Form **990-EZ**

OMB No. 1545-1150

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements. Department of the Treasury Internal Revenue Service

Open to Public

A	For the	ne 2009 calendar year, or tax year beginning MAY 1, 2009		and end	tina AP	R 30.	2010		
В	Check i	C Name of propriention			3 111		er identification number		
	Address use IRS label or ARROWHEAD WOODS								
	Name print or ARCHITECTURAL COMMITTEE, INC.			33-0208452					
	The latest Type					E Telephone number			
	Term		•	ľ			9)336-2755		
	_	nded tions City or town state or country and 7IP + 4				F Group E			
	Applic pendi	LAKE ARROWHEAD, CA 92352				Number	•		
	• Se	ction 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attack	h a cor	noleted	G Accour		d: X Cash Accrual		
		Schedule A (Form 990 or 990-EZ).			1	specify)			
1	Websi	e: ►N/A					if the organization is not		
<u>J</u>	Tax-ex	empt status (check only one) $ \times$ 501(c) (4) \prec (insert no.) \sim 4947(a)	(1) or	527			ttach Schedule B (Form 990, 990-EZ, or 990-PF).		
	Check				normally not	more than	\$25,000, A Form 990-F7 or		
		Form 990 return is not required, but if the organization chooses to file a retur	n, be s	ure to file a	complete rel	urn.	\$20,000.711 01111 000 EZ 01		
L	Add lin	es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form					\$ 143,043.		
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund	d Bal	ances (See the instri	ctions for F	Part I.)		
	1	Contributions, gifts, grants, and similar amounts received							
	2	Program service revenue including government fees and contracts				2	143,025.		
	3	Membership dues and assessments		*************		3			
	4	Investment income				4	18.		
	5a	Gross amount from sale of assets other than inventory	5a						
	b	Less: cost or other basis and sales expenses	5b						
4.	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Special events and activities (complete applicable parts of Special events of Special					CEIVED		
Ē	6	oposition over the and activities (complete applicable parts of schedule G). If any amount	is from	gaming, c	heck here ►	Attorney	General's Office		
Revenue	а	Gross revenue (not including \$ of contributions							
ď	1	reported on line 1)	6a		-	_NOV	2 2 2010		
	b	Less: direct expenses other than fundraising expenses	6b						
	l c	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)					Registry of		
				,			gipu y Oi		
	7a	Gross sales of inventory, less returns and allowances	7a			Charifa	spie Trusts		
	7a b	Gross sales of inventory, less returns and allowances Less: cost of goods sold	7a 7b	1		Charite	able Trusts		
	b c	Gross sales of inventory, less returns and allowances Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7a 7b			Charite	able Trusts		
	b c 8	Gross sales of inventory, less returns and allowances Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe	7a 7b			7c) 8	able Trusts		
	b c 8	Gross sales of inventory, less returns and allowances Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	7a 7b			7c / 8 / 9	able Trusts		
	8 9	Gross sales of inventory, less returns and allowances Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe ► Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 Grants and similar amounts paid (attach schedule)	7a 7b			7c) 8 • 9 · 10	able Trusts		
·	8 9 10	Gross sales of inventory, less returns and allowances Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe ► Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 Grants and similar amounts paid (attach schedule) Benefits paid to or for members	7a 7b			7c) 8 > 9 10	able Trusts		
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Expenses	b c 8 9 10 11 12 13	Gross sales of inventory, less returns and allowances Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 Grants and similar amounts paid (attach schedule) Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance	7a 7b			7c) 8 > 9 10 11 12 13 14	143,043. 100,393. 9,635.		
Expenses	b c 8 9 10 11 12 13 14 15	Gross sales of inventory, less returns and allowances Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 Grants and similar amounts paid (attach schedule) Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping	7a 7b			7c) 8 9 10 11 12 13 14 15	143,043. 100,393. 9,635. 1,417.		
Expenses	b c 8 9 10 11 12 13 14 15 16	Gross sales of inventory, less returns and allowances Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe ▶ Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 Grants and similar amounts paid (attach schedule) Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe ▶ S	7a 7b	STATE	MENT	7c) 8 9 10 11 12 13 14 15 1 16	143,043. 100,393. 9,635. 1,417. 26,344.		
 Ä	b c 8 9 10 11 12 13 14 15 16	Gross sales of inventory, less returns and allowances Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe ▶ Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 Grants and similar amounts paid (attach schedule) Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe ▶ S Total expenses. Add lines 10 through 16	7a 7b	STATE	MENT	7c) 8 9 10 11 12 13 14 15 L) 16 17	143,043. 100,393. 9,635. 1,417. 26,344. 137,789.		
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Net Assets Expenses	b c 8 9 10 11 12 13 14 15 16 17 18 19	Gross sales of inventory, less returns and allowances Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 Grants and similar amounts paid (attach schedule) Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe Stotal expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) Other changes in net assets or fund balances (attach explanation)	Ta 7b EE	STATE	MENT 1	7c) 8 9 10 11 12 13 14 15 L) 16 17 18 19 20	143,043. 100,393. 9,635. 1,417. 26,344. 137,789. 5,254. -41,988. -15.		
Net Assets Ex	b c 8 9 10 11 12 13 14 15 16 17 18 19	Gross sales of inventory, less returns and allowances Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 Grants and similar amounts paid (attach schedule) Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe S Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) Other changes in net assets or fund balances (attach explanation) S Net assets or fund balances at end of year. Combine lines 18 through 20	Ta Tb EE	STATE	MENT 2	7c) 8 9	143,043. 100,393. 9,635. 1,417. 26,344. 137,789. 5,254. -41,988.		
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Net Assets Ex	b c 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Gross sales of inventory, less returns and allowances Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe ▶ Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 Grants and similar amounts paid (attach schedule) Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe ▶ S Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) Other changes in net assets or fund balances (attach explanation) Since the instructions for Part II.)	EE EF	STATE STATE	MENT 2 MENT 2 Instead of Formal Seginning of	7c) 8 9	143,043. 100,393. 9,635. 1,417. 26,344. 137,789. 5,254. -41,9881536,749.		
Net Assets Ex	b c 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Gross sales of inventory, less returns and allowances Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe ▶ Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 Grants and similar amounts paid (attach schedule) Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe ▶ Solate expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) Other changes in net assets or fund balances (attach explanation) Solate expenses. If Total assets on line 25, column (B) are \$1,250,000 or mo (See the instructions for Part II.)	EEE	STATE STATE Form 990 ii (A) E	MENT 2	7c) 8 9	143,043. 100,393. 9,635. 1,417. 26,344. 137,789. 5,254. -41,9881536,749. (B) End of year 63,776.		
Net Assets Ex	b c 8 9 10 11 12 13 14 15 16 17 18 19 20 21 Cash	Gross sales of inventory, less returns and allowances Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 Grants and similar amounts paid (attach schedule) Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe Stotal expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) Other changes in net assets or fund balances (attach explanation) Sinet assets or fund balances at end of year. Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or mo (See the instructions for Part II.) It, savings, and investments In dudings	EE re, file	STATE STATE Form 990 ii (A) E	MENT 2 MENT 2 Instead of Formal Seginning of	7c) 8 9	143,043. 100,393. 9,635. 1,417. 26,344. 137,789. 5,254. -41,9881536,749. (B) End of year 63,776.		
Net Assets Ex	b c 8 9 10 11 12 13 14 15 16 17 18 19 20 21 Cash Land Othe Tota	Gross sales of inventory, less returns and allowances Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 Grants and similar amounts paid (attach schedule) Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe Stotal expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) Other changes in net assets or fund balances (attach explanation) Shet assets or fund balances at end of year. Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or mo (See the instructions for Part II.) It is assets (describe I assets	EE re, file	STATE STATE Form 990 ii (A) E	MENT 2 MENT 2 Instead of For Beginning of 84,5	7c) 8 9	143,043. 100,393. 9,635. 1,417. 26,344. 137,789. 5,254. -41,9881536,749. (B) End of year 63,776.		
Net Assets	b c 8 9 10 11 12 13 14 15 16 17 18 19 20 21 Cash Land Othe Tota	Gross sales of inventory, less returns and allowances Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 Grants and similar amounts paid (attach schedule) Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe Stotal expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) Other changes in net assets or fund balances (attach explanation) Sinet assets or fund balances at end of year. Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or mo (See the instructions for Part II.) It, savings, and investments In dudings	EE re, file	STATE STATE Form 990 ii (A) E	MENT 2 MENT 2 Instead of For Seginning of 84,5	7c) 8 9	143,043. 100,393. 9,635. 1,417. 26,344. 137,789. 5,254. -41,9881536,749. (B) End of year 63,776.		
Net Assets 22 23 24 25	b c 8 9 10 11 12 13 14 15 16 17 18 19 20 21 Cash Land Other Tota Net a Net a	Gross sales of inventory, less returns and allowances Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 Grants and similar amounts paid (attach schedule) Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe Stotal expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) Other changes in net assets or fund balances (attach explanation) Shet assets or fund balances at end of year. Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or mo (See the instructions for Part II.) It is assets (describe I assets	Ta Tb Tb TEE	STATE STATE Form 990 ii (A) E	MENT 2 MENT 2 Instead of Form Reginning of 84,5 126,5	7c) 8 9	143,043. 100,393. 9,635. 1,417. 26,344. 137,789. 5,254. -41,9881536,749. (B) End of year 63,776. 100,525.		

For	m 990-EZ (2009) ARCHITECTURAL COMMITTEE, INC.	33-	-02084	452 Page	e 2	
P	art III Statement of Program Service Accomplishments (See the instructions for Part III.)		F	Expenses	_	
Wh	nat is the organization's primary exempt purpose? SEE STATEMENT 4			for section 501(c)(3)		
	scribe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, desc services provided, the number of persons benefited, and other relevant information for each program title.	ribe		i(4) organizations and 47(a)(1) trusts; optio)		
28	INSPECTION OF PROPERTY AND TREES FOR COMPLIANCE WITH					
	ENVIRONMENTAL OBJECTIVES OF ORGANIZATION. AWAC PERFORMED					
	800 INSPECTIONS FOR THE YEAR ENDED APRIL 30, 2009.					
	(Grants \$) If this amount includes foreign grants, check here		28a	8,520) <u>.</u>	
29	REVIEW OF APPLICATIONS FOR CONSTRUCTION AND TREE REMOVAL					
	TO ENSURE THAT SUCH WILL NOT VIOLATE ENVIRONMENTAL					
	OBJECTIVES. AWAC REVIEWED APPROXIMATELY 130 PLANS.					
	(Grants \$) If this amount includes foreign grants, check here		29a	95,717	<u> </u>	
30	PUBLICATION OF HANDBOOKS/BROCHURES CONCERNING ARCHITECTUR	≀AL				
	GUIDELINES, TREE PRESERVATION AND SIMILAR MATTERS.					
	EDUCATIONAL MATTERS AND MATERIALS REGARDING FIRE SAFETY.					
	(Grants \$) If this amount includes foreign grants, check here		30a	5,121	. •	
31	Other program services (attach schedule)				_	
	(Grants \$) If this amount includes foreign grants, check here		31a			
32	Total program service expenses (add lines 28a through 31a)	▶	32	109,358		
Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)						
	(b) Title and average hours (c) Compensation to amplifying (e) Expense					

Parative List of Officers, Directors, Trustees, and Key E	imployees. List each one ev	en if not compensated.	(See the instructions f	or Part IV.)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
STACEY MCKAY	SEC./TR.			
PO BOX 2026, LAKE ARROWHEAD, CA 92352	0.50	0.	0.	0.
PAUL MENG	PRES./DIR.			
PO BOX 1746, LAKE ARROWHEAD, CA 92352	0.50	0.	0.	0.
ALLISON BANNER	DIRECTOR			
PO BOX 1828, BLUE JAY, CA 92317	0.50	0.	0.	0.
	DIRECTOR			
PO BOX 766, CEDAR GLEN, CA 92321	0.50	0.	0.	0.
BOB PARKINSON	DIRECTOR			
PO BOX 698, LAKE ARROWHEAD, CA 92352	0.50	0.	0.	0.
	DIRECTOR			
PO BOX 2713, BLUE JAY, CA 92317	0.50	0.	0.	0.
	VICE PRESIDEN			
PO BOX 3014, BLUE JAY, CA 92317	0.50	0.	0.	0.
			;	
				
932172 02-08-10			Form §	990-EZ (2009)

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8.6	Other Information (Note the statement requirements in the instructions for Part V.)				
			Yes	No	
33	and a summation of gago in any activity not previously reported to the index in Yes, attach a detailed description of each activity				
34	were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes			Х	
35	if the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not				
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.				
ä	i Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting.			nemeren	
	and proxy tax requirements?	35a	[Х	
t	o If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/		
36	bid the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes "				
	complete applicable parts of Sch. N	36		Х	
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.				
b	Did the organization file Form 1120-POL for this year?	37b		X	
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	375			
	in a prior year and still outstanding at the end of the period covered by this return?	38a	30000000000000000000000000000000000000	X	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	304			
39	Section 501(c)(7) organizations. Enter:	-			
a	Initiation fees and capital contributions included on line 9 N/A				
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	7 1			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-			
	section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A				
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the				
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction		20000000000000000000000000000000000000	;00000000000	
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	1	Х	
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers				
	or disqualified persons during the year under sections 4912, 4955, and 4958				
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the				
	organization 0.				
9	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	40e	000000000000000000000000000000000000000	X	
41	List the states with which a copy of this return is filed. $\triangleright CA$	L			
42 a	The organization's books are in care of ► STACEY MCKAY Telephone no. ► (909)	336-	-275	55	
	Located at ► P.O. BOX 2026, LAKE ARROWHEAD, CA ZIP+4 ► S	2352	<u> </u>		
D	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	ſ	Yes	No	
	account)?	42b		X	
	If "Yes," enter the name of the foreign country:				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X	
	res, enter the name of the foreign country:				
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 A3	N/A			
			-		
		1	res I	No	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of				
	Form 990-EZ	44		X	
15	be support to the digital and				
	completed instead of Form 990-EZ	45		X	
			. = 7 (0)		

Part	Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charit and 51.	on 4947(a)(1) nonexempt	charitable tru ns 46-49b and co	33-0208	oootic	- EO+	Page ((c)(3) 50
46 Di	id the organization engage in direct or indirect political campaign activ	vities on behalf of or in opposition to	candidates for public			Yes	No
01	mice? If "Yes," complete Schedule C, Part I			ſ	46		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C. Part II							
49 a Di	48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49a Did the organization make any transfers to an exempt non-charitable related organization? 4 If "Yes " was the related organization?						
b If	"Yes," was the related organization a section 527 organization?	lated organization?	•••••••••		49a		<u> </u>
30 00	omplete this table for the organization's five highest compensated eman \$100,000 of compensation from the organization. If there is none,	ployees (other than officers, directors	s, trustees and key e	mployees) who ea	49b ich red	ceived r	nore
	(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e ac	e) Exper ecount a r allow	and
51 Coi	tal number of other employees paid over \$100,000	pendent contractors who each receiv	ed more than \$100,0			om the	
			(4))) 0 0 0 0 0 0 0 0			ensauc	
d Tota	al number of other independent contractors each receiving over \$100	,000	. •				
ign Iere	Under penalties of perjury, I declare that I have examined this return, includin correct, and complete. Declaration of preparer (other than officer) is based on Signature of officer Type or print name and title	g accompanying schedules and statements all information of which preparer has any ki		knowledge and belief Date	, it is tn	ue,	
aid reparer's	Preparer's signature►		if self-	er's identifying numb	per (See	instr.)	
se Only	Firm's name (or yours if self-employed), address, and ZIP+4 SOREN MCADAM CHRISTEN 2068 ORANGE TREE LANE REDLANDS, CA 92374	ISON LLP C, SUITE 100	EIN Phone no.		 798	-22	<u> </u>
ay the IR	S discuss this return with the preparer shown above? See instruction	18		X	Yes		No.
				Forn		- EZ (20	

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
MEETING EXPENSE INSURANCE PREMIUMS TAXES/FILINGS OFFICE EXPENSES MARKETING & ADVERTISING WEB SITE CC&R RENEWAL BANK SERVICE FEES COMPUTER SERVICE DEBT RECOVERY TOTAL TO FORM 990-EZ, I		2,225. 7,525. 10. 2,535. 5,700. 1,764. 5,860. 12. 13. 700.
		26,344.
FORM 990-EZ OTHER CH	IANGES IN NET ASSETS OR FUND BALANCES	STATEMENT 2
DESCRIPTION		AMOUNT
UNREALIZED GAIN/LOSS -	INVESTMENT	-15.
TOTAL TO FORM 990-EZ, I	INE 20	-15.

FORM 99	0-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEMENT 3
DIRE	THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, CTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL FIT CONTRACT?	[] YES [X] NO
B) DID DIRE	THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, CTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	. [] YES [X] NO

990-EZ PG 2

STATEMENT

4

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