9

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

\overline{A}	For the 2	2017 calendar year, or tax year beginning 7/01 , 2017, and end	ing		, 20 18	
В	Check if a	pplicable C Name of organization Rappit Creek Community Association		D Employ	yer identification number	
	Address c				51-0510785	
	Name cha	Number and street (or P O box if mail is not delivered to street address) Room/	suite	E Telepho	one number	
$\bar{\Box}$	Initial retur				907-742-5722	
$\overline{\Box}$	Final return	Other transport and TID of the property and				
百	Amended			G Gross r	receipts \$ 600,648	
ī		n pending F Name and address of principal officer	H(a) is this a d	roup return for	r subordinates? Yes Vo	
_					es included? Tes No	
$\overline{}$	Tax-exem	pt status	7 3 \ if "h	lo," attach	a list (see instructions)	
<u>; </u>	Website:		H(c) Group	exemption	n number ▶	
_		ganization ☑ Corporation ☑ Trust ☑ Association ☑ Other ► L Year of form			e of legal domicile	
	art I	Summary				
		Briefly describe the organization's mission or most significant activities:		-	<u></u>	
a	1	The organization spports the community by providing safe, fun and nurturing child	lcare in a lear	ing envi		
Activities & Governance	-	the organization sphorts the community by providing safe, an and naturing orma		9.0		
Ě	2 0	Check this box $lacklacklacklack$ if the organization discontinued its operations or disposed	of more that	25% of	fits net assets.	
Š	1			1 -		
<u>ග</u>	1	Number of independent voting members of the governing body (Part VI, line 1)		_ 	6	
es	1	Fotal number of individuals employed in calendar year 2017 (Part V, line 2a)	5,	5	28	
Ϋ́	1	Fotal number of volunteers (estimate if necessary)		6	75	
Ę	1	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a		
•		Net unrelated business taxable income from Form 990-T, line 34		7b	 	
	 	vet difference business taxable income from 550-1; fine 54-1	Prior Y		Current Year	
	8 (Contributions and grants (Part VIII, line 1h) RECEIVED		50,005	1	
ĭe	1	Contributions and grants (Part VIII, line 1h)		+400,378	1	
Revenue		nvestment income (Part VIII, column (A), lines 28, 4, and Zd), 7, 2019	<u> </u>	21		
æ	11 (Other revenue (Part VIII, column (A), lines 5, 60 ac, 9c, 10c, and 11e)	 		†·	
	12 7	otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line (3)		5,052		
	13 (Grants and similar amounts paid (Part IX, column (4)) (1) (1) (1)		455,456		
		Benefits paid to or for members (Part IX, column (A), line 4)			0 (
	م مدا	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			<u> </u>	
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		337,092 0		
ē	loa r	Fotal fundraising expenses (Part IX, column (D), line 25) ►		ιι	/ -	
ᄶ	b	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>-</u>	100 417	117.020	
	1	Fotal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		109,412 446,504		
	1	•				
		Revenue less expenses. Subtract line 18 from line 12	Beginning of Ci	8,952 rrent Year		
ssets or	20 T	Fotal assets (Part X, line 16)	203			
Asse	21 T	Total liabilities (Part X, line 26)		254,470		
Net As	22	Net assets or fund balances. Subtract line 21 from line 20		10,358		
	art II	Signature Block	l	244,112	259,314	
			tomonto and to	he best of	my knowledge, and holief it is	
		es of perjury, I declare that I have examined this return, including accompanying schedules and sta and complete. Declaration of preparer (other than difficer) is based on all information of which prepa			my knowledge and belief, it is	
			· 1			
Sig	an	Signature of officer	l_ Da	ıte		
	ere			11/2	A1100	
	.	Type or print name and title		- ' ' \ 		
_			Date	T	PTIN	
Pa				Check self-em		
	eparer		T		E -7.75	
Us	se Only			n's EIN ▶		
Ma	v the IRS	Firm's address > Giscuss this return with the preparer shown above? (see instructions)		one no	Yes No	
_	<u> </u>		No. 11292V	- •	Form 990 (2017)	
. 01	· ahei w	an neadonou por monos, see me sebarare manaciona. (9)	No 11282Y		. 51111 000 (2011)	

Form 99	om 990 (2017) KABBIT Creek Community/500 51-	05/0785 Page 2
Part	Part III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission: The organization supports the community by providing safe, fun and nurturing childcare in a learning envi	ironment
2		ed on the
	prior Form 990 or 990-EZ?	· · · Li Yes Li No
3	If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any	program
	services?	
	If "Yes," describe these changes on Schedule O.	
4		services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants the total expenses, and revenue, if any, for each program service reported.	and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.	
4a	4a (Code) (Expenses \$ 458,591 including grants of \$) (Revenue \$	598,043)
	The organization provided school age daycare and preschool to approximately 150 area families	
,	,	
4b	4b (Code:) (Expenses \$ including grants of \$) (Revenue \$	<u> </u>
	, and a second s	
		,
	•••••	·
4c	4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	4d Other program services (Describe in Schedule O.)	
	(Expenses \$ 458,581 including grants of \$) (Revenue \$)	
4.	As Total program service expanses	

Form 990 (2017) RAWI Creek Community Assoc

51-0510785

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			103	
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	√	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," complete Schedule C, Part I	3		√
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		✓
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		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
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		√
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		\
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	
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		1
С	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	11c		1
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	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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.	11e	✓	√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		√
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	12b		√
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		✓
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		√
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		✓
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		✓
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		✓
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		✓
		Form	agn	(2017)

Checklist of Required Schedules (continued) Yes Nο 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 20b **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 24a 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, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a **b** 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 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . 24d 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 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? 25b 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 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 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 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 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 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b c 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 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a If "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 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 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and 38 19? **Note.** All Form 990 filers are required to complete Schedule O.

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	$\Omega \times 1/1/1$			
	10 (2017) Kallet Creek Community HSSOC 51-05678	7	l	Page 5
Part	→ -			_
	Check if Schedule O contains a response or note to any line in this Part V			<u>. </u>
4	The state of the s	93A 116A	Yes	No .
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1 1b 1 1b 1 1b 1 1b 1 1b 1 1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	reportable gaming (gambling) winnings to prize winners?	1c	111111111111111111111111111111111111111	555.2
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	72.50	I-104	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 28		7	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		i d	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	40		/
L	account)?	4a	新できばり (大学)	#35.4
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	a	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	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?	<u>6a</u>		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ch.		
7	gifts were not tax deductible?	6b	Service Services	* 22852
7 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?	7a	257.00	LO-MEKO
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		_
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
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		
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		-
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		\vdash
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		整约的	接到
	sponsoring organization have excess business holdings at any time during the year?	8	25000.0	3
9	Sponsoring organizations maintaining donor advised funds.	(%.500 2000		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	Personal Trade	
10	Section 501(c)(7) organizations. Enter:			
а	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]			
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			X 20
b	Gross income from other sources (Do not net amounts due or paid to other sources			
•	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

b Enter the amount of reserves the organization is required to maintain by the states in which

Note. See the instructions for additional information the organization must report on Schedule O.

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13

Form **990** (2017)

13b

13c

Form 99	0(2017) Kobbit Creek Community Assoc 51-051078:		Page 6
Part		and for	a "No"
· art	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See instru	ctions.
	Check if Schedule O contains a response or note to any line in this Part VI		. 🗆
Section	on A. Governing Body and Management		
		Ye	s No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 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.		
	Enter the number of voting members included in line 1a, above, who are independent 1b 6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	MINI LA	
_	any other officer, director, trustee, or key employee?	2	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	_
6	Did the organization have members or stockholders?	6	√
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		
	one or more members of the governing body?	7a	✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	32_50 30	a 323 4
·	the year by the following.		
а	The governing body?	8a ✓	Lincolnia Lincolnia
b	Each committee with authority to act on behalf of the governing body?	8b √	<u> </u>
9	Is there any officer, director, 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	✓
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven		
		Ye	s No
10a	Did the organization have local chapters, branches, or affiliates?	10a	→
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	405	
44-		10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a ✓	82 SLC-31
b 120	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	+
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	
	describe in Schedule O how this was done	12c	
13	Did the organization have a written whistleblower policy?	13	√
14	Did the organization have a written document retention and destruction policy?	14	
15	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?	74	
		15 A	لنكات
a	The organization's CEO, Executive Director, or top management official	15a ✓ 15b	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	13B	
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	<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	探查	
	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?	16b	
Secti	on C. Disclosure		
17	List the states with which a copy of this Form 990 is required to be filed ▶ None		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501(c)(3	s)s only)
	available for public inspection. Indicate how you made these available. Check all that apply.		
40	Own website Another's website Upon request Other (explain in Schedule O)		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest pol	icy, and
20		corde: 🛌	
20	State the name, address, and telephone number of the person who possesses the organization's books and re Laurie Wade 13650 Lake Otis Parkway, Anchorage, AK 99516 907-742-5722	corus: 🟲	
	Laurie Wade 13650 Lake Otis Parkway, Anchorage, AK <u>99516</u> 907-742-5722		

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Form 990 (2017) (Salut Creek	Comm	·u~	<u>~ 4</u>	رب	<u>/\</u>	555	JE	_ 2	1-0210	78 Page
Part VII Compensation of Officers, Direction	ectors, Tr	uste	es,	Κģ	y E	mple	ye	es, Highest	Compensated	Employees, and
Independent Contractors										_
Check if Schedule O contains a re	sponse or	note	to a	any	line	e in th	nis I	Part VII	<u></u>	<u> L</u>
Section A. Officers, Directors, Trustees, Key	Employee	s, an	d H	<u>igh</u>	est	Com	per	sated Employ	/ees	
1a Complete this table for all persons required organization's tax year.										
 List all of the organization's current office compensation. Enter -0- in columns (D), (E), and 	(F) if no co	mper	ısati	ion	was	paid	•			rdless of amount o
 List all of the organization's current key em 	iployees, if	any.	See	ins	truc	tions	for	definition of "l	cey employee."	
 List the organization's five current highes who received reportable compensation (Box 5 organization and any related organizations. 	t compens of Form \	ated N-2 a	emp and/	oloy or l	ees Box	othe 7 of	er tl Fo	han an officer, rm 1099-MIS0	director, truste C) of more than	e, or key employee \$100,000 from th
List all of the organization's former office \$100,000 of reportable compensation from the compensation.	ers, key en organization	nploy	ees, anv	, ar	nd h atec	nghes	t c	ompensated e	mployees who	received more than
• List all of the organization's former direct	•		-			_			a former direc	tor or trustee of the
organization, more than \$10,000 of reportable or										
List persons in the following order: individu										emplovees: highes
compensated employees; and former such pers		0 0.	 .		٠.٠,					g
Check this box if neither the organization noi		d ora	aniz.	atio	n c	omne	กรล	ited any currer	t officer, directo	r. or trustee.
	Lify Tolate	<u> </u>	ui 112		C)	ompo	1100			
(A)	/B\				ition			(D)	(E)	(F)
(A) Name and Title	(B) Average					e than o		Reportable	Reportable	Estimated
Name and Title	hours per					ıs both or/trusi		compensation	compensation from	amount of
	week (list any hours for			_			·	from the	related organizations	other compensation
	related	d d	[[Officer	y e	항송	Former	organization	(W-2/1099-MISC)	from the
	organizations		賣	¯	Key employee	st cc	4	(W-2/1099-MISC)		organization
	below dotted line)	ารู	함) Vex	ă				and related organizations
		8	Institutional trustee		"	Highest compensated employee				-
						<u>e</u>				
(1) Laurie Wade	40				1					
Executive Director		1						60,301	0	
(2) Kathy Rzeszut	4									
President		1						0	d	
(3) Paula Bryner	4									
Vice President		1						0	l o	
(4) Jenah Coates	4		П							
Treasurer								0	O	
(5) Beth Elliott	2									
Secretary										
(6) Bruce Hilton	2					Ī				
Member at Large				L			_	0	C	
(7) Kodi Fox	2						ŀ			
Member at Large							_	0		
(8)										
(9)		-								
(10)					-		 			
(11)										
(12)										
2[+	1	1	ı	I	1	l	I	I	i

Form 99	90 (2017) Kabbit Creek	Con	mu	4	Ŧ	1_	13			1-0			Page 8
Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	yees	s, ar	<u> 76 F</u>	lighe	st C	ompensated E	mployees	(continue	∋d)	
	(A) Name and title	(B) Average hours per	box,	unles	Pos neck ss pe	rson	than on the thick the thic	an	(D) Reportable compensation	(E) Reportation compensation related	n from	(F) Estimate amount other	
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizati (W-2/1099-I	ons	compensa from the organizat and relat organizati	e ion ed
(15)													
(16)			}										
(17)					-	_							
(18)								_					
(19)			ļ										
(20)								-					
(21)											+		
(22)							-	-					
(23)				-									
(24)													
(25)													
1b	Sub-total			•	•		•	•	60,301				
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	-					•	>	60,301		-+		
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w	ho received m	ore than \$1	00,000	of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5	ficer, dırec						-	oloyee, or high			Ye 3	s No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ble	con	npei	nsatio	n a	nd other comp	ensation fi	rom the		
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or in			
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Repyear.												tax
	(A) Name and business add	ress							(B) Description of s	ervices	((C) Compensation	า
								\vdash			 		
		=						 -					
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who			

Form 990 (2017) RAWLT Creek Community Assoc 51-0510785 Page 9

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		Check if Schedule O	contains a resp	oonse or note t	o any line in this	Part VIII	<u> </u>	· · ·
				alar dangan Parangan	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
rits nts	1a	Federated campaigns		· ·····	agaadida. Adamamida J		n noterio Transminiminiminimini	productory same
Gra	b	Membership dues .						
ts, (С	Fundraising events .						
ia ia	d	Related organizations						
ns, Sim	e	Government grants (con		59,155				
utto	T	All other contributions, gi and similar amounts not inc				图象:		
ē ģ		Noncash contributions include		14,212				
Contributions, Gifts, Grants and Other Similar Amounts	g h	Total. Add lines 1a-1			73,367			MANAGAMAN MANAGAMAT TERMINANGAMAN
		Total. Add lines Ta-1	1	Business Code			amater (1600)	Link to water to the same
Program Service Revenue	2a	Program service reven	ue		403,329	403,329		
æ	b							
ice	С							
Sen	d	/						
E	е							
ogr.	f	All other program sen				ATTACABATTALIA SI SENSEA CERDAGERHIA		radas por asimo de la compansa de la
<u>~</u>	g	Total. Add lines 2a-2		<u> </u>	403,329		Control of the Assessment of the Control of the Con	
	3	Investment income			,			
		and other similar amount income from investmen	•		2,605			2,605
,	5	Royalties	•	na proceeus P		<u> </u>		
	"	noyaliles	(i) Real	(ii) Personal	Hense Received			
	6a	Gross rents	· · · · · · · · · · · · · · · · · · ·					
	b	Less: rental expenses						
	c	Rental income or (loss)	•					
	d	Net rental income or ((loss)	•				,
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory					The A. Conserve	NAME OF THE PERSON NAME OF THE P
	b	Loss cost or other basis		•				
		and sales expenses .				60000000000000000000000000000000000000		
	C	Gain or (loss)		1,	T SE SE SE SE			
-	d	Net gain or (loss) .		· · · · <u>►</u>	1944 - 1950 - 145 PK 1867 - 21 145 FK	Pagara di Bayon Mari		
e	8a	Gross income from fu	ındraisına					
enne	00	events (not including \$	indiaising					
ě		of contributions reporte	ed on line 1c).					
Other Re		See Part IV, line 18	a	10,122			Times Times	
¥	b	Less: direct expenses	ş, b	1,802	757			
	С	Net income or (loss) f		events . ►	8,320			
	9a	Gross income from ga	-					
•		·	· · · · a					
	b	Less: direct expenses						
	C	Net income or (loss) for Gross sales of in		vities $ ightharpoonup$		Zeorgiani (September)	Market Commence	
	10a	returns and allowance			and the second s			
	ь	Less: cost of goods s	· · · · · · ·	-				
	C	Net income or (loss) f		entory				
	Ť	Miscellaneous R		Business Codo				7 Control of the second
	11a						· Concording the control of the cont	
	b							
	С		,					
	d					THE RESERVE AND ADDRESS OF THE PARTY OF THE	Sanaa Andrew State and Law San	200000000000000000000000000000000000000
	е	Total. Add lines 11a-		🟲				11. 7.21
	12	Total revenue. See in	nstructions	<u> ▶</u>	487,621	403,329	<u></u>	2,605 Form 990 (2017)

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).

	Observed Cabandula O canto main a recomme	oo or note to ony li	no in this Bart IV		
	Check if Schedule O contains a respon				<u> </u>
	t include amounts reported on lines 6b, 7b,	Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9b	, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations			WYSE ENGINEERS	STATES TO THE STATE OF THE STATE OF THE STATES OF THE STAT
•	and domestic governments. See Part IV, line 21				
	- · · · · · · · · · · · · · · · · · · ·				
2	Grants and other assistance to domestic	'			
	individuals. See Part IV, line 22	'			
•	Grants and other assistance to foreign				
3			·		Territory 150
	organizations, foreign governments, and foreign		`		
	individuals. See Part IV, lines 15 and 16				
¹ Ä	Benefits paid to or for members	,			
4		· · · · · · · · · · · · · · · · · · ·		AND COMMENCES IN STREET	
5	Compensation of current officers, directors,		•	٠,	/
	trustees, and key employees			•	, -
65	Compensation not included above, to disqualified				, , ,
U			,	'	,
•	persons (as defined under section 4958(f)(1)) and		, ·		
	persons described in section 4958(c)(3)(B)			٠,	*
. 7	Other salaries and wages	298,665	298,665		
		290,003	, £30,003		
, 8	Pension plan accruals and contributions (include		•		,
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	30,698	30,698		
10	Payroll taxes	25,230	25,230	• • •	· · ·
11	Fees for services (non-employees):				
а	Management		* *		٠ -
h	Legal '.'	980		980	
	3				
С	Accounting	4,650		4,650	•
d	Lobbying		7,1		- •
е	Professional fundraising services. See Part IV, line 17.		ide di managan		
4	Investment management fees	3,233	• ,	3,233	:
	Other. (If line 11g amount exceeds 10% of line 25, column	3,233		3,233	
g				'	
	(A) amount, list line 11g expenses on Schedule O.)		4 , 19		, 1
12 .	Advertising and promotion	3,761	3,761	,	•
13	Office expenses	· 13,555		4,678	
		13,333		1,070	· · · · · · · · · · · · · · · · · · ·
14 ,	Information technology . '				+
15	Royalties	* , *			,
16	Occupancy	23,743	23,743	•	.
17	Travel	. 4,681	3,995	. 686	,
	· · · · · · · · · · · · · · · · · · ·	. 4,001	3,333	000	
,18 ,	Payments of travel or entertainment expenses		* 1	'	•
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings :	455	455	-	
	Interest	755			
20		 			<u> </u>
21	Payments to affiliates		4		
22	Depreciation, depletion, and amortization .	3,385	3,385	•	í
23	Insurance	15,144	15,144	•	
					Conference of Tolland Conference of the Conferen
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.)				
	· · · · · · · · · · · · · · · · · · ·	THE PROPERTY OF STREET OF STREET	THE REAL PROPERTY OF THE PROPE	12 District Land Control of the Cont	- now - It fallunium sortaunium/filespie (* Nova es freezes)
a	Program materials	≱ 31,447	31,447	-	
b	Bank fees	7,091		7,091	
С	Staff/volunteer appreciation	3,191	3,191	·	
d	Telephone ,	2,509		2,509	
		2,505		2,303	•
e	All other expenses			1	· · · · · · · · · · · · · · · · · · ·
25	Total functional expenses. Add lines 1 through 24e	472,418	. 448,591	3 23,827	
26	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 following SOP 98-2 (ASC 958-720)	, '	_		
	10110 PRI 10 OKA 30-6 INON 300-1601	1	,-	i i	

Form 990 (2017) Rabbit Creek Connunty Assoc 51-0510785 Page 1

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 240.664 1 208,641 1 2 2 Savings and temporary cash investments 3.829 3 3 4 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. 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 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 10b 13806 10c Less accumulated depreciation 31,165 48,728 Investments—publicly traded securities 11 11 12 12 Investments—other securities, See Part IV, line 11 . 13 Investments-program-related. See Part IV, line 11. 13 Intangible assets 14 14 15 15 Other assets. See Part IV, line 11 16 271,619 Total assets. Add lines 1 through 15 (must equal line 34) . . . 254,470 16 17 17 Accounts payable and accrued expenses 18 18 6,640 8,535 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 3,718 25 3.770 26 Total liabilities. Add lines 17 through 25 . 10,358 26 12,305 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 259,314 27 244,112 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds . 32 259,314 33 33 244,112 271,618 34 Total liabilities and net assets/fund balances 254,470

Form **990** (2017)

	90 (2017) KA Wit Creek Community Assoc 51-0.	510	785	Pa	ıge
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	1	<u>· </u>	• •	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		48	
2	Total expenses (must equal Part IX, column (A), line 25)	2		47	_
3	Revenue less expenses. Subtract line 2 from line 1	3			5,2
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		24	4,1
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1 1			
	33, column (B))	10		259	9,3
				Yes	
1	Accounting method used to prepare the Form 990:	kplain i	n i	Yes	1000
•	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com-		. 2a	Yes	
•	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both:		. 2a	Yes	
2a	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		. 2a	Yes	 Content Turner 10
2a	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both:	 ipiled c	. 2a	Yes	- Charles Language Charles Cha
2a b	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	on piled of the control of the c	. 2a or 2b a	Yes	-
2a b	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ipiled of ed on eversigh untant?	. 2a or 2b a a a a a a a a a a a a a a a a a a	Yes	
2a b c c	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent account of the organization changed either its oversight process or selection process during the tax year, expended to the organization changed either its oversight process or selection process during the tax year, expended to a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	ed on oversight untant?	. 2a or 2b a 2c n 2c n 3a	Yes	
2a b c c	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent account of the organization changed either its oversight process or selection process during the tax year, expended to the organization changed either its oversight process or selection process during the tax year, expended to a federal award, was the organization required to undergo an audit or audits as set		. 2a or 2b a 2c n 2c n 3a	Yes	

.

•

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt chantable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Rabbit Creek Community Association

Employer identification number 51-0510785

Pai	t I Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns.		
The	organization is not a private founda						$\circ \cap$		
1	A church, convention of churc	hes, or associati	on of churches descri	bed in se	ection 17	0(b)(1)(A)(i).	7)4		
2	A school described in section								
3	A hospital or a cooperative ho								
4	A medical research organization	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the		
	hospital's name, city, and state								
5	An organization operated for section 170(b)(1)(A)(iv). (Com	plete Part II.)					al unit described in		
6 7	☐ A federal, state, or local gover☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public		
8	A community trust described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)					
9									
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:								
10	An organization that normally receives: (1) more than 33½% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								
11	An organization organized and								
12	☐ An organization organized and						ry out the nurnoses.		
12	of one or more publicly support	orted organizatio	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).		
а	Type I. A supporting organ	ization operated	l, supervised, or contr	olled by	ts suppo	rted organization(s),	typically by giving		
	the supported organization supporting organization. Y					he directors or trust	ees of the		
b									
	control or management of organization(s). You must				persons	that control or man	age the supported		
С	Type III functionally integ its supported organization						ally integrated with,		
d									
	that is not functionally integrated requirement (see instruction						d an attentiveness		
							~		
е	Check this box if the organ functionally integrated, or						е іі, туре ііі		
f	Enter the number of supported	• •			•				
g									
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	1	rganization	(v) Amount of monetary	(vi) Amount of		
	(V	(listed in you	or governing ment?		other support (see instructions)		
				Yes	No				
(A)									
<u> </u>									
(B)									
(C)									
(D)									
(E)									

Total

Schedul	e A (Form 990 or 990-EZ) 2011	reele (a	mounta	Arsac	51-0	50785	Page,2
Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(v	i)
	(Complete only if you checked the						alıfy under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support				T		
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	/(f) Total
1	Gifts, grants, contributions, and					/	
	membership fees received. (Do not include any "unusual grants.")					/	}
_	•						
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities		•			/	
Ū	furnished by a governmental unit to the	•	,				
	organization without charge				/		
4	Total. Add lines 1 through 3						
5	The portion of total contributions by	7414	40.46	(15)		5.00	
J	each person (other than a				1		,
	governmental unit or publicly	序 34条程整理基础 5.300	The second second	The state of the s			
	supported organization) included on	Billion Comment of the Comment of th	A CONTROL OF THE PARTY		15.00		
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)			100 200			
6	Public support. Subtract line 5 from line 4	A CANADA	学等的主题等生态		[10] 李扬、李扬		<u> </u>
	on B. Total Support	(-) 0040	(h) 004.4	1-1 0015	(-1) 0016	(-) 2017	(6 Tatal
	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7							
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from						
	similar sources			,			
9	Net income from unrelated business		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	activities, whether or not the business						İ
	is regularly carried on						
10	Other income. Do not include gain or		:				
	loss from the sale of capital assets			,			
	(Explain in Part VI.)		SHOURD COMMENSAGE SHOULD AND AND AND	ohan ur Gaglo Westygen globbyfder eilen be	Marchael Annie Marchael Marcha	to provide the state of the sta	
11	Total support. Add lines 7 through 10		AND ANDREASON NAMED IN CO. AND AND		以中華的學士學		<u></u>
12.	Gross receipts from related activities, etc First five years. If the Form 990 is for the			d third fourth		12	n E01(a)(3)
13	organization, check this box and stop, he	-			i, Or muritax y	ear as a section	► □
Section	on C. Computation of Public Suppor						
14	Public support percentage for 2017 (line (1, column (fl)		14	%
15	Public support percentage from 2016 Sci	nedule A, Part	II, line 14 .			15	%
16a	331/3% support test-2017. If the organi				nd line 14 is 30	3 ¹ /3% or more,	check this
	box and stop here. The organization qua			-		,	🕨 🔲
b	33 ¹ / ₃ % support test – 2016. If the organi					is 331/3% or m	ore, check
	this box and stop here. The organization	•		-			▶ 🗆
17a	10%-facts-and-circumstances test-26						
	10% or more, and if the organization me						
	Part VI how the organization meets the "	racts-and-circ	umstances" te	st. The organi	zation qualifies	s as a publicly	
	organization					10- 10	- []
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization r						
	supported organization			· · · · ·			> \square
18	Private foundation. If the organization di				a, or 17b, chec	k this box and	see
	instructions						

•				/ Λ	or 1		·
	le A (Form 990 or 990-EZ) 2017 CA ULT		oman-		2 1	-051078	Page 3
Part	(Complete only if you checked the				nization failed	l to qualify un	der Part II
	If the organization fails to qualify						der rart II.
Secti	on A. Public Support	under the tec	no noted bore	,, piedee ee	inplote r are	,	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees	(-)			` ' -		
	received. (Do not include any "unusual grants.")	18,985			50,005	97,357	121,327
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	410,840	427,900	434,564	408,625	500,686	2,085,258
3	Gross receipts from activities that are not an unrelated trade or business under section 513					ŀ	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons.	429,825	427,900	434,564	458,630	598,043	2,348,862
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b				it the literature	AND CHARLEST AND AND A ST. OR	
8 	Public support. (Subtract line 7c from line 6.)			1			2,348,862
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	429,825	427,900	434,564	458,630	598,043	2,348,862
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	44	29	956	21 .	2,605	3,655
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	44	29	956	21	2,605	3,655
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,					,	
4.4	and 12.)	429,869	427,929	435,520	458,651	600,648	2,352,517
14	organization, check this box and stop he					ear as a section	
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line			3. column (fl)		15	99.84 %
16	Public support percentage from 2016 Scl					16	99.95 %
	on D. Computation of Investment In						
17	Investment income percentage for 2017 (17	%
18	Investment income percentage from 2016					18	%
19a	331/3% support tests—2017. If the organ						
b	17 is not more than 331/3%, check this box 331/3% support tests—2016. If the organize	=	-				_

line 18 is not more than 33½%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedul	10 A (Form 990 or 990-EZ) 2017 Rabbut Creek Communty Assoc 51-0510	78 Page 4
Part		.43
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete	
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, c	
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F	art V.)
<u>Secti</u>	on A. All Supporting Organizations	152 150
	A 11 C 11 C 11 C 12 C 12 C 12 C 12 C 12	Yes No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c 6
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b

Schedu	16 A (Form 990 or 990-EZ) 2017 Rallet Creak Community Assec 51-05/0	788	< F	Page 5
Part				
		(46)	Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
ь	A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	-	_
	on B. Type I Supporting Organizations			
		Range Town	Yes	No.
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		1	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	No
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	instruc	tions	s).
a b c	 ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity ('see ins	structi	ons)
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2017 Kallt (reels Community)	/4	SSOZ 51-05	10 785 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	gan	izations	
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		/D) Current Vans
Section B - Minimum Asset Amount	Timire .	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	,	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	TELEPHONE CONTROL	
2 Enter 85% of line 1.	2	TOTAL SECTION OF THE	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4	以於: [26] [26] [26] [26] [26] [26] [26] [26]	
5 Income tax imposed in prior year	5	经现代的对象的	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III supporting	organization (see

	e A (Form 990 or 990-EZ) 2017 Callet Creek Co	macmity HSS	a 5+051	0785 Page 7
Part		3) Supporting Organ	izations (continued)	
Secti	on D - Distributions	<u> </u>		Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	<u> </u>		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			· ·
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	,
9_	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		T	****
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	DAG WALK MARK		<u> </u>
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See	No. 2 - The County		
_	instructions.		Course Date Country and Country Countr	
3	Excess distributions carryover, if any, to 2017			
а				ACTUAL AND ADDRESS OF THE PARTY
<u> </u>	From 2013			
<u> </u>	From 2014			
<u>d</u>	From 2015			
	From 2016	Carried Committee Committe		
f	Total of lines 3a through e		Notice That are a second and	
<u> </u>	Applied to underdistributions of prior years Applied to 2017 distributable amount			ALL AND THE SALES OF THE SECOND
<u>h</u> i	Carryover from 2012 not applied (see instructions)			
<u>'</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	ATTENNES OF THE PROPERTY OF TH		
4	Distributions for 2017 from			
•	Section D, line 7:			
а	Applied to underdistributions of prior years		Altera de la Calada en la la la la Calada de Calada de Calada en la calada de Calada d	
b	Applied to 2017 distributable amount			Annual Control of the
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
-	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			发展证据 图 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			•
	Part VI. See instructions.		为你是你没有的事的	,
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			200 (200 (200 (200 (200 (200 (200 (200
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess trom 2014			
C	Excess from 2015			The state of the s
	Evenes from 1916	PERSONAL PROPERTY OF THE PERSONAL PROPERTY OF		Princes and the commence of th

e Excess from 2017 . .

Schedule A (Fe	orm 990 or 990-EZ) 201	, RAVI	ud C	irealc	Com	run fr	Arson	51-0519	785	Page 8
Part VI	Supplemental III, line 12; Part B, lines 1 and 2 3a, and 3b; Par lines 2, 5, and 6	Information IV, Section P; Part IV, Section T; V. line 1: F	A. Provide A. lines 1, ection C, li	the explained 1; Paretion B. lire	anations re c, 4b, 4c, 5 t IV, Sections ne 1e: Part	equired by a, 6, 9a, 9 on D, lines V, Sectio	Part II, line b, 9c, 11a, 2 and 3; Pa n D, lines 5,	10; Part II, line 11b, and 11c; art IV, Section I 6, and 8; and	17a or 17b Part IV, Se E, lines 1c.	ction 2a, 2b,
-	····									
-	·····		•••••					••••••		
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name	f the organization		Employer identification number
Rabbi	Creek Community Organization		51-0510785
Par		vised Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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 h	eld in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that grai	nt funds can be used
	only for charitable purposes and not for the bene	fit of the donor or donor advisor, or fo	or any other purpose
	conferring impermissible private benefit?		
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea	• • • • • • • • • • • • • • • • • • • •	f a historically important land area
	Protection of natural habitat	·	f a certified historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.	·	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen		
c	Number of conservation easements on a certified		
d	Number of conservation easements included in	• •	
-			I
3	Number of conservation easements modified, tran	sferred, released, extinguished, or terr	
	tax year ►	, , ,	
4	Number of states where property subject to conse	rvation easement is located >	
5	Does the organization have a written policy re		pection, handling of
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing of	conservation easements during the year
	>	<i>3. 3</i> , <i>3</i>	,
7	Amount of expenses incurred in monitoring, inspectir	ng, handling of violations, and enforcing	conservation easements during the year
	▶\$		5 ,
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(B)(ı)
			· · · · · ·
9	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		
	organization's accounting for conservation easeme	ents.	
Par	III Organizations Maintaining Collection	s of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SF	AS 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, ed	lucation, or research in furtherance of
	public service, provide, in Part XIII, the text of the f	ootnote to its financial statements that	t describes these items.
b	If the organization elected, as permitted under S	FAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar		
	public service, provide the following amounts relat	•	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art		
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1 .		
	Assets included in Form 990, Part X		

Schedu	le D (Form 990) 2017 KsWt (خلاه	(Cann	Lund	-y 4	5502	<u>51-</u>	05107	<u>85</u>)	Page 2
Part	III Organizations Maintainin	ıg Coll	lections of	Art, His	torical	Treasure	s, or O	ther Similar	Asse	e ts (conti	
3	Using the organization's acquisition		ssion, and o	ther reco	rds, che	ck any of t	the follo	wing that are	a sigi	nificant us	se of its
	collection items (check all that apply	/):									
а	☐ Public exhibition					or exchar					
b	☐ Scholarly research			е	Othe	er					
C	☐ Preservation for future generation										
4	Provide a description of the organiz	ation's	collections	and expl	ain how	they furthe	r the org	ganızation's e	xemp	t purpose	in Part
	XIII.										
5	During the year, did the organization										
	assets to be sold to raise funds rath	er than	to be maint	ained as	part of th	e organiza	ition's co	ollection? .	•	☐ Yes	_ No
Part	IV Escrow and Custodial Ar										
	Complete if the organization	on ans	wered "Yes	on For	m 990,	Part IV, lu	ne 9, or	reported an	amo	unt on F	orm
	990, Part X, line 21.	_									
1a	Is the organization an agent, truste								s not	_	_
	included on Form 990, Part X?								•	☐ Yes	☐ No
b	If "Yes," explain the arrangement in	Part XI	II and compl	ete the fo	llowing t	table:					
									Amo	ount	
С	Beginning balance						10	;		_	
d	Additions during the year						10	1			
е	Distributions during the year							-+			
f	Ending balance										
	Did the organization include an amo										☐ No
b	If "Yes," explain the arrangement in	Part XI	II. Check he	e if the e	xplanatio	n has bee	n provid	ed on Part XII	<u> 1</u>		
Par	t V Endowment Funds.										
	Complete if the organization										
		(a)	Current year	(b) Pri	or year	(c) Two ye	ars back	(d) Three years	back	(e) Four yea	irs back
1a	Beginning of year balance										
b	Contributions					<u> </u>					
С	J . J .										
	losses										
d	Grants or scholarships										
е	Other expenditures for facilities and										
	programs										
f	Administrative expenses										
g	End of year balance			L		1					
2	Provide the estimated percentage o				e (line 1ç	g, column ((a)) held	as:			
а	Board designated or quasi-endowm			%							
b	Permanent endowment ▶	%	•								
C	Temporarily restricted endowment I		%								
	The percentages on lines 2a, 2b, an										
3a	Are there endowment funds not in t	he pos	ssession of the	ne organi	zation th	at are held	and ad	lministered fo	r the		
	organization by:									-	s No
	(i) unrelated organizations								•	3a(i)	
_	(ii) related organizations								•	3a(ii)	
b	If "Yes" on line 3a(ii), are the related						?		•	3b	
4	Describe in Part XIII the intended us			on's end	owment f	unds.					
Part											
	Complete if the organization	n ans			$\overline{}$				90, Pa		
	Description of property		(a) Cost or o (investm			or other basis		Accumulated epreciation		(d) Book va	lue
			(111003111		ļ <u>"</u>	J. 101)	<u> </u>	opi ediation	-		
1a	Land	•			ļ				4	 .	
b	Buildings								4		
С	Leasehold improvements	•			ļ		 		4		
d	Equipment				ļ		₩		₩		
е	Other	_			<u> </u>	41,58		31,16	5		10,421
Total	Add lines 1a through 1e (Column (d)	muct o	agual Form 9	On Part	Y colum	n (R) line 1	1001	•	1		10 421

Schedule D (Fo	rm 990) 2017 Kall (graf Cy	reek Commun.	+4	HSSOC	51-05	10 785 Page :
Part VII	Investments-Other Secu	rities.				
	Complete if the organization	n answered "Yes" on Fo	rm [′] 99	0, Part IV, Iır	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or of (including name of security)		(t) Book value		hod of valuation -of-year market value
(1) Financial	derivatives			•		
• •	neld equity interests					
(A)				•		
(B)				· · · · · · · · · · · · · · · · · · ·		
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	b) must equal Form 990, Part X, col. (B) line Investments—Program Re		1			1316(1:10114K23-294-4315-14)
Part VIII	Complete if the organization		rm 99	n Part IV lin	e 11c. See Form	990 Part X line 13
	(a) Description of investment		T) Book value		thod of valuation
	(a) Description of investi	nent.	"	y Dook value		-of-year market value
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	b) must equal Form 990, Part X, col. (B) line	13.) 🚩	L	<u> </u>	[2.45](A.15)(M.15)(B.16)(M.15)	
Part IX	Other Assets. Complete if the organization	n answered "Ves" on Fo	rm aa	∩ Part IV lin	e 11d See Form	990 Part X line 15
	Complete it the organization	(a) Description	1111 33	o, r arciv, iii	e i i a. occ i om	(b) Book value
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	mn (b) must equal Form 990, Pa	rt X, col (B) line 15.)	•	· · · ·		
Part X	Other Liabilities.		00	0 D-4 N/ II-	- 44 446 0	000 Dad V
	Complete if the organization	n answered "Yes" on Fo	rm 99	υ, Part IV, IIn	e He or Hi. See	e Form 990, Part X,
1.	line 25. (a) Description of liability	(b) Book value	-	avaline inde	11 19 11 11 19 11 12 12 12 12 12 12 12 12 12 12 12 12	
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	n) must equal Form 990, Part X, col. (B) ling :					
	uncertain tax positions. In Part XIII					
organization's	s liability for uncertain tax positions	under FIN 48 (ASC 740). Ch	eck her	e if the text of t	he footnote has bee	n provided in Part XIII

Cabadul	e D (Form 990) 2017	Kalu	+/	(. (.		1.	Ĺ_,		1- 0	C10	785	Page 4
		liction of	Payanu	reek	ditod	mmu.	Stateme	ente l	With Revenu				- rage -
Part									V, line 12a.	e per i	ietaiii.		
	Total revenue, g										1		
1 2	Amounts include							• •		· ·			
a	Net unrealized g							2a		li li			
b	Donated service												
C	Recoveries of pr							$\overline{}$					
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e	Add lines 2a thro										2e		
3	Subtract line 2e	-								[3		<u></u>
4	Amounts include	d on Form	990, Parl	VIII, line	12, but	not on line	1:	1			Ē		
а	Investment expe	nses not in	cluded or	n Form 99	0, Part	VIII, line 7b		4a					
b	Other (Describe	ın Part XIII.)						4b					
C	Add lines 4a and									<u>-</u>	4c		
5	Total revenue. A										5		
Part									With Expens	ses pe	r Retur	n.	
							m 990, I	Part I	V, line 12a.				
1	Total expenses a	· ·								[1		
2	Amounts include								r				
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b	Prior year adjust							2b			*#*		
С	Other losses .							2c	<u> </u>				
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2, Pari	t XI, lines 2d and	4b; and Par	t XII, lines	s 2d and	4b. Also	complete	this part	to pro	ovide any additi	ional inf	ormatioi	ı. 	
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Schedule D (Fo	rm 990) 2017	Ball	t Creek	c Com	munity	Assoc	51-	05107	85	Page 5
Part XIII	Supplem	ental Infor	nation (cor	ntinued)						
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047
2017

Open to Public Inspection

Employer identification number

51-0510785

Department of the Treasury Internal Revenue Service Name of the organization

Rabbit Creek Community Association

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Form 990, Part VI, Line 11B - Organization's process to review form 990 interested board members are invited to review the tax return at board meetings prior to its filing.
Form 990, Part VI, Line 15a - Compensation review and approval process -Executive Director and top manangement
Nonprofit organization salary survey's are published biannually by a local nonprofit group. This informatino is utilized when establishing
the compensation of the executive director.
Form 990, Part VI, Line 19 - Governing documents disclosure explanation governing documents are made availabel upon request.
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Schedule O (Form 990 or 990-EZ) (2017)	Kallette	eal Cormin	unity /tsoz	51-051	0785 Page 2
Name of the organization	1 1 2 COURT TO	aca comm	omen in the second	Employer ider	ntification number
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