Return of Organization Exempt From Income 2012

Compared to the Internal Revenue Code Section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code Section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code Section Section

Department of the Treasury Internal Revenue Service

Α	For th	ne 2012 calend	dar year, or tax year begin	ning	, 2012, and	ending			,	-
В	Check i	if applicable:	C Name of organization Mas	ster Community	Association	i, Inc	z. [	) Employ	er Identif	ication Number
	∏Ad	ldress change	Doing Business As	-				48-	12562	200
	H <sub>Na</sub>	arne change		ox if mail is not delivered to stre	et addr)	Room/su	ite E	Telepho		
	$\vdash$	itial return	2022 Dooley Chua					(20)	21 20	00 0704
	-		2823 Roslyn Stre	зес	State ZIP	code + 4		(30.	3) 30	38-0724
	$\vdash$	erminated	City, town or country							
	∐An	mended return	Denver		CO 80					3,987,626.
	Ap	oplication pending	F Name and address of principa	al officer:		I .	(a) Is this a			
			Denise Gammon 2823 F	Rosalyn St Denver	c CO 80	)238   <sup>H</sup>	l(b) Are all af If 'No,' at	filiates incl	luded?	ructions\
ī	Tax-	exempt status	501(c)(3) X 501(c) (	4 ) ◀ (insert no.)	4947(а)(1) ог	527	11 110, 21		(see mst	idelionay
J	Wel	bsite: ► N/					(c) Group ex	emotion nu	ımber 🟲	
ĸ		of organization:	X Corporation Trust	Association Other ►	L Year o		n: 2001			gal domicile: CO
_	art I	Summar		7.5500.00.011	= 1507	or r ormatio	<u>2001</u>	1 0	riate et te	gar definitioner. CO
21%C			<b>y</b> be the organization's missi	on or most significant ag	rtivities:					
			ciation maintain							
9		fooiliti	es, and provides	is Common areas	' dreempero	ライマ	.a			
귤		Tac-7-	es, and brovides	- street Trancs	TOT PUDITIO	-roac	72			
/eĽ	2	Check this bo	if the organizatio	n discontinued its opera	tions or disposed	of more	than 25%	of its p	ot acco	<b> </b>
Governance	3	Number of vo	ting members of the gover	ning body (Part VI. line	lions or disposed	or more	U1011 2370	01 113 11	3	_
∘ಶ			dependent voting members						4	6
es			of individuals employed in						5	0
Activities &	6	Total number	of volunteers (estimate if	necessary)					6	0
Ş			ed business revenue from F						7a	0.
_			business taxable income t						7b	
				·				or Year		Current Year
	8	Contributions	and grants (Part VIII, line	1h)			2,	293,5	10.	2,457,179.
Revenue			ice revenue (Part VIII, line					422,9		527,318.
Ş.	10	Investment in	come (Part VIII, column (A	A), lines 3, 4, and 7d)				23,0		30,213.
굢	11	Other revenue	e (Part VIII, column (A), Iir	nes 5, 6d, 8c, 9c, 10c, ar	nd 11e)			824,9		972,916.
			- add lines 8 through 11					564,4		3,987,626.
			milar amounts paid (Part I				<u> </u>			
	4		to or for members (Part IX							
	1		er compensation, employee					968,6	63	1,000,927.
Expenses	162		fundraising fees (Part IX, o					200,0	,03.	1,000,327.
ens	10 a		-				100000000000000000000000000000000000000			
쏬	b		sing expenses (Part IX, col				10000000000			
List	17		es (Part IX, column (A), lir	-				505,7		2,774,439.
	18	Total expense	es. Add lines 13-17 (must e	equal Part IX, column (A	), line 25)		3,	474,3	367.	<u>3,775,366.</u>
		Revenue less	expenses. Subtract line 13	8 from line 12				90,0	75.	212,260.
000							Beginning	of Curren	t Year	End of Year
325	20		(Part X, line 16)					809,0		2,085,587.
Not Assets Fund Balanc	21	Total liabilitie	s (Part X, line 26)					335,9	48.	315,657.
Žζ	22	Net assets or	fund balances. Subtract lin	ne 21 from line 20			1.	473,0	70.	1,769,930.
Pa	irt II	Signatur	e Block							
			ectare that I have examined this ret arer (other than officer) is based on	turn, including accompanying so	hedules and statement	s, and to the	he best of my	knowledge	and beli	ef, it is true, correct, and
com	plete. De	eclaration of prepa	erer (other than officer) is based on	all information of which prepare	er has any knowledge.	•	-			
		<b>&gt;</b>								
Sig	n	Signatu	re of officer				Date	:		
He	re	<b>&gt;</b>								
		Type or	print name and title.							
		Print/Type p	reparer's name	Preparer's Signature	Da	te	10	Check	if	PTIN
Рa	id	James	Moore	1000	) In-	7/24/	1	elf-employ		P00614536
	epare			& Associates, I	PC I	. , , .	==		· ,	
	e On			<del></del>	<del>'')</del>		——  <sub>F</sub>	Firm's EIN	► Q1_	-1450885
		i iinis adun		AEG VAC #TT2	00 00014					
Mar	u tho !!	DS discuss 14	Aurora	shown shows? (see :	CO 80014			Phone no.	(303	· · · · · · · · · · · · · · · · · · ·
ivia	y u e li	ro discuss th	is return with the preparer	SHOWER above? (see Inst	ructions)		*			. X Yes No

Form	990 (2012) Master Community Association, Inc.	48-1256200	Page 2
Part			
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
	The Association maintains common areas, greenbelts, recreation		<del></del>
	facilities, and provides street lights for public roads.		
			_ <del></del>
2	Did the organization undertake any significant program services during the year which were not listed on	the prior	
	Form 990 or 990-EZ?	Yes	X No
	If 'Yes,' describe these new services on Schedule O.		_
	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	rices? Yes	X No
	If 'Yes,' describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for each of its three largest program servic Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the am others, the total expenses, and revenue, if any, for each program service reported.	es, as measured by e ount of grants and all	xpenses. ocations to
4 a	(Code: ) (Expenses \$ 3,775,366. including grants of \$ 0.) (F	Revenue \$ 3,9	87,626.)
	The Association maintains common areas, greenbelts, recreation		
	facilities, and provides street lights for public roads.		
4 b	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$	)
			<del></del>
			<b></b>
			<del></del>
			- <b></b>
4 c	(Code:) (Expenses \$ including grants of \$ ) (F	Revenue \$	)
		·	
		. – – – – – – – –	<b>-</b>
4 d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$		)
	Total program service expenses ► 3,775,366.		<u> </u>

			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		х
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		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or 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, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	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	11b		Х
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	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	11 e	Х	
	f 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
12	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	
	b 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	12 b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b 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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? 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 assistance to individuals located outside the United States? 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
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2012) Master Community Association, Inc.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		x
Ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) 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		Х
ŀ	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
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
	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 current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
¢	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ł	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2012) BAA

# Form 990 (2012) Master Community Association, Inc. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V ......

			Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	- 30000000		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
	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		2.2	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2 b		
3 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b		
	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)?	4a		х
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	-		
	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		Х
	•	36		
ba	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
ŀ	o 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).			
ě	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
	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
•	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?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
ç	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ł	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		5
9	Sponsoring organizations maintaining donor advised funds.			
á	a Did the organization make any taxable distributions under section 4966?	9a		3.64.4
ł	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations, Enter:			
ā	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders	_		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	of 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	_		100
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ā	a Is the organization licensed to issue qualified health plans in more than one state?	13a	23.00 April 21	20,000
	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	1000	625,500	
	a Did the organization receive any payments for indoor tanning services during the tax year?			X
t	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	<u> </u>	1

Form 990 (2012) Master Community Association, Inc. 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. Check if Schedule O contains a response to any question in this Part VI..... 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 ...... 1 a 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? ...... 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? ..... X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Х 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a X members of the governing body? ..... b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... Х 8Ь Х b Each committee with authority to act on behalf of the governing body? ..... Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O ...... 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10 a 10a Did the organization have local chapters, branches, or affiliates? ..... Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b Х Х 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 ..... b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b Х to conflicts? . . . c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c X Schedule O how this is done ...... Х 13 Did the organization have a written whistleblower policy? ...... 13 14 X 14 Did the organization have a written document retention and destruction policy? . . . 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? a The organization's CEO, Executive Director, or top management official ...... 15a Х b Other officers of key employees of the organization ..... Х If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a 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 taken steps to safeguard the organization's exempt status with respect to such arrangements?..... 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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Other (explain in Schedule O) Another's website Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

2823 Roslyn St

CO 80238 (303) 388-0724

Form <b>990</b> (2012)	Master Community Association,	Inc.	48-1256200	Page <b>7</b>
Part VII Cor	npensation of Officers, Directors, Trustee ependent Contractors	s, Key Employees, Highest	Compensated Employe	es, and
Chec	ck if Schedule O contains a response to any question	in this Part VII		🔲
Section A. O	fficers, Directors, Trustees, Key Employe	es, and Highest Compensa	ted Employees	
1 a Complete this organization's tax	table for all persons required to be listed. Report corx year.	npensation for the calendar year e	nding with or within the	
<ul> <li>List all of the compensation.</li> </ul>	ne organization's <mark>current</mark> officers, directors, trustees nter -0- in columns (D), (E), and (F) if no compensat	(whether individuals or organization ion was paid.	ns), regardless of amount of	
<ul> <li>List all of the</li> </ul>	he organization's current key employees, if any. See	instructions for definition of 'key er	nployee.'	
who received rep	panization's five current highest compensated employ ortable compensation (Box 5 of Form W-2 and/or Box any related organizations.	ees (other than an officer, director, x 7 of Form 1099-MISC) of more th	, trustee, or key employee) an \$100,000 from the	
■ List all of H	na organization's former officers, key employees, and	I highest compansated ampleueses	who received more than \$100 (	000

List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000
of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (A) Name and Title (B) (D) (E) **(F)** Reportable compensation from the organization (W-2/1099-MISC) Reportable compensation from related organizations (W-2/1099-MISC) Estimated amount of other compensation Average hours per week (list any hours for related Former Officer Individual trustee Key employee employee from the organization and related organizations Highest compensated nstitutional organiza-tions below dotted line) il trustee (1) Heidi Majerik \_ 1.00 President Х X 0. 0. 0. (2) Michael Kearns 1.00 Vice President 0. Х Х 0 0. (3) Brian Fennelly 1.00 Treasurer Х Х 0. 0. 0. (4) Lee Ferusson 1.00 Secretary Х Х 0 0. 0. (5) Gregg Looker 1.00 Director Х 0. 0. 0. (6) Kevin Burnett 40.00 Executive Director X X 0. 136,950. 0. <u>(7)</u> (8) (9) (10) (11)(12)(13)(14)

Page 8

Part VII Section A. Officers, Directors, Tru		Key	Em			es, a	anc	l Highest Com	pensated Empl	oyees (cont)
	(B)			(( Boo	•					
(A) Name and title	Average hours	l box.	unle	ss pe	rson	than o	an	(D) Reportable compensation from	(E)  Reportable compensation from	(F) Estimated
	per week (list any hours for	or director	_			or/trus Highes		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related
	related organiza • tions	oual tru	nstitutional trustee	Officer	mploye	st comp yee	약			organizations
	below dotted line)	stee	ustee		G	Highest compensated employee				
<u>(15)</u>									**************************************	
(16)										
<u>(17)</u>										
(18)										
(19)					-					
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total							<b>-</b>	136,950.	0.	0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							<b>►</b>	126 050	0.	
Total number of individuals (including but not limit from the organization       1							rece	136,950. eived more than \$		0 . le compensation
1										Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such										3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	r than \$15	50,00	0? /	f 'Ye	es c	ompl	lete	Schedule J for	om	4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,	compens	satio	n fro	m a	ny ι	ınrela	ated	l organization or i		
Section B. Independent Contractors										
<ol> <li>Complete this table for your five highest compens compensation from the organization. Report comp</li> </ol>	ated inde pensation	pend for t	ent he c	cont aler	tract idar	ors tl year	hat end	received more tha ding with or withir	n \$100,000 of the organization's	tax year.
(A) Name and business add	ress							(B Description		(C) Compensation
2 Total number of independent contractors (including	na but not	limit	ed t	o th	nse	lister	1 21	hove) who receive	d more than	
\$100,000 in compensation from the organization	-									
BAA		TEEA	0108	01/2	24/13					Form 990 (2012)

### Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII ...... (A) (D) Total revenue Related or Unrelated Revenue exempt business excluded from tax function under sections 512, 513, or 514 revenue revenue CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS 1 a Federated campaigns ....... **b** Membership dues ..... 1 b 2,457,179 c Fundraising events ..... 1 c d Related organizations ...... 1 d e Government grants (contributions) .... f All other contributions, gifts, grants, and similar amounts not included above ... g Noncash contributions included in Ins 1a-1f: h Total. Add lines 1a-1f ..... 2,457,179 PROGRAM SERVICE REVENUE **Business Code** <sup>2a</sup> Non-resident pool fee \_ 713940 148,593 148,593 0 0. b Resident pool fee 713940 132,413 132,413 0. 0. c Other pool income 713940 246,312 246,312 0. f All other program service revenue .... g Total. Add lines 2a-2f ..... 527,318 Investment income (including dividends, interest and other similar amounts) ...... 30,213. 30,213 Income from investment of tax-exempt bond proceeds . .. 6a Gross rents ...... b Less: rental expenses c Rental income or (loss) ... d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of assets other than inventory. b Less: cost or other basis and sales expenses ..... c Gain or (loss) ...... d Net gain or (loss) ..... 8a Gross income from fundraising events **DTHER REVENUE** (not including . \$ of contributions reported on line 1c). See Part IV, line 18 ..... a b Less: direct expenses ..... b c Net income or (loss) from fundraising events ........ 9a Gross income from gaming activities. See Part IV, line 19 ..... a b Less: direct expenses ..... b 10 a Gross sales of inventory, less returns and allowances ..... b Less: cost of goods sold ..... b c Net income or (loss) from sales of inventory ....... Miscellaneous Revenue Business Code 11a Metro District expense reimbursements 900099 818,711 818,711 b Miscellaneous 900099 154,205 154,205. 0. d All other revenue ...... e Total, Add lines 11a-11d ..... 972,916. Total revenue. See instructions ..... 3,987,626. 1,530,447 0 0.

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

	Crieck if Schedule O contains a r	esponse to any question			
Do 1 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22			engilik derika berasilan kelangan Relapsik salaman penggalama	
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	:			
5	Compensation of current officers, directors, trustees, and key employees	136,950.	0.	136,950.	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)				
7	Other salaries and wages	695,413.	423,489.	271,924.	0.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	25,275.	0.	25,275.	0.
9	Other employee benefits		0.	83,629.	0.
10	Payroll taxes		32,397.	27,263.	0.
	Fees for services (non-employees):	33,000.	32,337.	21,203.	<u> </u>
	Management	153,397.	0.	153,397.	^
	Legal		0.	13,706.	0.
	: Accounting		0.	8,356.	0.
	Lobbying	,	0,	0,350.	<u> </u>
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amt exceeds 10% of line 25, col- umn (A) amt, list line 11g expenses on Sch O)				
	Advertising and promotion				
13	Office expenses		0.	58,876.	0.
14 15	Royalties				
16	Occupancy		40 710		
17	Travel	48,712.	48,712.	0.	0.
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization $\dots$	28,936.	28,936.	0.	0.
23	Insurance	79,894.	0.	79,894.	0.
24	Other expenses. Itemize expenses not 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.)				
а	PC Metro District expenses	796,232.	796,232.	0.	0.
	Reserve expenses	209,116.	209,116.	0.	0.
	Community room exp	48,290.	48,290.	0.	0.
	Community events	325,453.	325,453.	0.	0.
е	All other expenses	1,003,471.	1,003,471.	0.	0.
	Total functional expenses. Add lines 1 through 24e	3,775,366.	2,916,096.	859,270.	0.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► if following  SOP 98-2 (ASC 958-720)				
					<u> </u>

Part X Balance Sheet (A) (B) Beginning of year End of year 1 Cash — non-interest-bearing ..... 2 Savings and temporary cash investments ..... 2 745,995 1,087,542. 3 Pledges and grants receivable, net ...... 3 Accounts receivable, net ..... 4 4 167,123 175,517. 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . . 6 Notes and loans receivable, net ..... 7 Inventories for sale or use ..... 16,053 8 16,706. q Prepaid expenses and deferred charges ..... 9 20,883 38,961 10 a b Less: accumulated depreciation ..... 10b 108.067. 10 c 160,227 141,297. Investments – publicly traded securities ..... 11 698,737 11 625,564. 12 Investments — other securities. See Part IV, line 11 ...... 12 13 Investments - program-related. See Part IV, line 11 ...... 13 14 14 Other assets. See Part IV, line 11 ...... 15 15 16 1,809,018 16 2,085,587. Accounts payable and accrued expenses ..... 17 202,738 17 134,044 Grants payable ..... 18 18 19 Deferred revenue ...... 124,155 19 162,501 Tax-exempt bond liabilities ..... 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D ...... 21 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 22 Secured mortgages and notes payable to unrelated third parties ..... 23 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 . . 25 25 19,112. 9,055 26 Total liabilities. Add lines 17 through 25 ..... 26 <u>335,948</u> 315,657 Organizations that follow SFAS 117 (ASC 958), check here ► k and complete P lines 27 through 29, and lines 33 and 34. ASSETS 27 Unrestricted net assets ..... 27 390,105 475,725. 28 Temporarily restricted net assets ...... 28 1,082,965 1,294,205 Permanently restricted net assets ..... 29 29 R Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds ..... 30 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds ...... 33 Total net assets or fund balances ...... 33 1,473,070 <u>1,769,930.</u>

BAA

34

34

1,809,018

Total liabilities and net assets/fund balances ......

	<u> </u>	.256200		Pag	je 12
Pai	tXIII Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,98		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3 <b>,</b> 77		
3	Revenue less expenses. Subtract line 2 from line 1	3		2,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,47		
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	8	4,6	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
SAL South	column (B))	10	1,76	9,9	<u>30.</u>
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			····	
	<u> </u>			Yes	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 'Other,' explain in Schedule O.		30.5		
2 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 of separate basis, consolidated basis, or both:	on a			
	Separate basis Consolidated basis Both consolidated and separate basis		201020000000000000000000000000000000000		
Ł	Were the organization's financial statements audited by an independent accountant?		2b	x	
	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:				
	Separate basis				
C	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	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 Sir Audit Act and OMB Circular A-133?	ngle	3 a		Х
t	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ed audit	3 b		
BAA			Form	990 (	2012)

TEEA0112 08/09/11

### 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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

		ganizations: Complete Part III.			
Name	of organization			Employer identifica	tion number
Mas	ster Community Asso	ciation, Inc. rganization is exempt under section		48-125620	0
Par		<u> </u>			zation.
1	,	rganization's direct and indirect political ca			
2	•			•	
Par	t I-B  Complete if the o	rganization is exempt under section	on 501(c)(3).		1
1	Enter the amount of any exci	se tax incurred by the organization under se	ection 4955	▶\$	
2		se tax incurred by organization managers $\mathfrak v$			
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for t	his year?		····· Yes No
4 a	Was a correction made?				Yes No
	If 'Yes,' describe in Part IV.				
		rganization is exempt under section			
1	Enter the amount directly exp	ended by the filing organization for section	527 exempt function a	activities ►\$	
2		organization's funds contributed to other o			
3	Total exempt function expendine 17b	litures. Add lines 1 and 2. Enter here and o	n Form 1120-POL,	<b>≻</b> \$	
4	Did the filing organization file	Form 1120-POL for this year?			Yes No
5	Enter the names, addresses organization made payments amount of political contribution segregated fund or a political	and employer identification number (EIN) o . For each organization listed, enter the am ons received that were promptly and directly action committee (PAC). If additional space	f all section 527 politic rount paid from the filir or delivered to a separa e is needed, provide ir	cal organizations to whing organization's funds, the political organization of ormation in Part IV.	ch the filing . Also enter the n, such as a separate
	(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)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2012

9					
Schedule C (Form 990 or 990-EZ) 201  Part II-A Complete if section 501	the organization	unity Association is exempt under se	on, Inc. ection 501(c)(3) and	48-125 I filed Form 5768 (6	6200 Page 2 election under
-	· · · · · · · · · · · · · · · · · · ·	gs to an affiliated group (	and list in Doct IV each	affiliated areas manufact	<u> </u>
				anniated group member	s name,
	· · · · · · · · · · · · · · · · · · ·	share of excess lobbying	- · ·		
B Check ► if the fili	ng organization check	ed box A and 'limited con	itroi provisions apply.		
(The term	Limits on Lobbyir ı 'expenditures' mear	ig Expenditures is amounts paid or incuri	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	ures to influence publ	ic opinion (grass roots lob	bying)		
b Total lobbying expenditu	ures to influence a leg	islative body (direct lobby	ying)		
c Total lobbying expendite	ures (add lines 1a and	d 1b)			
d Other exempt purpose e					
e Total exempt purpose e	•				
•		•			
f Lobbying nontaxable an	nount, Enter the amou	unt from the following tabl	le in		
If the amount on line 1e, col		The lobbying nontaxable			
Not over \$500,000		20% of the amount on line 1e.	uniount 15.		
Over \$500,000 but not over \$1		100,000 plus 15% of the excess	over \$500 000		
Over \$1,000,000 but not over \$		175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$	<u></u>	225,000 plus 5% of the excess			
			over \$1,500,000.		Company of the Compan
Over \$17,000,000		1,000,000.			
g Grassroots nontaxable a	·	-			
h Subtract line 1g from lin					
i Subtract line 1f from line	e IC. If zero or less, e	enter -0			
j If there is an amount ot section 4911 tax for this		er line 1h or line 1i, did the			Yes No
	4	Year Averaging Period U	Inder Section 501(h)		
(Son	ne organizations that	made a section 501(h) el s below. See the instructi	ection do not have to c	omplete all of the five h 2f.)	
	Lobby	ing Expenditures During	4-Year Averaging Perio	od	
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					

f Grassroots lobbying expenditures ......

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

Schedule C (Form 990 or 990-EZ) 2012

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)).

To reach 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description  If the lobbying activity.  1 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?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?	ount (		
through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
c i abilications, di publistica di bidaucast statcificitis:			
f Grants to other organizations for lobbying purposes?			—
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
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)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912			
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?		×4775	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).			
Ye Ye	V I		N
	Yes	s	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	Yes		<u> </u>
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			
sake is complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)	X		Y
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'	X		
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'  1 Dues, assessments and similar amounts from members	X		
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'  1 Dues, assessments and similar amounts from members	X		
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'  1 Dues, assessments and similar amounts from members	X		
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'  1 Dues, assessments and similar amounts from members	X		
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'  1 Dues, assessments and similar amounts from members	X		
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'  1 Dues, assessments and similar amounts from members	X		
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'  1 Dues, assessments and similar amounts from members	X		
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'  1 Dues, assessments and similar amounts from members	X		
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'  1 Dues, assessments and similar amounts from members	X		
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'  1 Dues, assessments and similar amounts from members	X X ))1(c)		
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'  1 Dues, assessments and similar amounts from members	X X ))1(c)		
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'  1 Dues, assessments and similar amounts from members	X X X D1(c)		
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'  1 Dues, assessments and similar amounts from members	X X X D1(c)		
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'  1 Dues, assessments and similar amounts from members	)1(c)		
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'  1 Dues, assessments and similar amounts from members	)1(c)		
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'  1 Dues, assessments and similar amounts from members	)1(c)	c)	
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'  1 Dues, assessments and similar amounts from members  1 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  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  3 Aggregate 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?  5 Taxable amount of lobbying and political expenditures (see instructions)  5 Part IV Supplemental Information  Complete this part to 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, line 2; and Part II-B, line 1. Also, complete this part for any additional information.	)1(c)	c)	
answered 'Yes.'  1 Dues, assessments and similar amounts from members	X X X D1(c)	c)	
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'  1 Dues, assessments and similar amounts from members	X X X D1(c)	c)	
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'  1 Dues, assessments and similar amounts from members	X X X D1(c)	c)	

Schedule C (Form 990 or 990-EZ) 2012 Master Community Association, Inc.	48-1256200	Page 4
Part IV Supplemental Information (continued)		······································
- FF	·	
		<del>_</del>
		- <del> </del>
		. <del></del>
		· <del></del>
		<b></b>
		<b></b>
	<del></del>	

# 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. ► See separate instructions. OMB No. 1545-0047

2012

Open to Public Inspection
Employer identification number

Master Community Association, Inc.	48-1256200					
Part   Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. 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 contributions to (during year)						
3 Aggregate grants from (during year)						
4 Aggregate value at end of year						
5 Did the organization inform all donors and donor advisors in writing that the assets are the organization's property, subject to the organization's exclusive legal control?	held in donor advised funds					
6 Did the organization inform all grantees, donors, and donor advisors in writing that of for charitable purposes and not for the benefit of the donor or donor advisor, or for a impermissible private benefit?	any other purpose conferring					
Part II Conservation Easements. Complete if the organization answe	red 'Yes' to Form 990, Part IV, line 7.					
1 Purpose(s) of conservation easements held by the organization (check all that apply						
Preservation of land for public use (e.g., recreation or education)	servation of an historically important land area					
Protection of natural habitat Pre	servation of a certified historic structure					
Preservation of open space						
2 Complete lines 2a through 2d if the organization held a qualified conservation contri- last day of the tax year.	bution in the form of a conservation easement on the					
	Held at the End of the Tax Year					
a Total number of conservation easements	2a					
b Total acreage restricted by conservation easements	2b					
c Number of conservation easements on a certified historic structure included in (a) .	2c					
d Number of conservation easements included in (c) acquired after 8/17/06, and not o structure listed in the National Register	on a historic					
3 Number of conservation easements modified, transferred, released, extinguished, or tax year ►	r terminated by the organization during the					
4 Number of states where property subject to conservation easement is located ►						
5 Does the organization have a written policy regarding the periodic monitoring, inspe and enforcement of the conservation easements it holds?	ction, handling of violations,					
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conserva	ation easements during the year					
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation  • \$	easements during the year					
8 Does each conservation easement reported on line 2(d) above satisfy the requirement and section 170(h)(4)(B)(ii)?	ents of section 170(h)(4)(B)(i) Yes No					
9 In Part XIII, describe how the organization reports conservation easements in its revinctude, if applicable, the text of the footnote to the organization's financial statement conservation easements.	venue and expense statement, and balance sheet, and nts that describes the organization's accounting for					
Part III Organizations Maintaining Collections of Art, Historical Treas Complete if the organization answered 'Yes' to Form 990, Part	sures, or Other Similar Assets. t IV, line 8.					
1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in art, historical treasures, or other similar assets held for public exhibition, education, in Part XIII, the text of the footnote to its financial statements that describes these it	or research in furtherance of public service, provide,					
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its historical treasures, or other similar assets held for public exhibition, education, or r following amounts relating to these items:	esearch in furtherance of public service, provide the					
(i) Revenues included in Form 990, Part VIII, line 1						
(ii) Assets included in Form 990, Part X						
2 If the organization received or held works of art, historical treasures, or other similar amounts required to be reported under SFAS 116 (ASC 958) relating to these items						
a Revenues included in Form 990, Part VIII, line 1						
b Assets included in Form 990, Part X	⊁\$					

Schedule D (Form 990) 2012 Maste	∍r Commun	<u>ity Associati</u>	on, Inc.	48-12	56200 Page 2
Part III Organizations Mainta	ining Colle	ctions of Art, His	torical Treasures	s, or Other Similar As	sets (continued)
3 Using the organization's acquisition items (check all that apply):	on, accession,	, and other records, ch	neck any of the follow	ving that are a significant u	se of its collection
a Public exhibition		d Loar	or exchange progra	ms	
b Scholarly research		e Othe	er		
c Preservation for future genera	ations				
4 Provide a description of the organ Part XIII.	nization's colle	ections and explain ho	w they further the org	ganization's exempt purpos	e in
5 During the year, did the organizat to be sold to raise funds rather th					
Part IV Escrow and Custodial A reported an amount of	<b>Arrangemer</b> n Form 990	nts.Complete if the ), Part X, line 21.	organization ans	wered 'Yes' to Form 990	), Part IV, line 9, or
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodian	, or other intermedian	for contributions or	other assets not included	Yes No
b If 'Yes,' explain the arrangement	in Part XIII an	d complete the following	ng table:		
					Amount
c Beginning balance				1c	
d Additions during the year					
e Distributions during the year				1	
f Ending balance					
2 a Did the organization include an a					
b If 'Yes,' explain the arrangement	in Part XIII. C	heck here if the explai	ntion has been provid	ded in Part XIII	
Part V Endowment Funds. C	omplete if	the organization a	nswered 'Yes' to	Form 990, Part IV, I	ine 10.
	(a) Current	(b) Prior y	ear (c) Two year	rs (d) Three years	(e) Four years
1 a Beginning of year balance					
<b>b</b> Contributions					
c Net investment earnings, gains, and losses				•	
d Grants or scholarships				***************************************	
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage	of the curren	t year end balance (li	ne 1g, column (a)) he	eld as:	
a Board designated or quasi-endow	/ment ➤	96			
b Permanent endowment					
c Temporarily restricted endowmen	it ►	<del>&amp;</del>			
The percentages in lines 2a, 2b,	and 2c should	equal 100%.			
3 a Are there endowment funds not in organization by:	n the possessi	ion of the organization	that are held and ad	dministered for the	Yes No
(i) unrelated organizations					
(ii) related organizations					<del></del>
b If 'Yes' to 3a(ii), are the related of					
4 Describe in Part XIII the intended	_	· •			1 1
Part VI Land, Buildings, and					
Description of property		(a) Cost or other basi (investment)		r (c) Accumulated depreciation	(d) Book value
1 a Land		V	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		3
<b>b</b> Buildings				graphy and a special production of the state	
c Leasehold improvements		125,770	.1	56,579	. 69,191.
d Equipment		123,594		51,488	
<b>e</b> Other				02,7200	,,
Total. Add lines 1a through 1e. (Column			column (B), line 10(	c).)	141,297.
BAA					edule <b>D</b> (Form 990) 2012

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. See	Form 990, Part X,	
(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		
(2) Closely-held equity interests		
(3) Other		*
<u>(A)</u>		
(B) (C)		Martin Company of the
<u>(C)</u>		1,000
(D)		
<u>(E)</u>		
(F)		
(G)		,
(H)		
<u>()</u>	****	
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		1: 12
Part VIII Investments - Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)	***************************************	1 - 14 - 15 - 17 - 17 - 17 - 17 - 17 - 17 - 17
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
T-1-1 (0-1 (1)		T
10tal. (Column (b) must equal form 990, Part X, Column (b) line 13.)		
Part IX Other Assets, See Form 990, Part X,		
		(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) De:	ine 15.	(b) Book value
Part IX Other Assets, See Form 990, Part X, (a) Dec (1) (2)	ine 15.	(b) Book value
Part IX Other Assets, See Form 990, Part X, (a) De: (1) (2) (3)	ine 15.	(b) Book value
Part IX Other Assets, See Form 990, Part X, (a) De: (1) (2) (3) (4)	ine 15.	(b) Book value
Part IX Other Assets, See Form 990, Part X, (a) De: (1) (2) (3) (4) (5)	ine 15.	(b) Book value
Part IX Other Assets, See Form 990, Part X, (a) Dec. (1) (2) (3) (4) (5) (6)	ine 15.	(b) Book value
(a) Des (1) (2) (3) (4) (5) (6) (7)	ine 15.	(b) Book value
Part IX Other Assets, See Form 990, Part X, (a) De: (1) (2) (3) (4) (5) (6) (7) (8)	ine 15.	(b) Book value
Part IX Other Assets, See Form 990, Part X, (a) De: (1) (2) (3) (4) (5) (6) (7) (8) (9)	ine 15.	(b) Book value
Part IX Other Assets, See Form 990, Part X, (a) De: (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	iine 15. scription	
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B)	ine 15. scription  ), line 15.)	
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X Other Liabilities. See Form 990, Part 1.	ine 15. scription  ), line 15.)X, line 25.	
Part IX   Other Assets, See Form 990, Part X, (a) Description of liability	ine 15. scription  ), line 15.)	
Part IX Other Assets, See Form 990, Part X,  (a) Description (b) must equal Form 990, Part X, column (b) Part X  (a) Description of liability  (1) Federal income taxes	ine 15. scription  i), line 15.)	
Part IX Other Assets. See Form 990, Part X,  (a) Description (b) must equal Form 990, Part X, column (b) Part X  (a) Description of liability  (1) Federal income taxes  (2) Credit card	ine 15. scription  ), line 15.) X, line 25. (b) Book value	9.
Part IX Other Assets. See Form 990, Part X,  (a) Description (a) Description of liability  (1) Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. See Form 990, Part X (a) Description of liability  (1) Federal income taxes  (2) Credit card  (3) Employee benefits payable	ine 15. scription  ), line 15.)  X, line 25.  (b) Book value  3,17 3,05	9.
Part IX Other Assets. See Form 990, Part X,  (a) Description of liability  (1) Column (b) must equal Form 990, Part X, column (B)  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  (1) Federal income taxes  (2) Credit card  (3) Employee benefits payable  (4) Swim team fund	ine 15. scription  ine 15. scription  ine 15.)	9. 0. 5.
Part IX Other Assets. See Form 990, Part X,  (a) Description (b) must equal Form 990, Part X, column (b)  (b) Total. (Column (b) must equal Form 990, Part X, column (b)  (a) Description of liability  (1) Federal income taxes  (2) Credit card  (3) Employee benefits payable  (4) Swim team fund  (5) Other	ine 15. scription  ine 15. ine 15.)	9. 0. 5.
(a) Description of liability  (b) Federal income taxes  (c) Credit card  (d) Employee benefits payable  (d) Storm Sewer reserve fund	ine 15. scription  ine 15. scription  ine 15.)	9. 0. 5.
Part IX Other Assets. See Form 990, Part X,  (a) Description (b) must equal Form 990, Part X, column (b)  (b) Total. (Column (b) must equal Form 990, Part X, column (b)  (a) Description of liability  (1) Federal income taxes  (2) Credit card  (3) Employee benefits payable  (4) Swim team fund  (5) Other	ine 15. scription  ine 15. ine 15.)	9. 0. 5.
(a) Description of liability  (b) Federal income taxes  (c) Credit card  (d) Employee benefits payable  (d) Storm Sewer reserve fund  (7)	ine 15. scription  ine 15. ine 15.)	9. 0. 5.
Part IX Other Assets. See Form 990, Part X,  (a) Description (b) must equal Form 990, Part X, column (b)  (b) Column (b) must equal Form 990, Part X, column (b)  (c) Part X Other Liabilities. See Form 990, Part X  (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)  (8)	ine 15. scription  ine 15. ine 15.)	9. 0. 5.
Part IX Other Assets. See Form 990, Part X,  (a) Description (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)  (8)  (9)	ine 15. scription  ine 15. ine 15.)	9. 0. 5.
Part IX Other Assets. See Form 990, Part X,  (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)  (8)  (9)  (10)	ine 15. scription  ine 15. ine 15.)	9. 0. 5. 18. 10.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2012 Master Community Association, Inc.		48-1256200	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statement	ts With Revenue pe	r Return	
1 Total revenue, gains, and other support per audited financial statements		1 3,9	87,626.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains on investments	2a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d	<u> </u>	2 e	
3 Subtract line 2e from line 1		<u> </u>	987,626.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			,07,020.
a Investment expenses not included on Form 990, Part VIII, line 7b	42		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<del>     </del>	07 606
			987 <b>,</b> 626.
Part XII   Reconciliation of Expenses per Audited Financial Statemen  1 Total expenses and losses per audited financial statements		· , , , , , , , , , , , , , , , , , , ,	355 066
·	• • • • • • • • • • • • • • • • • • • •	1 3,7	775,366.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 0.1		
a Donated services and use of facilities			
<b>b</b> Prior year adjustments			
c Other losses			
d Other (Describe in Part XIII.)	<u> </u>		
e Add lines 2a through 2d			
3 Subtract line 2e from line 1		3 3, <sup>-</sup>	775 <u>,</u> 366.
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			
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b			
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5 3,	775,366.
Part XIII Supplemental Information			
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Par line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also comp			
	· — · · · · · · · · · · · · · · · · · ·	<del></del>	<del>-</del>
	<b></b>		
	· • •		
ВАА		Schedule <b>D</b> (Forr	n 990) 2012
		•	. –

Schedule D (Form 990) 2012 Master Community Association, Inc.  Part XIII Supplemental Information (continued)	48-1256200	Page 5
Rativilla Supplemental information (continued)	***************************************	
	<b></b>	
	<del></del>	
	. <b></b>	<b></b>
·	· – – – – – – – – – – – – – – – – – – –	
	·	
	<b></b>	
	·	<del></del> -
	<b></b>	
		. <del></del>
	• • • •	

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

# Supplemental Information to Form 990 or 990-EZ

2012

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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.

Master	Community	Association, Inc.	48-1256200
Pt_VI,	Line 6	All property owners within the Association are	members.
Pt_VI,	Line 7a	Members may be elected to the board of director	rs in annual elections.
Pt_VI,	Line 11b_	Reviewed annually by the Association's board or	f_directors
Pt_VI,	Line 12c	Any potential conficts of interest and reviewed, discussed, and do	cumented in board meeting minutes.
Pt_VI,	<u>Line 15b</u>	Reviewed annually by the Association's board or	f_directors
Pt_XI_		Line 5 - Working capital received from new home	e sales
Pt_VI,	<u>Line 15a</u>	Reviewed annually by the Association's board or	f directors.
		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
<b></b>			
			<b></b>
			<b></b>

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	331,753.	331,753.	0.	0.
Snow removal	25,915.	25,915.	0.	0.
Misc	4,533.	4,533.	0.	0.
Building repairs and maintenance	40,016.	40,016.	0.	0.
Utilities	205,032.	205,032.	0.	0.
Reserve study	18,536.	18,536.	0.	0.
Bad debt expense	0.	0.	0.	0.
Pool expenses	335,298.	335,298.	0.	0.
Community fund expenses	42,388.	42,388.	0.	0.