)  (9)	rm 990, Part IV, line 1' (b) Book value  54 1,45 3,46 -26	(b) Book value  (b) Book value  (c) Book value
Ital. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered 'Y (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Ital. (Column (b) must equal Form 990, Part X, column (B), line (B)	rm 990, Part IV, line 1' (b) Book value  54 1,45 3,46 -26	(b) Book value  (b) Book value  (c) Book value
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX  Other Assets.  Complete if the organization answered 'Y  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line  Part X  Other Liabilities.  Complete if the organization answered 'Yes' to Form (a) Description of liability  (1) Federal income taxes  (2) Credit card  (3) Employee benefits payable  (4) Swim team fund  (5) Other  (6) Storm Sewer reserve fund  (7) Future improvement fund  (8)	rm 990, Part IV, line 17 (b) Book value 54 1, 45 3, 40 -26 12, 00	(b) Book value  (b) Book value  (c) Book value

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	5,047,413.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		3,047,413.
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		
3 Subtract line 2e from line 1	2 e	F A
4	3	5,047,413.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	-	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,047,413.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	n.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	Retur	n.
	Retur	<b>n</b> . 4,685,655.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	· · · · · · · · · · · · · · · · · · ·	n.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	· · · · · · · · · · · · · · · · · · ·	n.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	· · · · · · · · · · · · · · · · · · ·	n.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	· · · · · · · · · · · · · · · · · · ·	n.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	· · · · · · · · · · · · · · · · · · ·	n.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	1	n.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.	1 2e	<b>n.</b> 4,685,655.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII.)  e Add lines 2a through 2d  Subtract line 2e from line 1.	1 2e	n.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII.)  e Add lines 2a through 2d  3 Subtract line 2e from line 1	1 2e	<b>n.</b> 4,685,655.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d  Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e	<b>n.</b> 4,685,655.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII.)  e Add lines 2a through 2d  Subtract line 2e from line 1  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  4 a	2 e 3	<b>n.</b> 4,685,655.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII.)  e Add lines 2a through 2d  3 Subtract line 2e from line 1  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  4 Ab  b Other (Describe in Part XIII.)  4 Ab	2 e 3	<b>n.</b> 4,685,655.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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Schedule **D** (Form 990) 2014

#### **SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the or	ganization		Employer identification number
Master	Community .	Association, Inc.	48-1256200
Pt VI,	Line 6	All property owners within the Association are m	nembers.
Pt VI,	Line 7a	Members may be elected to the board of directors	in annual elections.
Pt VI,	Line 11b	Reviewed annually by the Association's board of	directors.
		Any potential conficts of interest and reviewed,	discussed, and
Pt VI,	Line 12c	documented in board meeting minutes.	
Pt VI,	Line 15b	Reviewed annually by the Association's board of	directors.
Pt XI		Line 5 - Working capital received from new home	sales
Pt VI,	Line 15a	Reviewed annually by the Association's board of	directors.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Grounds maintenance	395,517.	395,517.	0.	0.
Snow removal	39,721.	39,721.	0.	0.
Misc	27,945.	27,945.	0.	0.
Building repairs and maintenance	51,650.	51,650.	0.	0.
Utilities	200,735.	200,735.	0.	0.
Reserve study	40,904.	40,904.	0.	0.
Bad debt expense	7,953.	7,953.	0.	0.
Pool expenses	472,334.	472,334.	0.	0.
Community fund expenses	23,019.	23,019.	0.	0.
Improvement projects	28,163.	28,163.	0.	0.
Loss on abandonment of leasehold improvements	48,623.	48,623.	0.	0.