

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

2018

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

Do not enter social security numbers on this form as it may be made public. 1903
Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 04-01, 2018, and ending 03-31, 2019

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: Armour Fields Homes Association. D Employer identification number: 43-6049403. E Telephone number: (913) 385-2440. F Group Exemption Number.

G Accounting Method: Cash, Accrual, Other. H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

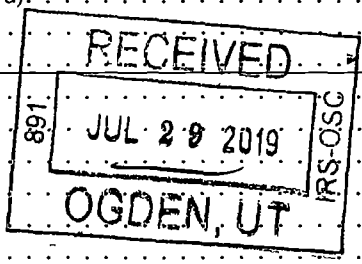
I Website: J Tax-exempt status (check only one): 501(c)(3), 501(c)(4), 4947(a)(1), 527.

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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 122,456

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.

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 122,456 and total expenses is 110,801, resulting in a net asset of 11,655.



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SCANNED SEP 18 2019

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**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	62,534	22	81,315
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	16,738	24	14,589
25 Total assets	79,272	25	95,904
26 Total liabilities (describe in Schedule O)	5,242	26	10,219
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	74,030	27	85,685

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? preservation of property values

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 Security services	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	40,686
29 Maintenance of common areas	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	44,608
30 Building a sense of community through newsletters and events	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	13,564
31 Other program services (describe in Schedule O)	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	98,858

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Hank Van Arsdale President	6.00	0	0	0
John Murphy VP	3.00	0	0	0
Kevin Hodge Treasurer	4.00	0	0	0
Michael Stasi Director	2.00	0	0	0
Brian Hand Director	2.00	0	0	0
Jenna Jantsch Director	2.00	0	0	0
Molly Williams Director	2.00	0	0	0
Mike Tiehen Director	3.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . 46 Yes No X

Part VI Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

47 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 . . . . . 47 Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . . 48 Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 49a Yes No

b If "Yes," was the related organization a section 527 organization? . . . . . 49b Yes No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . . . . . Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: Hank Van Arsdale Date: 7/25/19 Type or print name and title: Hank Van Arsdale - President

Paid Preparer Use Only Print/Type preparer's name: Clarence Foxworthy Preparer's signature: [Signature] Date: 7/21/2019 Check self-employed: [X] PTIN: P01443271 Firm's name: CNF Tax Services Firm's EIN: 91-4925768 Firm's address: 18890 W 116th St Olathe KS 66061 Phone no: 816-550-3775

May the IRS discuss this return with the preparer shown above? See instructions . . . . . Yes No

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Employer identification number

**Armour Fields Homes Association**

**43-6049403**

**01. Description of other expenses (Part I, line 16)**

Description	Amount
Social activities	13,495
Security Services	40,686
Insurance	2,367
Misc	628

**02. Description of other assets (Part II, line 24)**

Category	Beginning of Year	End of Year
Accts Receivable	4,038	1,889
Deposit	12,700	12,700

**03. Description of total liabilities (Part II, line 26)**

Category	Beginning of Year	End of Year
Accts Payable	5,242	10,219