

Form **990EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 05-01-2018, and ending 04-30-2019

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
 ARROWHEAD WOODS
 ARCHITECTURAL COMMITTEE INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 PO BOX 2026

City or town, state or province, country, and ZIP or foreign postal code
 LAKE ARROWHEAD, CA 92352

D Employer identification number
 33-0208452

E Telephone number
 (909) 336-2755

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ WWW.AWAC.BIZ

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) ◀ (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 153,320

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

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	153,320
	3 Membership dues and assessments	3	
	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)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	153,320	
Expenses	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	72,908
	13 Professional fees and other payments to independent contractors	13	43,500
	14 Occupancy, rent, utilities, and maintenance	14	10,543
	15 Printing, publications, postage, and shipping	15	614
	16 Other expenses (describe in Schedule O)	16	19,789
	17 Total expenses. Add lines 10 through 16 ▶	17	147,354
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,966	
Net Assets	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	-87,754
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	-81,788

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	38,742	22	37,715
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	0	24	1,022
25 Total assets	38,742	25	38,737
26 Total liabilities (describe in Schedule O).	126,496	26	120,525
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-87,754	27	-81,788

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?
TO ENFORCE THE COVENANTS, CONDITIONS AND RESTRICTIONS IN ARROWHEAD WOODS

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 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		29a	
30 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		30a	
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	115,891

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
STACEY LIPPERT	25 00	72,908	0	0
SECRETARY/TREASURER				
ALAN REILLY	0 50	0	0	0
DIRECTOR				
RICH SCOTT	0 50	0	0	0
PRESIDENT				
CRYSTAL UPTON	0 50	0	0	0
VICE PRESIDENT				
BOB PARKINSON	0 50	0	0	0
DIRECTOR				
JACKI STANFIELD	0 50	0	0	0
DIRECTOR				
JIM TAYLOR	0 50	0	0	0
DIRECTOR				
ALLISON BANNER	0 50	0	0	0
DIRECTOR				

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 columns. Rows include questions 33 through 41e regarding organizational activities, financials, and tax shelter status.

42a The organization's books are in care of STACEY LIPPERT Telephone no (909) 336-2755 Located at PO BOX 2026 LAKE ARROWHEAD, CA ZIP + 4 92352

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

	Yes	No
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	No

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

	Yes	No
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	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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."

(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."

(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	2019-09-12 Date
STACEY LIPPERT SECRETARY/TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name CINDY R WATTS	Preparer's signature	Date 2019-09-12	Check <input type="checkbox"/> if self-employed	PTIN P00074166
	Firm's name ▶ SOREN MCADAM LLP			Firm's EIN ▶ 77-0549163	
	Firm's address ▶ 2068 ORANGE TREE LANE SUITE 100 REDLANDS, CA 92374			Phone no (909) 798-2222	

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

Additional Data

Software ID:

Software Version:

EIN: 33-0208452

Name: ARROWHEAD WOODS
ARCHITECTURAL COMMITTEE INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

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 INSPECTION OF PROPERTY AND TREES FOR COMPLIANCE WITH ENVIRONMENTAL OBJECTIVES OF ORGANIZATION AWAC PERFORMED APPROXIMATELY 700 INSPECTIONS FOR THE YEAR ENDED APRIL 30, 2018 (Grants \$ 0) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	46,107

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>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.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>30 PUBLICATION OF HANDBOOKS/BROCHURES CONCERNING ARCHITECTURAL GUIDELINES, TREE PRESERVATION AND SIMILAR MATTERS EDUCATIONAL MATTERS AND MATERIALS REGARDING FIRE SAFETY (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>30a</p>	<p>2,542</p>

TY 2018 Transfers Personal Benefits Contracts Declaration

Name: ARROWHEAD WOODS
ARCHITECTURAL COMMITTEE INC

EIN: 33-0208452

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

ARROWHEAD WOODS
ARCHITECTURAL COMMITTEE INC

Employer identification number

33-0208452

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION MEETING EXPENSE AMOUNT 1,534 DESCRIPTION INSURANCE PREMIUMS AMOUNT 5,553 DESCRIPTION TAXES/FILINGS AMOUNT 80 DESCRIPTION OFFICE EXPENSES AMOUNT 3,604 DESCRIPTION MARKETING AND ADVERTISING AMOUNT 3,150 DESCRIPTION WEB SITE AMOUNT 315 DESCRIPTION PAYROLL TAXES AMOUNT 5,095 DESCRIPTION ALARM SERVICE AMOUNT 433 DESCRIPTION BANK FEE AMOUNT 25 TOTAL TO FORM 990-EZ, LINE 16 19,789

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION PAYROLL TAX RECEIVABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 1,022

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION CONSTRUCTION DEPOSITS BEG OF YEAR AMOUNT 125,600 END OF YEAR AMOUNT 120,525 DESCRIPTION PAYROLL TAX LIABILITY BEG OF YEAR AMOUNT 896 END OF YEAR AMOUNT 0