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

Open to Public Inspection

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

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

2022 A For the 2021 calendar year, or tax year beginning  $MAY\ 1$  ,  $\ 2021$ and ending APR 30, D Employer identification number B Check if applicable C Name of organization ARROWHEAD WOODS Address change ARCHITECTURAL COMMITTEE, INC. 33-0208452 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number (909)336-2755Final P.O. BOX 2026 265,140. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended LAKE ARROWHEAD, CA 92352 H(a) is this a group return Yes X No Applica-F Name and address of principal officer:RICH SCOTT for subordinates? H(b) Are all subordinates included? Yes No 92352 PO BOX 1452, LAKE ARROWHEAD, CA 301(c)(3) X 501(c) ( 4 ) ✓ (insert no.) If "No," attach a list. See instructions Tax-exempt status: J Website: ► WWW.AWAC.BIZ H(c) Group exemption number L.Year. of formation: 1990 M State of legal domicile: CA K Form of organization: X Corporation Trust Association Other -Part I Summary Briefly describe the organization's mission or most significant activities: TO MAINTAIN THE QUALITY OF Governance DESIGN, CERTAIN MINIMUM LIVING SPACE REQUIREMENTS, ATTRACTIVENESS, Check this box 

if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C) line 12

b Net unrelated business taxable income from Form 990 F part VIIIe D

Attorney General's Office 7a 0. **Prior Year Current Year** 0. O. Contributions and grants (Part VIII, line 1h) Revenue Program service revenue (Part VIII, line 2g) AUG. 14/2023 210,023 265,140. 0. Ω. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Ō. Ō. Other revenue (Part VIII, column (A), lines Registry of Charitable Trusts 265,140. 210,023. Total revenue - add lines 8 through 11 (must equal Part-VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 133) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 90,143. 80,173. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 96,007. 107,768. Other expenses (Part IX, column (A), lines 1 11, 11f-24e) 186,150. 187,941.Total expenses. Add lines 13-17 (must equal Rart IX, column (A), line 25) 78,990. 22,082. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 58 138,027. Ssets Baland 59,910. 20 Total assets (Part X, line 16) 2,228. 355. 21 Total liabilities (Part X, line 26) 136,672. 57,682. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjupy, 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. Reclaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign STACEY LIPPERT SECRETARY/TREASURER Here Type or print name and title Print/Type preparer's name Preparer's signature ₱00074166 09/02/22 Paid CINDY R. WATTS Firm's EIN > 77-0549163 Firm's name SOREN MCADAM LLP Preparer Firm's address > 2068 ORANGE TREE LANE, SUITE 100 Use Only Phone no. (909) 798-2222 REDLANDS, CA 92374 X Yes No May the IRS discuss this return with the preparer shown above? See instructions

132002 12-09-21

including grants of \$

147,883.

Form 990 (2021)

Total program service expenses

ARCHITECTURAL COMMITTEE, INC. Form 990 (2021) , ARCHITECTURA

Part IV Checklist of Required Schedules

	*		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
'	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions	2		X
13	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Did the appear in table in activities or baye 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	"			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account /lability,∢şêrve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes." complete Schedule D, Part IV	9		X
10				₩.
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,			
	as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١.,		х
	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	441		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		_
	c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44-		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	
i i	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	11d		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX.	11a	Х	<u> </u>
	e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	l le		$\vdash$
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		х
!	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	- 11	T	† <del></del> -
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		х
	Schedule D, Parts XI and XII	120	<del>                                     </del>	† <u>-</u> -
	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		X
	* I I I I I I I I I I I I I I I I I I I	13	<b>†</b>	X
13	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	Х
14	<ul> <li>Did the organization maintain an office, employees, or agents outside of the officed states?</li> <li>Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,</li> </ul>	1.10		$\vdash$
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, functioning, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
42	The state of the s			
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	The state of the s			
"	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	the page of the pa			
• • •	column (A), lines 6 and 11e? /f "Yes," complete Schedule G, Part I. See instructions	17	L_	X
18	The state of the state of the decision of the state of th			
16	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Y the page of the same form coming path titles on Port VIII line 0.02 If "Ves."			
	complete Schedule G. Part III	19		X
21	Da Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
-	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
2	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		<u>  X</u>
13:	2003 12-09-21	For	n <b>990</b>	(2021)

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ARCHITECTURAL COMMITTEE, INC. Form 990 (2021) ARCHITECTURAL COMM
Part IV Checklist of Required Schedules (continued)

r a:	Officialist of frequined content and positive and an arrangement of the content o		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		х
	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
	Schedule K. If "No," go to line 25a	24b		
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	any tax-exempt bonds?	24d		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	2-70		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		X
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
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? If "Yes," complete	25b		Х
	Schedule L, Part I			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		X
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	<u> </u>		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If 'Yes," complete Schedule L, Part III	27		X
	was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	-		
28	Was the organization a party to a business transaction with one of the following parties (see the sollowing parties)		-	
	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	// 🛦 🦠 /	28a		2
_	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		2
b	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			Г
С		28c		2
	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Σ
29	Did the organization receive more than \$25,000 invitorical treasures, or other similar assets, or qualified conservation			
30		30		2
	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		3
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "res," complete organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
32	Schedule N, Part II	32		2
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			١,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	2
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		1	;
	Part V, line 1	34	┼	1
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	+	H
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	╁
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		
	If "Yes," complete Schedule R, Part V, line 2	30	-	t
37	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, Part VI	\ <del>''</del>	T	H
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	x	
Pa	Note: All Form 990 filers are required to complete Schedule O  rt V Statements Regarding Other IRS Filings and Tax Compliance	1 30	1	<u>,                                     </u>
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
		0	Yes	╀
1a	Enter the number reported in box 3 of Form 1096. Enter-0-11 not applicable			
k	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	Ĭ		1
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		-	-
	(gambling) winnings to prize winners?	1c	n 990	100
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.4(	902 756037 27012 2021.04020 ARROWHEAD WOODS ARCHITECTUR	41	0 T Z	—

Form 990 (2021) ARCHITECTURAL COMMITTEE, INC.

[Part V] Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No					
2	а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			1					
		filed for the calendar year ending with or within the year covered by this return 2a 1								
	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			$\frac{\mathbf{x}}{\mathbf{x}}$					
3		Did the organization have unrelated business gross income of \$1,000 or more during the year?								
	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
	<b>~</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x					
7	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
		b If "Yes," enter the name of the foreign country								
	D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
_	_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
	d L	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
		If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
_	C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
0	а	any contributions that were not tax deductible as charitable contributions?	6a		Х					
		If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	D		6b							
		were not tax deductible?								
7		Organizations that may receive deductible contributions under section 170(c).  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		X					
	а	Did the organization receive a payment in excess of \$75 made party as a contribution and party forgoods and solvices provided to the payor.	7b							
	þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.0		$\vdash$					
	С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7c		x					
		to file Form 8282?	70	<del>                                     </del>						
	d	If "Yes," indicate the number of Forms 8282 filed during the year								
	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
	g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?									
ç	9 Sponsoring organizations maintaining donor advised funds.									
	a Did the sponsoring organization make any taxable distributions under section 4966?									
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?									
10	)	Section 501(c)(7) organizations. Enter:		Į						
ı	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	ļ							
1	1	Section 501(c)(12) organizations. Enter:	1							
	а	Gross income from members or shareholders 11a		Ì	}					
	b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	_	amounts due or received from them.)	albanoo de							
15	2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?	12a	ļ						
•	h	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
1:		Section 501(c)(29) qualified nonprofit health insurance issuers.								
'		Is the organization licensed to issue qualified health plans in more than one state?	13a							
	4	Note: See the instructions for additional information the organization must report on Schedule O.								
	h	Enter the amount of reserves the organization is required to maintain by the states in which the								
	U	organization is licensed to issue qualified health plans								
	_	Enter the amount of reserves on hand	]:	L	<u> </u>					
4		Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
1	721 -	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
		Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
1.	3		15		X					
	_	If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
1	6									
ا	_	If "Yes," complete Form 4720, Schedule O.		_	-					
, 1	1	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	17		1					
		activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	<del>                                     </del>	+	1					
		If "Yes," complete Form 6069.								

Form 990 (2021) Part VI | Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O. 6 **b** Enter the number of voting members included on line 1a, above, who are independent \_\_\_\_\_\_ 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 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? 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?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7a X persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Řа a The governing body? X 8b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all-members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 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? X a The organization's CEO, Executive Director, or top management official X b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ►CA 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain on Schedule O) Another's website Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

132006 12-09-21

92352

STACEY LIPPERT - (909) 336-2755

P.O. BOX 2026, LAKE ARROWHEAD, CA

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization ne	or any related	elated organization compensat					nsat	ated any current officer, director, or trustee.						
(A)	(B)			(C	<b>;</b> )			(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more that			than (	nne	Reportable	Reportable	Estimated				
, , , , , , , , , , , , , , , , , , , ,	hours per	box,	box, unless person		rson is	on is both an		compensation	compensation	amount of				
	week	offic	er an	d a di	recto	r/trust	tee)	from \	from related	other				
it.	(list any	Ę			. 1			the	organizations	compensation				
4	hours for	rd dir		ıl		E E	1	organization	(W-2/1099-MISC/	from the				
	related	ste	ruste	ıl		suad	1.	(W-2/1099-MISC/ /1099-NEC)	1099-NEC)	organization and related				
	organizations	重	onalt	ıÌ	ploye	E 8	Ĺ	1099-NEC)		organizations				
1	below	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations				
	line)	Ĕ	Ë	티	활	호	요	<del>  \</del>						
(1) STACEY LIPPERT	30.00							A 02 077	0.	0.				
SECRETARY/TREASURER				X,			<u> </u>	// 83,977.	0.	- 0 •				
(2) RICH SCOTT	2.00		,	1			1		20 555	0				
CEO, PRESIDENT AND DIRECTOR		X	1	X	1		_	0.	30,775.	0.				
(3) CRYSTAL UPTON	2.00	1	1		7	1	7	_	_					
CFO, VICE PRESIDENT AND DIRECTOR		] X.	/	۰Xٍ/				0.	0.	0.				
(4) RON DOUGHERTY	2.00		1				Г							
DIRECTOR		x		1	7		l	0.	0.	0.				
(5) ALLISON BANNER	24,00			$\Box$	Г	Г	Т							
DIRECTOR	1(/	X	1					0.	0.	0.				
(6) JACKI STANFIELD	2.00	<del> </del>	1	H	$\vdash$	${ d}$			· · · · · · · · · · · · · · · · · · ·					
DIRECTOR	2.00	X.	/				ļ	0.	0.	0.				
	2.00			$\vdash$	┢	╁╴	┢							
(7) JIM TAYLOR	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	x		'			1	0.	0.	0.				
DIRECTOR	\ <u>``</u>	╇	┝	₩	┢	+	┝							
	$\rightarrow$	1					l							
	*	十一	$\vdash$	$\vdash$	T	t								
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										F 000 (0001)				

Parl	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hi	ghe	st C	ompensated Employee	es (continued)			
	(A)	(B)	(B) (C)				(D)	(E)	(	F)			
	Name and title	Average	(do	not el	Posi heck	ition more	than	one	Reportable	Reportable		nated	
		hours per	box	unles	ss pe	rson	is both	h an	compensation	compensation		unt of	
	•	week (list any	-				1		from the	from related organizations	compe	her neatic	าก
		hours for	irect				L		organization	(W-2/1099-MISC/		n the	,,,,
		related	900	stee			sate		(W-2/1099-MISC/	1099-NEC)	•	izatio	n
	•	organizations	truste	al tru:		) Aee	эш		1099-NEC)	•	and i	elated	t
	1	below	ndividual trustee or director	Institutional trustee	英	Key employee	Highest compensated employee	Je.			organ	ization	IS
		line)	ğ	lusti	Officer	ξe.	High	Former					
	•												
				_	_		<u> </u>	_					
			1		_	_	_	_					
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			┨										
			$\vdash$	┼┈	1		-	٦,	1				
			1		>			1	. *				
45	Subtotal	1		17	_	<del>\_</del>	A. A.	Ì	83,977.	30,775.			0.
10	Subtotal	II Section A	€	···(··	1	<i></i>			0.	0.			0.
	Total (add lines 1b and 1c)			٧.	<i>(</i>	·····			83,977.	30,775.			0.
2	Total number of individuals (including but	not limited to-t	hose	liste	ed a	bóv	e) w	ho r					
2	compensation from the organization		,000	<b>-</b>			٠,		****	.,			0
	compensation from the organization.			17							,	/es	No
3	Did the organization list any former officer	director, trus	tee,,	key	emp	oloye	ee, o	r hig	ghest compensated emp	oloyee on			
	line 1a? If "Yes," complete Schedule J for										3		X
4	For any individual listed on line 1a, is the s	um of reportat	e c	omp	ens	atio	n an	d ot	ther compensation from	the organization			
	and related organizations greater than \$15	50,000? It Yes	," cc	ompl	ete	Sch	edul	e J	for such individual		4		X
5	Did any person listed on line 1a receive or												
	rendered to the organization? If "Yes," cor	mplete Schedu	le J	for s	uch	per	rson				5		X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co										sation fro	om	
	the organization. Report compensation for	the calendar	year	end	ing	with	or v	vithi	n the organization's tax	year.			
	(A)				_				(B) Description of s	onvione (	(C) Compen:	eation	
	Name and busines	s address	N	ON:	E				Description of s	services ,	- Joinpen	Saucii	
	1												
	ŕ												
	·												
													_
_													
2	Total number of independent contractors	(including but	not	imite	ed to	o the	ose I	iste	d above) who received r	nore than			
. ~	\$100,000 of compensation from the organ					_ 411	0						
	TOO,000 or componsation from the organ										Form 9	90 (2	021

orm 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Unrelated Revenue excluded Related or exempt Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1b Membership dues Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f 1g \$ h Total. Add lines 1a-1f **Business Code** 265,140. 265,140. 2 a CONSTRUCTION AND INSPE 561499 Program Service Revenue f All other program service revenue 265,140, Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties ..... (ii) Personal<sup>4</sup> (i) Real 6 a Gross rents \_\_\_\_\_1 6a b Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) .(ii) Other 7 a Gross amount from sales of (i) Securities assets other than inventory **b** Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) ..... 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10' a Gross sales of inventory, less returns 10a and allowances b Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue e Total. Add lines 11a-11d .... 0. 265,140. 265,140. Total revenue. See instructions Form 990 (2021)

Form 990 (2021) ARCHITECTURAL
Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A).	·
	Check if Schedule O contains a respon		this Part IX		(X)
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				·
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
1	individuals. See Part IV, lines 15 and 16	*			
1 4	Benefits paid to or for members			-	
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above to disqualified				
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	83,977.	62,49,83.	20,994.	
<sub>1</sub> 7	Other salaries and wages		1	11	
8	Pension plan accruals and contributions (include			//	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		1611		
10	Payroll taxes	6,166.	~ 4,624.	1,542.	
11	Fees for services (nonemployees):				
ŀ		11,336	<b>8,501.</b>		
	Accounting	1,340%	983.	327.	
	Lobbying		1/4		
, (	Professional fundraising services. See Part IV, line 17	110			
1	Investment management fees	\ \ /			
3 9	Other. (If line 11g amount exceeds 10% of line 25,		22.000		
1	column (A), amount, list line 11g expenses on Sch 0.)	33,080%			
12	Advertising and promotion	2,922.			
13	Office expenses	4,400.	3,300.	1,100.	
14					
j 15	Royalties	12 140	0.061	3,287.	
16		13,148.	9,861.	3,401	
17	Travel	<u>//</u>			
18	•				
	for any federal, state, or local public officials	1 500	1,132.	377.	
19		1,509.	1,134	3//-	
20	***************************************				
21	•			<del>                                     </del>	
22		27,637.	20,728	6,909.	
. 23	and the state of t	27,037	207720		
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
	a DUES AND SUBSCRIPTION	250.	188	62.	
å	b ALARM	240.		60.	
1	BANK CHARGES	105.	· · · · · · · · · · · · · · · · · · ·	. 26.	
	d FILING FEE	70.	53	. 17.	
	e All other expenses				
25		186,150.	147,883	. 38,267.	0.
26	A A A A A A A A A A A A A A A A A A A				
1	reported in column (B) joint costs from a combined				
-	educational campaign and fundraising solicitation.				
-	Check here if following SOP 98-2 (ASC 958-720)				000
132	010 12-09-21				Form <b>990</b> (2021

		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
_		Out and interest has size	59,910.	1	138,027
	1	Cash - non-interest-bearing	33,73231	2	
	2	Savings and temporary cash investments		3	
	3	Pledges and grants receivable, net		4	
	4	Accounts receivable, net		-	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%	`	5	Respective in Arthur State Indianal Institution of the Institution of
		controlled entity or family member of any of these persons		-	
	6	Loans and other receivables from other disqualified persons (as defined		6	
	1	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		7	
	7	Notes and loans receivable, net			
1	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	·
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a	<del> </del>	40-	
	b	Less: accumulated depreciation 10b		10c	<del></del>
	11	Investments other securities See Part IV line 11		11	
	12	mivestifients - other securities. See Factiv, into 11		12	·
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	F0 010	15	120 02
┙	16	Total assets. Add lines 1 through 15 (must equal line 33)	₹ 59,910.	16	138,02
T	17	Accounts payable and accrued expenses	<u> </u>	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
ı	20	Tax-exempt bond liabilities	,	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
-	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17,24). Complete Part X			4 0=
١		of Schedule D	2,228.		1,35
-	26	Total liabilities. Add lines 17 through 25	2,228.	26	1,35
		Organizations that follow FASB ASC 958, check here			
		and complete lines 27, 28, 32, and 33.			
ļ	27	Net assets without donor restrictions		27	
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here			
		and complete lines 29 through 33.		_	
	29	Capital stock or trust principal, or current funds	0.	29	
	30	Paid-in or capital surplus, or land, building, or equipment fund	0.		
ĺ	31	Retained earnings, endowment, accumulated income, or other funds	57,682.	31	136,67
	32	Total net assets or fund balances	57,682.	32	136,67
- 1	33	Total liabilities and net assets/fund balances	59,910.	33	138,02

Form	990 (2021) ARCHITECTURAL COMMITTEE, INC.		0200101	га	<u> </u>			
	t XI Reconciliation of Net Assets							
•	Check if Schedule O contains a response or note to any line in this Part XI				<u></u>			
					40			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		$\frac{5,1}{6,1}$	50.			
2	Total expenses (must equal Part IX, column (A), line 25)	2			90.			
3	Revenue less expenses. Subtract line 2 from line 1	3			82.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	7,0	04.			
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			0.			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			<u> </u>			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		12	6 6	72.			
ŧ	column (B))	10		, 0	74.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	T <sub>No</sub>			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other	- ^	<del></del>		1			
1	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e U.	2a	-	X			
2a	2a 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 compiled or reviewe	o on a						
	separate basis, consolidated basis, or both:			1	1			
į	Separate basis Consolidated basis Both consolidated and separate basis		2b	-	X			
b	Were the organization's financial statements audited by an independent accountant?	to baci		<b>-</b>	†=			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	le Dasi	5,	1				
	consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis		i i		ļ			
	Separate basis Consolidated basis Both consolidated and separate basis	aa audi		-	-			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audi	, 2c		1			
	review, or compilation of its financial statements and selection of an independent accountant?	hodule	10	+-	T			
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.								
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								
	Act and OMB Circular A-133?	uirad a	3a	T	+			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	un cu a	3b					
<b>]</b>	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	,	For		(2021			
1					,			
1								
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							

## 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.

ARROWHEAD WOODS

Open to Public

Name of the organization

Employer identification number

OMB No. 1545-0047

Inspection

	ARCHITECTURAL COMMI		33-0208452
Par		Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(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 w	riting that the assets held in donor advise	ed funds
•	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
•	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	conferring
	impermissible private benefit?		Yes No
Par		nization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (for example, recreati		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space	17 17 2	
	Complete lines 2a through 2d if the organization held a qualifie	od conservation contribution in the form of	of a conservation easement on the last
2	day of the tax year.	a conservation continuation in and to in	Held at the End of the Tax Year
	· · · ·	× ×	2a
a	Total number of conservation easements  Total acreage restricted by conservation easements		2b ~
0	Number of conservation easements on a certified historic stru-	aturo includad in (a)	2c
С.	Number of conservation easements on a certified historic struing Number of conservation easements included in (c) acquired at	Citire ricidied in (a)	
d	,	ter,7/25/06, and not on a historic structu	" 2d
	listed in the National Register  Number of conservation easements modified, transferred, rele	and the state of t	
3		ased, extinguished, or terminated by the	organization during the tax
_	year >		
- 4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		Yes No
	violations, and enforcement of the conservation easements it	hölds?	
6	Staff and volunteer hours devoted to monitoring, inspecting,	landling of violations, and emorcing cons	ervation easements during the year
_			tion accoments during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservat	ion easements during the year
_		action the requirements of postion 170/	h)(4)(R)(i)
8	Does each conservation easement reported on line 2(d) above		Van   Na
_			
· 9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's illiancial statement	ents that describes the
The state of	organization's accounting for conservation easements.  t III   Organizations Maintaining Collections of	Art Historical Treasures or O	ther Similar Assets
Pa	Complete if the organization answered "Yes" on Form		arer Ommar Addotor
			nd halance sheet works
1a	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for public		
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these item	IS.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and i	Dalance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		<b>.</b> •
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> .\$
2	If the organization received or held works of art, historical trea		l gain, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
	Revenue included on Form 990, Part VIII, line 1		
<u>b</u>	Assets included in Form 990, Part X		
	For Denominal Deduction Act Notice and the Instructions	4a. Farm 000	Schedule D (Form 990) 2021

132051 10-28-21

ARROWHEAD WOODS

Sc	hec	lule D (Form 990) 2021 ARCHITE(	CTURAL COM	MITTEE	IN	<u>c.                                      </u>	<u> </u>		33-020			<u> 19e</u> 2
	ar	III Organizations Maintaining C								<b>S</b> (contir	nued)	
1	}	Using the organization's acquisition, accession	on, and other record	s, check any	of the	following that	make siç	ınificant ı	use of its			
		collection items (check all that apply):										
	а	Public exhibition	d	Loan	or excl	hange progra	m					
1	b	Scholarly research	e	U Othe	r							
1	С	Preservation for future generations										
1	ı	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
1 (	5	During the year, did the organization solicit or	r receive donátions o	of art, histori	cal trea	sures, or othe	er similar a	assets		,		1
		to be sold to raise funds rather than to be ma								Yes		No
F	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or											
_		reported an amount on Form 990, Par										
	la	Is the organization an agent, trustee, custodi	an or other intermed	liary for cont	ribution	s or other as	sets not i	ncluded	_	1		1
•		on Form 990, Part X?								Yes	<u> </u>	J No
1	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table	:					A		
ŀ		1						-		Amoun	<u> </u>	
	С	Beginning balance										
		Additions during the year					·····					
1	е	Distributions during the year					<i>[</i>	1e				
3	f	Ending balance	••••••			<u> </u>	}}	1f		1		1
	2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escre	ow or c	ustodial acco	űŋt liabilit	y?		Yes	<u> </u>	∐ No
		If "Yes," explain the arrangement in Part XIII.	Check here if the ex	oplanation ha	s bēen	provided on	Part XIII	<u></u>				
L	ar	t V Endowment Funds. Complete i		swered "Yes	on Fo	om 990, Part	IV, line 1	).	roare back	(a) Fou	r voare	hack
			(a) Current year	(b) Prior	/ear -	¿(c) Ţŵọ year	s back (	a) Tillee y	ears back	(e) rou	i years	Dack
	1a	Beginning of year balance				\_/						
	b	Contributions		$\sim$		<b>*</b>						
1	С	Net investment earnings, gains, and losses			$\sum_{i} Z_{i}$	/						
1	d	Grants or scholarships		11,	<u>\/</u>							
-	е	Other expenditures for facilities			<b>\</b>							
		and programs	//									
#	f	Administrative expenses		4/								
	g	End of year balance				<u> </u>						
	2	Provide the estimated percentage of the cur	rent year end balanc	ce (line 1g, c	olumn (	a)) held as:						
	а	Board designated or quasi-endowment		%								
	b	Permanent endowment >										
	С	Term endowment ▶ _ !	% <b>\</b>									
		The percentages on lines 2a, 2b, and 2c sho	ould equal 100%:									
	За	Are there endowment funds not in the posse	ession of the organiz	ation that ar	e held a	and administe	ered for th	ie organi:	zation		-	
,		by:									Yes	No
i		(i) Unrelated organizations								3a(i)	ļ	<del>                                     </del>
9		(ii) Related organizations	Y							3a(ii)	-	<del> </del>
Ļ	b	If "Yes" on line 3a(ii), are the related organization				?				_3b	<u> </u>	L
ŧ_	4	Describe in Part XIII the intended uses of the		owment fund	ls.	·						
iL	Pai	t VI Land, Buildings, and Equipn	nent.					40				
] _		Complete if the organization answere	ed "Yes" on Form 99						- T			
_		Description of property	(a) Cost or o			t or other		cumulate	1	( <b>d</b> ) Boo	ok valu	ıe
_			basis (investi	ment)	basis	(other)	aep	reciation				
_	1a	Land 1										
		Buildings										
	С	Leasehold improvements										
	d	Equipment							_			
1_	е	Other									_	
ַן	ota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	t X, column (	B), line	10c.)			<u> </u>			0.
ì.		,							Schedule	D (For	m 990	) 2021
ľ												

	ARROWHEAD WOO	DDS		
Schedule D	(Form 990) 2021 ARCHITECTURAL	COMMITTEE,	INC.	33-0208452 Page 3
Part VII	Investments - Other Securities.			•
<u> </u>	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11b. See Form 990, Part X, line 12	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financia	al derivatives			
	held equity interests		-	
(3) Other				
(A)				
(B)				
(C)				
( <u>O)</u> i (D)				
(E)				
(F)			-	
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
Dart VIII	Investments - Program Related.			
I di C VIII	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11c. See Form-990, Part X, line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
	(a) Description of investment	(3) 20011 1000	// \)	
(1)	i i			
(2)			17	
(3)			<del>// /&gt; \</del>	
(4)			<del>5 4 / 7 / 7   1   1   1   1   1   1   1   1   1  </del>	
(5)				
(6)				
(7)		<del></del>	<u> </u>	
(8)		<del></del>	~//	
<u>(9)</u>	D 14 (D) (1 (0 ) D			
	b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.	<del>-// ^ `</del>	<del></del>	
Part IX	Complete if the organization answered "Yes" or	Form 000 (Port IV line	11d See Form 990 Part X line 15	5
		escription	Tra. dee romrood, rarry, me re	(b) Book value
	(a) De	scription		(0,200)
(1)	<u> </u>	<del>}</del>		
(2)		<del>`</del> _		
(3)		$\langle \gamma \rangle$		
(4)		<del>, //</del>		
(5)				
(6)		<del> </del>		
<u>(7)</u>				
(8)				
(9)	V (7) / (7) / (7) / (7)	45)		
	umn (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X	Other Liabilities.  Complete if the organization answered "Yes" or	- Farm 000 Dort IV line	110 or 11f Son Form 000 Part Y	line 25
	(a) Description of liability	1 FORM 990, Part IV, line	116 01 111. 366 1 0111 330, 1 417.	(b) Book value
<u>1.                                    </u>				(5) 25511 15115
	deral income taxes			1,355
(2) P	AYROLL TAX LIABILITIES			
(3)				
(4)				
(5)				
(6)				
(7) <u>t</u>	•			
(8)	- All All All All All All All All All Al			
(9)			<u> </u>	1 255
Total. (Col	lumn (b) must equal Form 990, Part X, col. (B) line :	25.)		1,355
2. Liabilit	y for uncertain tax positions. In Part XIII, provide t	he text of the footnote t	o the organization's financial state	ments that reports the

132053 10-28-21

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

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## **SCHEDULE O** (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

Name of the organization ARROWHEAD WOODS ARCHITECTURAL COMMITTEE, INC.	Employer identification number 33-0208452
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	
4	
INDIVIDUALITY, YET IN HARMONY WITH SURROUNDING HOUSES, AN	D MANY OTHER
FACTORS, WHICH HELP PROTECT AND ENHANCE PROPERTY VALUES W	ITHIN THE
ARROWHEAD WOODS.	
1	
FORM 990, PART VI, SECTION A, LINE 8B:	
STACEY LIPPERT, SECRETARY, TAKES MINUTES OF EVERY MEETING	. THE COMPANY ONLY
HAS ONE ENTIRE AWAC COMMITTEE, AND HAS NO SUB-COMMITTEES.	THE SECRETARY HAS
KEPT EVERY MEETING MINUTES IN THE OFFICE GOING BACK TO THE	HE BEGINNING IN
1988. THERE ARE NO COMMITTEE'S WITH THE AUTHORITY TO ACT	
GOVERNING BOARD.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE PRESIDENT AND SECRETARY REVIEW FORM 990 BEFORE FILING	3. FORM 990 IS
100)	
AVAILABLE FOR REVIEW TO BOARD_MEMBERS UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
INSPECTION FEES:	
PROGRAM SERVICE EXPENSES	33,080.
MANAGEMENT AND GENERAL EXPENSES	0.
	0.
FUNDRAISING EXPENSES	33,080
TOTAL EXPENSES	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	33,080 <b>.</b> Schedule O (Form 990) 202
132211 11-11-21	