

Short Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

OMB No. 1545-1150

2016

Open to Public
Inspection

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning

, 2016, and ending

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C

Palisair Homeowners Association
P.O. Box 901
Pacific Palisades, CA 90272

D Employer identification number

95-6054254

E Telephone number

310-573-1083

F Group Exemption
Number..... ►G Accounting Method: Cash Accrual Other (specify) ►I Website: ► www.palisair.orgJ Tax-exempt status (check only one) — 501(c)(3) 501(c)(4) (insert no.) 4947(a)(1) or 527K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 46,141.

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

1 Contributions, gifts, grants, and similar amounts received.....	1
2 Program service revenue including government fees and contracts.....	2
3 Membership dues and assessments.....	3 46,141.
4 Investment income.....	4
5a Gross amount from sale of assets other than inventory.....	5a
b Less: cost or other basis and sales expenses.....	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).....	
6 Gaming and fundraising events	5c
a Gross income from gaming (attach Schedule G if greater than \$15,000).....	6a
b Gross income from fundraising events (not including \$ _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).....	of contributions
c Less: direct expenses from gaming and fundraising events.....	6b
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).....	6c
7a Gross sales of inventory, less returns and allowances.....	6d
b Less: cost of goods sold.....	7a
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).....	7b
8 Other revenue (describe in Schedule O).....	7c
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.....	8
	9 46,141.
10 Grants and similar amounts paid (list in Schedule O).....	10
11 Benefits paid to or for members.....	11
12 Salaries, other compensation, and employee benefits.....	12
13 Professional fees and other payments to independent contractors.....	13 3,456.
14 Occupancy, rent, utilities, and maintenance.....	14
15 Printing, publications, postage, and shipping.....	15 200.
16 Other expenses (describe in Schedule O).....	16 39,731.
17 Total expenses. Add lines 10 through 16.....	17 43,387.
18 Excess or (deficit) for the year (Subtract line 17 from line 9).....	18 2,754.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).....	19 15,307.
20 Other changes in net assets or fund balances (explain in Schedule O).....	20
21 Net assets or fund balances at end of year. Combine lines 18 through 20.....	21 18,061.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2016)

Part II Balance Sheets (see the instructions for 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.....	15,307.	22 18,061.
23 Land and buildings.....		23
24 Other assets (describe in Schedule O).....		24
25 Total assets.....	15,307.	25 18,061.
26 Total liabilities (describe in Schedule O).....	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).....	15,307.	27 18,061.

Part III Statement of Program Service Accomplishments (see the instructions on the back of this page)

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

What is the organization's primary exempt purpose? See Schedule O.

What is the organization's primary exempt purpose? See Schedule O
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.

28	The primary purpose of the PHOA is to enforce the CC&Rs and the architectural guidelines of the community and to keep members informed of ongoing important activities.	
28	(Grants \$ _____) If this amount includes foreign grants, check here _____ □	28a 43,387.
29	----- ----- (Grants \$ _____) If this amount includes foreign grants, check here _____ □	29a
30	----- ----- (Grants \$ _____) If this amount includes foreign grants, check here _____ □	30a
31	Other program services (describe in Schedule O) _____ (Grants \$ _____) If this amount includes foreign grants, check here _____ □	31a
32	Total program service expenses (add lines 28a through 31a) _____	32 43,387.

Part IV List of Officers, Directors, Trustees, and Key Employees

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

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.

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.....	33	X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).....	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?.....	35a	X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.....	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0.	37b	X
b Did the organization file Form 1120-POL for this year?.....	38a	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?.....	38b	N/A
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.....	39a	N/A
39 Section 501(c)(7) organizations. Enter:	39b	N/A
a Initiation fees and capital contributions included on line 9.....		
b Gross receipts, included on line 9, for public use of club facilities.....		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A	40b	X
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.....		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ► 0.		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization..... ► 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.....	40c	X
41 List the states with which a copy of this return is filed ► None	40d	X

	Yes	No
42a The organization's books are in care of ► Chuck Emerick Located at ► P.O. Box 901 Pacific Palisades CA	42b	X
	Telephone no. ► 310-573-1083 ZIP + 4 ► 90272	
b 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)?..... If 'Yes,' enter the name of the foreign country:►	42c	X

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside the United States?.....
If 'Yes,' enter the name of the foreign country:►

	Yes	No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here..... and enter the amount of tax-exempt interest received or accrued during the tax year..... ► 43 N/A		
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.....	44a	X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.....	44b	X
c Did the organization receive any payments for indoor tanning services during the year?.....	44c	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.....	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....	45a	X
b 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).....	45b	X

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.

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

OMB No. 1545-0047

2016**Open to Public
Inspection**Palisair Homeowners AssociationEmployer identification number
95-6054254**Form 990-EZ, Part I, Line 16**
Other Expenses

Administrative Fees.....	\$ 13,225.
Architectural Fees.....	5,453.
Bank Fees.....	51.
Computer and Internet.....	378.
Insurance.....	18,747.
Meetings.....	1,543.
Miscellaneous Fees.....	50.
Property Maintenance.....	200.
Property Taxes.....	14.
State CID & SI 100.....	70.
Total \$	<u>39,731.</u>

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

The primary purpose of the PHOA is to enforce the CC&Rs and the architectural guidelines of the community and to keep members informed of ongoing important activities.