079147

Form **990-EZ**

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 \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

OMB No. 1545-1150

Department of the Treasury

Open to Public

_		The organization may have to use a copy of this return to satisfy state reporting			Inspection
_			<u> </u>	30,	2009
	Check i applical	ble: Please U wante of organization	D Em	ployer	identification number
	Addre	Use IRS ARROWHEAD WOODS			
	Name	Print or ARCHITECTURAL COMMITTEE, INC.	-	33-0	208452
F	Initia				
Ë	Term	nin- Specific D O BOY 2026		•)336-2755
H	—atior ∃Ame	Instruc- Inded tions. City or town, state or country, and ZIP + 4			
느	retur	The state of the s	- 1	oup Exe	•
	Applic pendi			ımber 🕽	-
	• Se		ounting r	nethod:	X Cash Accrual
			er (specif	y) 🕨	
1 1	Websi	te: ►N/A	ck 🕨	X if t	the organization is not
J (Organi				dule B (Form 990, 990-EZ, or 990-PF).
		if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally			
		ed, but if the organization chooses to file a return, be sure to file a complete return.		, tiluli ψi	20,000.7110.011110.1101
		nes 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-		S	69,108.
	art I		ctruction		#1\
. 1- 6	1				111.)
	1	Contributions, gifts, grants, and similar amounts received		1	<u> </u>
	2	Program service revenue including government fees and contracts		2	65,620.
	3	Membership dues and assessments		3	
	4	Investment income		4	3,488.
	5a	Gross amount from sale of assets other than inventory 5a			
	b	Less: cost or other basis and sales expenses		13. 1	
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	
ē	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here		11.	
ē	a	Gross revenue (not including \$ of contributions	_		
Revenue	"				
ш.		reported on line 1) 6a		1	
	"	Less: direct expenses other than fundraising expenses 6b			
	C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales of inventory, less returns and allowances 7a			
	b	Less: cost of goods sold			
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe >)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	🕨	9	69,108.
	10	Cranto and similar amounts poid (attach schodule)		10	· · ·
	11	Benefits paid to or for members Attorney General's Office		11	
ģ	12	Salaries, other compensation, and employee benefits		12	
Expenses	13	Professional fees and other payments to independent contractors NOV 0.9 2010		13	111,125.
ē	14	Occupancy rant utilities and maintanance		14	9,444.
ŭ	15	Printing, publications, postage, and shipping Other expenses (describe ► Charten less HATEMENT			
		Other expenses (describe -		15	2,036.
	16 17			16	39,326.
	1	Total expenses. Add lines 10 through 16		17	161,931.
Ŋ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	<u>-92,823.</u>
Şe	19	Net assets or fund balances at beginning of year (from line 27, column (A))			
Net Assets		(must agree with end-of-year figure reported on prior year's return)		19	<u>50,437.</u>
É	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT	2	20	398.
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20	>	21	-41,988.
Pa	art II	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead	of Form 9	990-EZ.	
		(See the instructions for Part II.) (A) Beginning	of year		(B) End of year
22	Cas		,012	. 22	84,537.
23		id and buildings	, , , , ,	23	<u> </u>
24					
		er assets (describe)	- 010	24	04 525
25			<u>,012</u>		84,537.
26			,575		126,525.
832	171		<u>,437</u>	• 27	-41,988.
12-1	7-08	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.			Form 990-EZ (2008)

F =	ARROWHEAD WOODS					450	Dogo 9
	m 990-EZ (2008) ARCHITECTURAL COMMITTEE, art Statement of Program Service Accomplishmer			33-	0208		Page 2
_			Part III.)			Expenses ed for 501(e	-1/31
	at is the organization's primary exempt purpose? SEE STATEMENT					organizatio	
Des	scribe what was achieved in carrying out the organization's exempt purposes. In a	clear and concise manner, d	escribe the services		4947(á)	(1) trusts; (
	vided, the number of persons benefited, or other relevant information for each pro-				for othe	rs.)	•
28	INSPECTION OF PROPERTY AND TREES FO						
	ENVIRONMENTAL OBJECTIVES OF ORGANIZ						
	800 INSPECTIONS FOR THE YEAR ENDED	APRIL 30, 200	9.				
	(Grants \$) If this amount includes foreign g	rants, check here			28a	13,	675.
29	REVIEW OF APPLICATIONS FOR CONSTRUC						
	TO ENSURE THAT SUCH WILL NOT VIOLAT				l l		
	OBJECTIVES. AWAC REVIEWED APPROXIMATELY 130 PLANS.						
	(Grants \$) If this amount includes foreign g				29a	112	417.
30	PUBLICATION OF HANDBOOKS/BROCHURES			λT	234		<u> </u>
30				оп			
	GUIDELINES, TREE PRESERVATION AND S						
	EDUCATIONAL MATTERS AND MATERIALS R			$\overline{}$		_	
	(Grants \$) If this amount includes foreign g	rants, check here		<u> </u>	30a	7,	<u>798.</u>
31	Other program services (attach schedule)						
	(Grants \$) If this amount includes foreign g	rants, check here)	Ш	31a		
	Total program service expenses (add lines 28a through 31a)	.,)	32	<u> 133,</u>	<u>890.</u>
P	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	ven if not compensated.	(See the	instruction	s for Part IV.)	
					ntributior	is , , ,	
	(a) Name and address	(b) Title and average hours	(c) Compensation		mployee		pense nt and
	(a) Wallie alla addiess	per week devoted to position	(If not paid, enter -0)		fit plans 8 eferred	•	owances
		position	0,	-	pensation	l l	0 11411000
רפ	PACEY MCKAY	SEC./TR.		1			
	O. BOX 1801, BLUE JAY, CA 92317	0.50	0.		0	ŀ	0.
			<u> </u>			•	<u> </u>
		PRES./DIR.	_		0		^
	O. BOX 1748 LAKE ARROWHEAD, CA 92352		0.		0	•	0.
		DIRECTOR			_		_
	D BOX 1828, BLUE JAY 92317	0.50	0.		0	•	0.
		DIRECTOR					
	D BOX 766, CEDAR GLEN 92321	0.50	0.	L	0	•	0.
BC	OB PARKINSON	DIRECTOR					
Ρ.	O. BOX 698, LAKE ARROWHEAD, CA 92352	0.50	0.		0	•	0.
PE	TTE VANDER MEYDEN	DIRECTOR					
Ρ.	O. BOX 2713, BLUE JAY, CA 92317	0.50	0.		0		0.
		VICE PRESIDEN					
	O. BOX 3014, BLUE JAY, CA 92317	0.50	0.		0		0.
	0. 2011 0021, 2202 0111, 011 72017	0.30				•	
			•				
						 	
		1					
				<u></u>			
_							
						+	
						+	

Form **990-EZ** (2008)

832172 12-17-08

Page 3

P	Int V Other Information (Note the statement requirements in the instructions for Part VI.)	-		
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
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 your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy			
	tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	<u> </u>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
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		43.34	
	in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			K D
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 \blacktriangleright N/A; section 4912 \blacktriangleright N/A; section 4955 \blacktriangleright N/A			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or			:
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958 O .	1.7	,	
đ	Enter amount of tax on line 40c reimbursed by the organization			
е	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		X
41	List the states with which a copy of this return is filed. ▶ <u>CA</u>			
42 a	The books are in care of ► STACEY MCKAY Telephone no. ► (909)	336	-27	55
	Located at ▶ P.O. BOX 2026, LAKE ARROWHEAD, CA ZIP+4 ▶ 9			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		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_
	If "Yes," 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	N/A		
		,		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	45		X
		Form 9	90-F7 /	20087

Pa	ae	4

Form 990-EZ (2008)

Part V	Section 501(c)(3) organizations only. All section tables for lines 50 and 51.	n 501(c)(3) organizations mus	st answer question	is 46-49 and coi		9
46 Did t	the organization engage in direct or indirect political campaign activities	on behalf of or in opposition to	candidates for public		Ye	s No
			•		46	1
	the organization engage in lobbying activities? If "Yes," complete Sc	hedule C, Part II			47	
	e organization operating a school as described in section 170(b)(1)(A)(48	
	he organization make any transfers to an exempt non-charitable related				49a	
	- Burn the related and the first of the company of			l l	49b	
	plete this table for the five highest compensated employees (other than ompensation from the organization. If there is none, enter "None."	officers, directors, trustees and	key employees) who	each received mo	ore than \$1	00,000
	(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) Exp accour other allo	nt and
51 Com	ber of other employees paid over \$100,000 plete this table for the five highest compensated independent contractorine, enter "None." N/A (a) Name and address of each independent contractor paid more					
	(a) Name and address of each independent contractor paid more	s triair \$ 100,000	(b) Type of ser	vice (c)	Compens	10011
Total numb						
Sign Here	Der of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including a correct, and complete. Declaration of preparer (other than officer) is based on all Signature of officer	ccompanying schedules and statemen information of which preparer has any	ts, and to the best of my knowledge.	knowledge and belie	of, it is true,	
Paid Preparer's	Type or print name and title. Preparer's signature		ck if self-	arer's Identifying Nur	nber (See ins	str.)
Use Only	Firm's name (or yours if self-employed), address, and ZIP+4 SOREN MCADAM CHRISTENS 2068 ORANGE TREE LANE, REDLANDS, CA 92374	ON LLP	EIN Phone no.	⊳ (909)		2222
May the IR:	S discuss this return with the preparer shown above? See instructions				Vac [No

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
MEETING EXPENSE INSURANCE PREMIUMS TAXES/FILINGS OFFICE EXPENSES MARKETING & ADVERTISING WEB SITE CC&R RENEWAL DONATION COMPUTER SERVICE		3,2 14,3 1,0 6,3 4,8	64. 30. 66. 13. 54. 02.
TOTAL TO FORM 990-EZ, LINE	: 16	39,3	
FORM 990-EZ OTHER CHANG	ES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
DESCRIPTION		AMOUNT	
UNREALIZED LOSS ON INVESTM	ENTS	3:	98.
TOTAL TO FORM 990-EZ, LINE	20	3:	98.

FORM 990-EZ		INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS			STATEMENT			
A)	DIRECTLY OF	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, REC	[]	YES	[X]	NO	
B)		GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?]]	YES	[X]	NO	

990-EZ PG 2

STATEMENT

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