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Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

**2016**

**Open to Public Inspection**

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

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2016 calendar year, or tax year beginning , 2016, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <input type="checkbox"/> ? Flatirons Community Orchestra		<b>D</b> Employer identification number <input type="checkbox"/> ? 800766158
	Number and street (or P.O. box, if mail is not delivered to street address) <input type="checkbox"/> ? Room/suite PO Box 21551		<b>E</b> Telephone number 303 652 2325
	City or town, state or province, country, and ZIP or foreign postal code Boulder Colorado 80308-4551		<b>F</b> Group Exemption Number ▶ <input type="checkbox"/> ?
	<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____		

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

**I** Website: ▶ \_\_\_\_\_

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

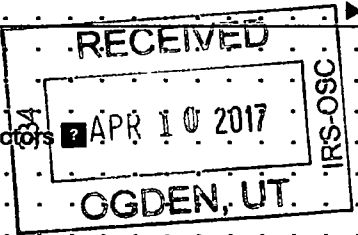
**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  ?  
Check if the organization used Schedule O to respond to any question in this Part I . . . . .

<input type="checkbox"/> ?	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	9,086.28
<input type="checkbox"/> ?	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
<input type="checkbox"/> ?	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
<input type="checkbox"/> ?	<b>4</b> Investment income . . . . .	<b>4</b>	17,738.65
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . . <b>5a</b>		
	<b>b</b> Less: cost or other basis and sales expenses . . . . . <b>5b</b>		
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . . <b>5c</b>		
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . . <b>6a</b>		
	<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . <b>6b</b>		
	<b>c</b> Less: direct expenses from gaming and fundraising events . . . . . <b>6c</b>		
	<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . <b>6d</b>		
	<b>7a</b> Gross sales of inventory, less returns and allowances . . . . . <b>7a</b>		
	<b>b</b> Less: cost of goods sold . . . . . <b>7b</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . . <b>7c</b>		
	<b>8</b> Other revenue (describe in Schedule O) . . . . . <b>8</b>		
	<b>9</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶ <b>9</b>		23,824.93
Expenses	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . . <b>10</b>		
	<b>11</b> Benefits paid to or for members . . . . . <b>11</b>		
	<b>12</b> Salaries, other compensation, and employee benefits <input type="checkbox"/> ? <b>12</b>		19,324.30
	<b>13</b> Professional fees and other payments to independent contractors <input type="checkbox"/> ? <b>13</b>		
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . . <b>14</b>		750.00
	<b>15</b> Printing, publications, postage, and shipping . . . . . <b>15</b>		204.23
	<b>16</b> Other expenses (describe in Schedule O) <input type="checkbox"/> ? <b>16</b>		1,245.83
	<b>17</b> Total expenses. Add lines 10 through 16 . . . . . ▶ <b>17</b>		21,524.99
Net Assets	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . <b>18</b>		2,300.57
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . . <b>19</b>		9,221.54
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . . <b>20</b>		0
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶ <b>21</b>		11,522.11

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 SCANNED MAY 05 2017



*Should be on line 2.*  
*Angela S. Butler*

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