| | • | - | | | | | | $\cap \neg \partial \omega$ |
|-----------|---|---|---|--|---|--|--|---|
| | | | | | | | | 01914 |
| | | 1 | | Ch | | | | , 2 |
| | | | Doturn o | 5N F Organizatio | ort Form | | Toy | UNIE NO. 1545-1150 |
| | 0 | | Under section 501(c | c), 527, or 4947(a)(1) of th | n Exempt Fror | ept black lung ber | efit trust or | 2010 |
| orm | 9: | 90-EZ | Sponsoring organizatio | ns of donor advised funds, orga | vate foundation) nizations that operate one or more h 990. All other organizations with grr 0 at the end of the year may use this Dy of this return to satisfy si | ospital facilities, and c | ertain controlling | 2010 |
| | | of the Treasury enue Service | organizations as defined in s | ection 512(b)(13) must file Form assets less than \$500,000 | 990. All other organizations with gro 0 at the end of the year may use this | oss receipts less than s form. | \$200,000 and tota | Open to Public |
| | | | Indar year, or tax year b | | | | | Inspection 2011 |
| C | neck i | f 🗖 N | ame of organization | eginning MAI | L, 2010 an | dending AP | | entification number |
| ap | plical | 510. | RROWHEAD WOO | פתו | | | DEmployeria | |
| | ר | | | COMMITTEE, | TNC | | 33-02 | 208452 |
| | ٦ | il return Nur | nber and street (or P.O. bo | ex, if mail is not delivered to | street address) | Room/suite | E Telephone r | |
| <u> </u> | ٦ | | .O. BOX 2026 | | | | | 336-2755 |
| | ٦ | | or town, state or country, | | | | F Group Exem | |
| | - | | AKE ARROWHEA | AD, CA 92352 | 2 | | Number ► | |
| 3 A | | nting Method: | | ccrual Other (specify) | | | | X if the organization is not |
| | | - | W.AWAC.BIZ | | | | | attach Schedule B |
| Т | ax-e> | kempt status (c | heck only one) — 🛄 5 | 01(c)(3) X 501(c) (4 |) ◄(insert no.) 4947(| a)(1) or 527 | | 990-EZ, or 990-PF). |
| C | heck | ▶ 🛄 if the | organization is not a secti | on 509(a)(3) supporting or | ganization and its gross receip | ots are normally no | | |
| F | orm 9 | | | | equired (see instructions). But | | | |
| | | ete return. | | - | | _ | | |
| . A | dd lir | nes 5b, 6c, and | 7b, to line 9 to determine g | pross receipts. If gross rece | ipts are \$200,000 or more, or | if total assets (Part | II , | |
| | | , column (B) be | llow) are \$500,000 or mor | e, file Form 990 instead of F | Form 990-EZ | <u></u> | 🕨 💲 | 101,047. |
| Pa | <u>rt I</u> | | | | ssets or Fund Baland | • | | , |
| _ , | | | | | stion in this Part I | | | X |
| | 1 | | , gifts, grants, and similar a | | | | 1 | |
| | 2 | Program serv | ice revenue including gove | rnment fees and contracts | | | 2 | 101,038. |
| | 3 | | dues and assessments \dots | | | | 3 | |
| | 4 | Investment in | | | | | | |
| | - | | | | SEE SCH | | . Alexandre | 9. |
| | 5a | Gross amoun | t from sale of assets other | than inventory | SEE SCH | | 4 | 9. |
| | 5a b | Gross amoun Less: cost or | t from sale of assets other other basis and sales expe | than inventory | SEE SCH 5a 5b | | | 9. |
| | 5a b c | Gross amoun Less: cost or Gain or (loss) | t from sale of assets other other basis and sales expe from sale of assets other t | than inventory | SEE SCH 5a 5b | | | 9. |
| | 5a b c 6 | Gross amoun Less: cost or Gain or (loss) Gaming and fi | t from sale of assets other other basis and sales expe from sale of assets other t undraising events | than inventory nses than inventory (Subtract line | SEE SCH 5a 5b | | | 9. |
| une | 5a b c | Gross amoun Less: cost or Gain or (loss) Gaming and fi Gross income | t from sale of assets other other basis and sales expe from sale of assets other t undraising events from gaming (attach Sche | than inventory nses than inventory (Subtract line edule G if greater than | e 5b from line 5a | | | 9. |
| aniiaa | 5a b c 6 | Gross amoun Less: cost or Gain or (loss) Gaming and fi Gross income \$15,000) | t from sale of assets other other basis and sales expe from sale of assets other f undraising events from gaming (attach Sche | than inventory nses ihan inventory (Subtract line edule G if greater than | SEE SCH 5a 5b e 5b from line 5a) | | | 9. |
| aniiayan | 5a b c 6 | Gross amoun Less: cost or Gain or (loss) Gaming and fi Gross income \$15,000) Gross income | t from sale of assets other other basis and sales expe from sale of assets other t undraising events from gaming (attach Sche from fundraising events (| than inventory nses chan inventory (Subtract line edule G if greater than not including \$ | SEE SCH 5a 5b e 5b from line 5a) 6a | | 50 | 9. |
| וובעפוומב | 5a b c 6 | Gross amoun Less: cost or Gain or (loss) Gaming and fi Gross income \$15,000) Gross income from fundrais | t from sale of assets other other basis and sales expe from sale of assets other t undraising events from gaming (attach Sche from fundraising events (ing events reported on line | than inventory nses chan inventory (Subtract line edule G if greater than not including \$ 1) (attach Schedule G if the | SEE SCH 5a 5b e 5b from line 5a) 6a | | 50 | 9. |
| aniiaaau | 5a b c 6 a b | Gross amoun Less: cost or Gain or (loss) Gaming and fu Gross income \$15,000) Gross income from fundrais gross income | t from sale of assets other other basis and sales expe from sale of assets other f undraising events from gaming (attach Sche from fundraising events (ing events reported on line and contributions exceeds | than inventory | SEE SCH 5a 5b e 5b from line 5a) 6a | | 5c | 9. |
| Revenue | 5a b c 6 | Gross amoun Less: cost or Gain or (loss) Gaming and fi Gross income \$15,000) Gross income from fundrais gross income Less: direct ex | t from sale of assets other other basis and sales expe from sale of assets other f undraising events from gaming (attach Sche from fundraising events (ing events reported on line and contributions exceeds openses from gaming and | than inventory | SEE SCH 5a 5b e 5b from line 5a) 6a | utions | 5c | 9. |
| aniiaaau | 5a b c a b | Gross amoun Less: cost or Gain or (loss) Gaming and fi Gross income \$15,000) Gross income from fundrais gross income Less: direct ex Net income or | t from sale of assets other other basis and sales expe from sale of assets other f undraising events from gaming (attach Sche from fundraising events (ing events reported on line and contributions exceeds openses from gaming and (loss) from gaming and fu | than inventory | SEE SCH 5a 5b e 5b from line 5a) 6a e 5b from line 5a) 6a | IEDULE O | 5c | 9. |
| aninaau | 5a b c 6 a b c d | Gross amoun Less: cost or Gain or (loss) Gaming and fi Gross income \$15,000) Gross income from fundrais gross income Less: direct ex Net income or Gross sales or | t from sale of assets other other basis and sales expe from sale of assets other t undraising events from gaming (attach Sche from fundraising events (ing events reported on line and contributions exceeds kpenses from gaming and (loss) from gaming and fu | than inventory nses than inventory (Subtract line edule G if greater than not including \$ 1) (attach Schedule G if the \$\$15,000) fundraising events undraising events (add lines d allowances | SEE SCH 5a 5b 5b 5b e 5b from line 5a) 6a 6a of contrib e sum of such 6b 6c 6c s 6a and 6b and subtract line 6 7a | IEDULE O | 5c | 9. |
| enieven | 5a b c 6 a b c d 7a | Gross amoun Less: cost or Gain or (loss) Gaming and fi Gross income \$15,000) Gross income from fundrais gross income Less: direct ex Net income or Gross sales or Less: cost of g Gross profit o | t from sale of assets other other basis and sales expe from sale of assets other f undraising events from gaming (attach Sche from fundraising events (ing events reported on line and contributions exceeds openses from gaming and (loss) from gaming and fu i inventory, less returns an goods sold r (loss) from sales of inver | than inventory | SEE SCH 5a 5b 5b e 5b from line 5a) 6a of contrib e sum of such 6b 6c s 6a and 6b and subtract line 6 7a 7b | IEDULE O | 5c 5c 6d | 9. |
| aniiaaau | 5a b c 6 a b c d 7a | Gross amoun Less: cost or Gain or (loss) Gaming and fi Gross income \$15,000) Gross income from fundrais gross income Less: direct ex Net income or Gross sales or Less: cost of g Gross profit o Other revenue | t from sale of assets other other basis and sales expe from sale of assets other f undraising events from gaming (attach Sche from fundraising events (ing events reported on line and contributions exceeds openses from gaming and (loss) from gaming and fu i inventory, less returns an goods sold r (loss) from sales of inver (describe in Schedule O) | than inventory | SEE SCH 5a 5b 5b e 5b from line 5a) 6a of contrib e sum of such 6b 6c s 6a and 6b and subtract line 6 7a 7b | IEDULE O | 5c 5c 6d 7c 8 | 9. |
| | 5a b c 6 a b c d 7a b c | Gross amoun Less: cost or Gain or (loss) Gaming and fi Gross income \$15,000) Gross income from fundrais gross income Less: direct ex Net income or Gross sales or Less: cost of g Gross profit o Other revenue Total revenue | t from sale of assets other other basis and sales expe from sale of assets other fundraising events from gaming (attach Sche from fundraising events (ing events reported on line and contributions exceeds openses from gaming and (loss) from gaming and fu finventory, less returns an goods sold r (loss) from sales of inver (describe in Schedule 0) . Add lines 1, 2, 3, 4, 5c, 6 | than inventory | s 6a and 6b and subtract line 6 a a b from line 5a) 6a a of contrib 6b 6c s 6a and 6b and subtract line 6 7a 7 1 line 7a) | IEDULE O | 5c 5c 6d 7c 8 9 | |
| елиеление | 5a b c 6 a b c d 7a b c 8 | Gross amoun Less: cost or Gain or (loss) Gaming and fi Gross income \$15,000) Gross income from fundrais gross income Less: direct ex Net income or Gross sales or Less: cost of g Gross profit o Other revenue Total revenue Grants and sir | t from sale of assets other other basis and sales expe from sale of assets other fundraising events from gaming (attach Sche from fundraising events (ing events reported on line and contributions exceeds openses from gaming and (loss) from gaming and fu f inventory, less returns an goods sold r (loss) from sales of inver (describe in Schedule O) 2. Add lines 1, 2, 3, 4, 5c, 6 milar amounts paid (list in s | than inventory | s 6a and 6b and subtract line 6 a a b c c c c c c c c c c c c c c c c c | IEDULE O | 5c 5c 6d 7c 8 9 | 9. |
| | 5a b c 6 a b c d 7a b c 8 9 | Gross amoun Less: cost or Gain or (loss) Gaming and fi Gross income \$15,000) Gross income from fundrais gross income Less: direct ex Net income or Gross sales or Less: cost of g Gross profit o Other revenue Total revenue Grants and sir Benefits paid t | t from sale of assets other other basis and sales expe from sale of assets other fundraising events from gaming (attach Sche from fundraising events (ing events reported on line and contributions exceeds (penses from gaming and (loss) from gaming and fu finventory, less returns an goods sold r (loss) from sales of inver (describe in Schedule O) Add lines 1, 2, 3, 4, 5c, 6 nilar amounts paid (list in S | than inventory | SEE SCH 5a 5b 5b e 5b from line 5a) 6a of contrib e sum of such 6b 6c 5 6a and 6b and subtract line 6 7a 7b line 7a) RECE | IEDULE O | 5c 5c 6d 7c 8 9 | |
| | 5a b c 6 a b c d 7a b c 8 9 10 | Gross amoun Less: cost or Gain or (loss) Gaming and fi Gross income \$15,000) Gross income from fundrais gross income Less: direct ex Net income or Gross sales or Less: cost of g Gross profit o Other revenue Total revenue Grants and sir Benefits paid t | t from sale of assets other other basis and sales expe from sale of assets other fundraising events from gaming (attach Sche from fundraising events (ing events reported on line and contributions exceeds openses from gaming and (loss) from gaming and fu i inventory, less returns an goods sold r (loss) from sales of inver (describe in Schedule O) <u>Add lines 1, 2, 3, 4, 5c, 6</u> nilar amounts paid (list in s | than inventory nses than inventory (Subtract line edule G if greater than not including \$ 1) (attach Schedule G if the \$ \$15,000) fundraising events undraising events d allowances tory (Subtract line 7b from id, 7c, and 8 Schedule 0) | s EE SCH 5a 5b 5b e 5b from line 5a) 6a of contrib e sum of such 6b 6c s 6a and 6b and subtract line 6 7a 7b line 7a) RECE Attomey Get | IEDULE O utions c) EIVED herai's Office 4 2011 | 5c 5c 6d 7c 8 9 10 | 101,047. |
| | 5a b c 6 a b c d 7a b c 8 9 10 11 | Gross amoun Less: cost or Gain or (loss) Gaming and fi Gross income \$15,000) Gross income from fundrais gross income Less: direct ex Net income or Gross sales or Less: cost of g Gross profit o Other revenue Total revenue Grants and sir Benefits paid fi Salaries, other Professional fi | t from sale of assets other other basis and sales expe from sale of assets other fundraising events from gaming (attach Sche from fundraising events (ing events reported on line and contributions exceeds openses from gaming and (loss) from gaming and fu inventory, less returns an goods sold r (loss) from sales of inver (describe in Schedule O) . Add lines 1, 2, 3, 4, 5c, 6 nilar amounts paid (list in s o or for members compensation, and emplo | than inventory nses than inventory (Subtract line edule G if greater than not including \$ | SEE SCH 5a 5b 5b e 5b from line 5a) 6a of contrib e sum of such 6b 6c 6c 6c 6c 6c 7a 7b 1 1ine 7a) RECE Altomay Gen | IEDULE O utions c) EIVED herai's Office 4 2011 | 5c 5c 6d 7c 8 9 10 11 | 101,047. |
| | 5a b c 6 a b c d 7a b c 8 9 10 11 | Gross amoun Less: cost or Gain or (loss) Gaming and fi Gross income \$15,000) Gross income from fundrais gross income Less: direct ex Net income or Gross sales or Less: cost of g Gross profit o Other revenue Total revenue Grants and sir Benefits paid a Salaries, other Professional fi Occupancy, re | t from sale of assets other other basis and sales expe from sale of assets other f undraising events from gaming (attach Sche from fundraising events (ing events reported on line and contributions exceeds openses from gaming and (loss) from gaming and fu f inventory, less returns an goods sold r (loss) from sales of inver (describe in Schedule O) <u>Add lines 1, 2, 3, 4, 5c, 6</u> milar amounts paid (list in so o or for members compensation, and emplo eses and other payments to nt, utilities, and maintenan | than inventory nses than inventory (Subtract line edule G if greater than not including \$ | SEE SCH 5a 5b 5b e 5b from line 5a) e 5b from line 5a) e sum of such 6b 6c 6c 6c 6c 6c 6c 7a 7b 1 100 7a 100 7a | IEDULE O utions c) EIVED neral's Office 4 2011 try of e Trusts | 5c 5c 6d 7c 8 ▶ 9 10 11 12 13 14 | 101,047. |
| | 5a b c 6 a b c d 7a b c 8 9 10 11 12 13 | Gross amoun Less: cost or Gain or (loss) Gaming and fi Gross income \$15,000) Gross income from fundrais gross income Less: direct ex Net income or Gross sales or Less: cost of g Gross profit o Other revenue Total revenue Grants and sir Benefits paid Salaries, other Professional fi Occupancy, re | t from sale of assets other other basis and sales expe from sale of assets other fundraising events from gaming (attach Sche from fundraising events (ing events reported on line and contributions exceeds openses from gaming and (loss) from gaming and fu finventory, less returns an goods sold r (loss) from sales of inver (describe in Schedule O) Add lines 1, 2, 3, 4, 5c, 6 nilar amounts paid (list in s compensation, and emplo ees and other payments to nt, utilities, and maintenan cations, postage, and ship | than inventory | SEE SCH 5a 5b 5b e 5b from line 5a) 6a of contrib e sum of such 6b 6c 5 6a and 6b and subtract line 6 7a 7b 1 1 line 7a) RECE Attomsy Get DEC 1 | IEDULE O utions c) EIVED neral's Office 4 2011 try of e Trusts | 5c 5c 6d 7c 8 9 10 11 12 13 14 15 | 101,047. 60,749. 36,005. |
| | 5a b c 6 a b c d 7a b c 8 9 10 11 12 13 14 15 16 | Gross amoun Less: cost or Gain or (loss) Gaming and fi Gross income \$15,000) Gross income from fundrais gross income Less: direct ex Net income or Gross sales or Less: cost of g Gross profit o Other revenue Total revenue Grants and sir Benefits paid to Salaries, other Professional fi Occupancy, re Printing, publi | t from sale of assets other other basis and sales expe from sale of assets other fundraising events from gaming (attach Sche from fundraising events (ing events reported on line and contributions exceeds openses from gaming and (loss) from gaming and fu finventory, less returns an goods sold r (loss) from sales of inver (describe in Schedule 0) 2. Add lines 1, 2, 3, 4, 5c, 6 milar amounts paid (list in s o or for members compensation, and emplo ees and other payments to nt, utilities, and maintenan cations, postage, and ship s (describe in Schedule 0) | than inventory | SEE SCH | IEDULE O | 5c 5c 6d 7c 8 ▶ 9 10 11 12 13 14 15 16 | <u>101,047.</u> <u>60,749.</u> <u>36,005.</u> 8,986. |
| | 5a b c 6 a b c d 7a b c 8 9 10 11 12 13 14 15 16 17 | Gross amoun Less: cost or Gain or (loss) Gaming and fi Gross income \$15,000) Gross income from fundrais gross income Less: direct ex Net income or Gross sales or Less: cost of g Gross profit o Other revenue Total revenue Bantis paid to Salaries, other Professional fi Occupancy, re Printing, publi Other expense Total expense | t from sale of assets other other basis and sales expe from sale of assets other fundraising events from gaming (attach Sche from fundraising events (ing events reported on line and contributions exceeds openses from gaming and (loss) from gaming and fu inventory, less returns an goods sold r (loss) from sales of inver (describe in Schedule 0) Add lines 1, 2, 3, 4, 5c, 6 milar amounts paid (list in s o or for members compensation, and emplo ees and other payments to nt, utilities, and maintenan cations, postage, and ship s (describe in Schedule 0) s. Add lines 10 through 10 | than inventory | SEE SCH | IEDULE O | 5c 5c 6d 7c 8 ▶ 9 10 11 12 13 14 15 16 17 | 101,047. 60,749. 36,005. 8,986. 1,512. |
| Laberses | 5a b c 6 a b c d 7a b c 8 9 10 11 12 13 14 15 16 17 18 | Gross amoun Less: cost or Gain or (loss) Gaming and fi Gross income \$15,000) Gross income from fundrais gross income Less: direct ex Net income or Gross sales or Less: cost of g Gross profit o Other revenue Total revenue Salaries, other Professional fi Occupancy, re Printing, publi Other expense Total expense Excess or (def | t from sale of assets other other basis and sales expe from sale of assets other fundraising events from gaming (attach Sche from fundraising events (ing events reported on line and contributions exceeds expenses from gaming and (loss) from gaming and fu f inventory, less returns an goods sold r (loss) from sales of inver (describe in Schedule O) . Add lines 1, 2, 3, 4, 5c, 6 nilar amounts paid (list in compensation, and emplo ees and other payments to nt, utilities, and maintenan cations, postage, and ship s (describe in Schedule O) s. Add lines 10 through 14 icit) for the year (Subtract | than inventory nses than inventory (Subtract line edule G if greater than not including \$ | SEE SCH | IEDULE O | 5c 5c 6d 7c 8 ▶ 9 10 11 12 13 14 15 16 17 | 101,047. 60,749. 36,005. 8,986. 1,512. 19,730. |
| Expenses | 5a b c 6 a b c d 7a b c 8 9 10 11 12 13 14 15 16 17 | Gross amoun Less: cost or Gain or (loss) Gaming and fi Gross income \$15,000) Gross income from fundrais gross income Less: direct ex Net income or Gross sales or Less: cost of g Gross profit o Other revenue Total revenue Professional fi Occupancy, re Printing, publi Other expense Excess or (def Net assets or f | t from sale of assets other other basis and sales expe from sale of assets other fundraising events from gaming (attach Sche from fundraising events (ing events reported on line and contributions exceeds openses from gaming and (loss) from gaming and ful- f inventory, less returns an goods sold r (loss) from sales of inver (describe in Schedule 0) . Add lines 1, 2, 3, 4, 5c, 6 milar amounts paid (list in o or for members compensation, and emplo ees and other payments to nt, utilities, and maintenan cations, postage, and ship s (describe in Schedule 0) s . Add lines 10 through 11 icit) for the year (Subtract und balances at beginning | than inventory nses than inventory (Subtract line edule G if greater than not including \$ | SEE SCH | IEDULE O utions c) EIVED meral's Office 4 2011 try of e Trusts EDULE O | 5c 5c 6d 7c 8 ▶ 9 10 11 12 13 14 15 16 16 17 18 | 101,047. 60,749. 36,005. 8,986. 1,512. 19,730. 126,982. |
| cxpenses | 5a b c 6 a b c d 7a b c 8 9 10 11 12 13 14 15 16 17 18 19 | Gross amoun Less: cost or Gain or (loss) Gaming and fi Gross income \$15,000) Gross income from fundrais gross income Less: direct ex Net income or Gross sales or Less: cost of g Gross profit o Other revenue Total revenue Grants and sir Benefits paid fi Salaries, other Professional fi Occupancy, re Printing, publi Other expense Excess or (def Net assets or fi (must agree w | t from sale of assets other other basis and sales expe from sale of assets other fundraising events from gaming (attach Sche from fundraising events (ing events reported on line and contributions exceeds openses from gaming and (loss) from gaming and ful inventory, less returns an goods sold r (loss) from sales of inver (describe in Schedule O) . Add lines 1, 2, 3, 4, 5c, 6 nilar amounts paid (list in compensation, and emplo ees and other payments to nt, utilities, and maintenan cations, postage, and ship s (describe in Schedule O) is . Add lines 10 through 10 icit) for the year (Subtract und balances at beginning ith end-of-year figure repo | than inventory | SEE SCH | IEDULE O utions c) EIVED meral's Office 4 2011 try of e Trusts EDULE O | 5c 5c 6d 7c 8 ▶ 9 10 11 12 13 14 15 16 17 18 19 | 101,047. 60,749. 36,005. 8,986. 1,512. 19,730. 126,982. |
| | 5a b c 6 a b c d 7a b c 8 9 10 11 12 13 14 15 16 17 18 | Gross amoun Less: cost or Gain or (loss) Gaming and fi Gross income \$15,000) Gross income from fundrais gross income Less: direct ex Net income or Gross sales or Less: cost of g Gross profit o Other revenue Total revenue Grants and sir Benefits paid fi Salaries, other Professional fi Occupancy, re Printing, publi Other expense Excess or (def Net assets or fi (must agree w Other changes | t from sale of assets other other basis and sales expe from sale of assets other fundraising events from gaming (attach Sche from fundraising events (ing events reported on line and contributions exceeds openses from gaming and (loss) from gaming and fu f inventory, less returns an goods sold r (loss) from sales of inver (describe in Schedule O) <u>c. Add lines 1, 2, 3, 4, 5c, 6</u> milar amounts paid (list in so o or for members compensation, and emplo ess and other payments to nt, utilities, and maintenan cations, postage, and ship s (describe in Schedule O) <u>is</u> . Add lines 10 through 14 icit) for the year (Subtract und balances at beginning ith end-of-year figure repo in net assets or fund balar | than inventory | SEE SCH | IEDULE O utions c) EIVED meral's Office 4 2011 try of e Trusts EDULE O | 5c 5c 6d 7c 8 ▶ 9 10 11 12 13 14 15 16 17 18 19 | 101,047. 60,749. 36,005. 8,986. 1,512. 19,730. 126,982. -25,935. |

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| ARROWHEAD WOODS | | | ~ ~ ~ ~ | | |
|--|--|--------------------------------------|-----------------------|--|------------------------------|
| Form 990-EZ (2010) ARCHITECTURAL COMMITTEE, | <u>1NC.</u> | | <u>33-02</u> | 084 | <u>52</u> Pag |
| 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 |) Beginning of year | <u></u> | | |
| 00 Cook souince and investments | | | | (B) E | nd of year |
| 22 Cash, savings, and investments | | 63,776 | | | 15,952 |
| 23 Land and buildings | | | 23 | | |
| 24 Other assets (describe in Schedule O) | | <u> </u> | 24 | | |
| 25 Total assets | | 63,776 | | | 15,952 |
| 26 Total liabilities (describe in Schedule 0) SEE SCHEDULE C | | 100,525 | | | 78,636 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | | -36,749 | • 27 | | -62,684 |
| Part III Statement of Program Service Accomplishme | • | , | | | cpenses |
| Check if the organization used Schedule O to respond to any questio | | ····· | (Re 50 | equirea 1(c)(3) | for section and 501(c)(4) |
| Nhat is the organization's primary exempt purpose? SEE SCHEDULE C | | | org | anizati | ons and section |
| Describe what was achieved in carrying out the organization's exempt put | | | be 494 | |) trusts; option |
| the services provided, the number of persons benefited, and other relevant | | | 101 | others | •) |
| 28 INSPECTION OF PROPERTY AND TREES FO | | | | | |
| ENVIRONMENTAL OBJECTIVES OF ORGANIZ | | | | | |
| 800 INSPECTIONS FOR THE YEAR ENDED | APRIL 30, 201 | 1. | | | |
| (Grants \$) If this amount includes foreign | grants, check here | | 28a | t l | 5,893 |
| 29 REVIEW OF APPLICATIONS FOR CONSTRUC | CTION AND TREE | REMOVAL | | | |
| TO ENSURE THAT SUCH WILL NOT VIOLAT | FE ENVIRONMENT | 'AL | | | |
| OBJECTIVES. AWAC REVIEWED APPROXIMA | ATELY 400 PLAN | s. | _ | | |
| (Grants \$) If this amount includes foreign | | | 29a | | 91,45 |
| BO SEE SCHEDULE O | Z | | | | |
| | | | _ | | |
| | | | | | |
| (Grants \$) If this amount includes foreign | grants, check here | | | | 4,464 |
| //////// | granto, oncontrolo | | | · · · · · · · · · · · · · · · · · · · | 4,404 |
| (Grants \$) If this amount includes foreign | | | 31a | | |
| 32 Total program service expenses (add lines 28a through 31a) | | | | | 101,814 |
| Part IV List of Officers, Directors, Trustees, and Key E | Employees, List each one a | van if not componented (| F 32 | L. | |
| Check if the organization used Schedule 0 to respond to any question | in in this Part IV | en in nor compensated. (| see the math | | Grativ.) |
| | (b) Title and average hours | | (d) Contrit | | (e) Expense |
| (a) Name and address | per week devoted to | (If not paid, enter | to emplo | oyee | account and |
| | position | -0) | benefit pl deferre | | 1 account and |
| STACEY MCKAY | SECRETARY/TRE | - | deterre | ed | other allowand |
| PO BOX 2026, LAKE ARROWHEAD, CA 92352 | | ACTIDED | compens | | other allowand |
| PAUL MENG | | | | ation | |
| FAUL MENG | | ASURER 60,749. | | | other allowand |
| DO DOY 1746 TAKE ADDOLUGAD GA 00000 | PRESIDENT | 60,749. | | o . | |
| | PRESIDENT 2 0.50 | | | ation | |
| ALLISON BANNER | PRESIDENT 2 0.50 DIRECTOR | 60,749. 0. | | 0 . 0 . | (|
| ALLISON BANNER PO BOX 1828, BLUE JAY, CA 92317 | PRESIDENT 2 0.50 DIRECTOR 0.50 | 60,749. | | o . | |
| ALLISON BANNER PO BOX 1828, BLUE JAY, CA 92317 BOB HERTEL | PRESIDENT 2 0.50 DIRECTOR 0.50 DIRECTOR | 60,749. 0. 0. | | 0 . 0 . 0 . | (|
| ALLISON BANNER PO BOX 1828, BLUE JAY, CA 92317 BOB HERTEL PO BOX 766, CEDAR GLEN, CA 92321 | PRESIDENT 2 0.50 DIRECTOR 0.50 DIRECTOR 0.50 | 60,749. 0. | | 0 . 0 . | (|
| ALLISON BANNER PO BOX 1828, BLUE JAY, CA 92317 BOB HERTEL PO BOX 766, CEDAR GLEN, CA 92321 BOB PARKINSON | PRESIDENT 2 0.50 DIRECTOR 0.50 DIRECTOR 0.50 DIRECTOR | 60,749. 0. 0. | | 0 . 0 . 0 . | (|
| ALLISON BANNER PO BOX 1828, BLUE JAY, CA 92317 BOB HERTEL PO BOX 766, CEDAR GLEN, CA 92321 BOB PARKINSON PO BOX 698, LAKE ARROWHEAD, CA 92352 | PRESIDENT 2 0.50 DIRECTOR 0.50 DIRECTOR 0.50 DIRECTOR 0.50 | 60,749. 0. 0. | | 0 . 0 . 0 . | (|
| ALLISON BANNER PO BOX 1828, BLUE JAY, CA 92317 BOB HERTEL PO BOX 766, CEDAR GLEN, CA 92321 BOB PARKINSON PO BOX 698, LAKE ARROWHEAD, CA 92352 PETE VANDER MEYDEN | PRESIDENT 2 0.50 DIRECTOR 0.50 DIRECTOR 0.50 DIRECTOR | 60,749. 0. 0. 0. | | 0 . 0 . 0 . 0 . | (|
| ALLISON BANNER PO BOX 1828, BLUE JAY, CA 92317 BOB HERTEL PO BOX 766, CEDAR GLEN, CA 92321 BOB PARKINSON PO BOX 698, LAKE ARROWHEAD, CA 92352 PETE VANDER MEYDEN PO BOX 2713, BLUE JAY, CA 92317 | PRESIDENT 2 0.50 DIRECTOR 0.50 DIRECTOR 0.50 DIRECTOR 0.50 DIRECTOR 0.50 | 60,749. 0. 0. 0. 0. | | 0 . 0 . 0 . 0 . | |
| ALLISON BANNER PO BOX 1828, BLUE JAY, CA 92317 BOB HERTEL PO BOX 766, CEDAR GLEN, CA 92321 BOB PARKINSON PO BOX 698, LAKE ARROWHEAD, CA 92352 PETE VANDER MEYDEN PO BOX 2713, BLUE JAY, CA 92317 ALAN REILLY | PRESIDENT 2 0.50 DIRECTOR 0.50 DIRECTOR 0.50 DIRECTOR 0.50 DIRECTOR 0.50 | 60,749. 0. 0. 0. 0. | | 0 . 0 . 0 . 0 . 0 . | (|
| ALLISON BANNER PO BOX 1828, BLUE JAY, CA 92317 BOB HERTEL PO BOX 766, CEDAR GLEN, CA 92321 BOB PARKINSON PO BOX 698, LAKE ARROWHEAD, CA 92352 PETE VANDER MEYDEN PO BOX 2713, BLUE JAY, CA 92317 ALAN REILLY | PRESIDENT 2 0.50 DIRECTOR 0.50 DIRECTOR 0.50 DIRECTOR 0.50 DIRECTOR 0.50 VICE PRESIDEN | 60,749. 0. 0. 0. 0. T | | 0 . 0 . 0 . 0 . 0 . 0 . | |
| ALLISON BANNER PO BOX 1828, BLUE JAY, CA 92317 BOB HERTEL PO BOX 766, CEDAR GLEN, CA 92321 BOB PARKINSON PO BOX 698, LAKE ARROWHEAD, CA 92352 PETE VANDER MEYDEN PO BOX 2713, BLUE JAY, CA 92317 ALAN REILLY | PRESIDENT 2 0.50 DIRECTOR 0.50 DIRECTOR 0.50 DIRECTOR 0.50 DIRECTOR 0.50 | 60,749. 0. 0. 0. 0. | | 0 . 0 . 0 . 0 . 0 . | |
| ALLISON BANNER PO BOX 1828, BLUE JAY, CA 92317 BOB HERTEL PO BOX 766, CEDAR GLEN, CA 92321 BOB PARKINSON PO BOX 698, LAKE ARROWHEAD, CA 92352 PETE VANDER MEYDEN PO BOX 2713, BLUE JAY, CA 92317 ALAN REILLY | PRESIDENT 2 0.50 DIRECTOR 0.50 DIRECTOR 0.50 DIRECTOR 0.50 DIRECTOR 0.50 VICE PRESIDEN | 60,749. 0. 0. 0. 0. T | | 0 . 0 . 0 . 0 . 0 . 0 . | |
| ALLISON BANNER PO BOX 1828, BLUE JAY, CA 92317 BOB HERTEL PO BOX 766, CEDAR GLEN, CA 92321 BOB PARKINSON PO BOX 698, LAKE ARROWHEAD, CA 92352 PETE VANDER MEYDEN PO BOX 2713, BLUE JAY, CA 92317 ALAN REILLY | PRESIDENT 2 0.50 DIRECTOR 0.50 DIRECTOR 0.50 DIRECTOR 0.50 DIRECTOR 0.50 VICE PRESIDEN | 60,749. 0. 0. 0. 0. T | | 0 . 0 . 0 . 0 . 0 . 0 . | |
| ALLISON BANNER PO BOX 1828, BLUE JAY, CA 92317 BOB HERTEL PO BOX 766, CEDAR GLEN, CA 92321 BOB PARKINSON PO BOX 698, LAKE ARROWHEAD, CA 92352 PETE VANDER MEYDEN PO BOX 2713, BLUE JAY, CA 92317 ALAN REILLY | PRESIDENT 2 0.50 DIRECTOR 0.50 DIRECTOR 0.50 DIRECTOR 0.50 DIRECTOR 0.50 VICE PRESIDEN | 60,749. 0. 0. 0. 0. T | | 0 . 0 . 0 . 0 . 0 . 0 . | |
| ALLISON BANNER PO BOX 1828, BLUE JAY, CA 92317 BOB HERTEL PO BOX 766, CEDAR GLEN, CA 92321 BOB PARKINSON PO BOX 698, LAKE ARROWHEAD, CA 92352 PETE VANDER MEYDEN PO BOX 2713, BLUE JAY, CA 92317 ALAN REILLY | PRESIDENT 2 0.50 DIRECTOR 0.50 DIRECTOR 0.50 DIRECTOR 0.50 DIRECTOR 0.50 VICE PRESIDEN | 60,749. 0. 0. 0. 0. T | | 0 . 0 . 0 . 0 . 0 . 0 . | |
| ALLISON BANNER PO BOX 1828, BLUE JAY, CA 92317 BOB HERTEL PO BOX 766, CEDAR GLEN, CA 92321 BOB PARKINSON PO BOX 698, LAKE ARROWHEAD, CA 92352 PETE VANDER MEYDEN PO BOX 2713, BLUE JAY, CA 92317 ALAN REILLY | PRESIDENT 2 0.50 DIRECTOR 0.50 DIRECTOR 0.50 DIRECTOR 0.50 DIRECTOR 0.50 VICE PRESIDEN | 60,749. 0. 0. 0. 0. T | | 0 . 0 . 0 . 0 . 0 . 0 . | |
| ALLISON BANNER PO BOX 1828, BLUE JAY, CA 92317 BOB HERTEL PO BOX 766, CEDAR GLEN, CA 92321 BOB PARKINSON PO BOX 698, LAKE ARROWHEAD, CA 92352 PETE VANDER MEYDEN PO BOX 2713, BLUE JAY, CA 92317 ALAN REILLY | PRESIDENT 2 0.50 DIRECTOR 0.50 DIRECTOR 0.50 DIRECTOR 0.50 DIRECTOR 0.50 VICE PRESIDEN | 60,749. 0. 0. 0. 0. T | | 0 . 0 . 0 . 0 . 0 . 0 . | |
| ALLISON BANNER PO BOX 1828, BLUE JAY, CA 92317 BOB HERTEL PO BOX 766, CEDAR GLEN, CA 92321 BOB PARKINSON PO BOX 698, LAKE ARROWHEAD, CA 92352 PETE VANDER MEYDEN PO BOX 2713, BLUE JAY, CA 92317 ALAN REILLY | PRESIDENT 2 0.50 DIRECTOR 0.50 DIRECTOR 0.50 DIRECTOR 0.50 DIRECTOR 0.50 VICE PRESIDEN | 60,749. 0. 0. 0. 0. T | | 0 . 0 . 0 . 0 . 0 . 0 . | |
| ALLISON BANNER PO BOX 1828, BLUE JAY, CA 92317 BOB HERTEL PO BOX 766, CEDAR GLEN, CA 92321 BOB PARKINSON PO BOX 698, LAKE ARROWHEAD, CA 92352 PETE VANDER MEYDEN PO BOX 2713, BLUE JAY, CA 92317 ALAN REILLY | PRESIDENT 2 0.50 DIRECTOR 0.50 DIRECTOR 0.50 DIRECTOR 0.50 DIRECTOR 0.50 VICE PRESIDEN | 60,749. 0. 0. 0. 0. T | | 0 . 0 . 0 . 0 . 0 . 0 . | |
| ALLISON BANNER PO BOX 1828, BLUE JAY, CA 92317 BOB HERTEL PO BOX 766, CEDAR GLEN, CA 92321 BOB PARKINSON PO BOX 698, LAKE ARROWHEAD, CA 92352 PETE VANDER MEYDEN PO BOX 2713, BLUE JAY, CA 92317 ALAN REILLY | PRESIDENT 2 0.50 DIRECTOR 0.50 DIRECTOR 0.50 DIRECTOR 0.50 DIRECTOR 0.50 VICE PRESIDEN | 60,749. 0. 0. 0. 0. T | | 0 . 0 . 0 . 0 . 0 . 0 . | |
| PO BOX 1746, LAKE ARROWHEAD, CA 92352 ALLISON BANNER PO BOX 1828, BLUE JAY, CA 92317 BOB HERTEL PO BOX 766, CEDAR GLEN, CA 92321 BOB PARKINSON PO BOX 698, LAKE ARROWHEAD, CA 92352 PETE VANDER MEYDEN PO BOX 2713, BLUE JAY, CA 92317 ALAN REILLY PO BOX 3014, BLUE JAY, CA 92317 | PRESIDENT 2 0.50 DIRECTOR 0.50 DIRECTOR 0.50 DIRECTOR 0.50 DIRECTOR 0.50 VICE PRESIDEN | 60,749. 0. 0. 0. 0. T | | 0 . 0 . 0 . 0 . 0 . 0 . | |

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| | 990-EZ (2010) ARCHITECTURAL COMMITTEE, INC. | | 33-02 | 08452 | | Page 3 |
|------|--|---------------------------------|---------------------------------------|------------------------|---|---------------|
| Pa | Other Information (Note the statement requirements in the instructions for Part V. |) | | | | ······ |
| | Check if the organization used Schedule O to respond to any question in this Part V | <u>.</u> | ····· | | ·····- | X |
| | | | | r | Yes | No |
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed desi | cription | of each activity in | | | |
| | Schedule 0 | | | 33 | | X |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed of | | | | | |
| | documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O | • | · · · · · · · · · · · · · · · · · · · | 34 | | X |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among | |), but not | | | |
| | reported on Form 990-T, explain in Schedule 0 why the organization did not report the income on Form 990- | | | 100 | str . | |
| a | Did the organization have unrelated business gross income of $1,000$ or more or was it a section $501(c)(4)$, 5000 | | | | | |
| | 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? | | | | | X |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | | | <u>35b</u> | <u>N/</u> | A |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets du | | | | | |
| 07. | complete applicable parts of Schedule N | 1 | | | | X |
| | | 37a | | <u>0.</u> | | da A |
| | Did the organization file Form 1120-POL for this year? | | | <u>37b</u> | 1.22 | X |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or wer | | | 2, 4 | | 1 mar |
| | in a prior year and still outstanding at the end of the tax year covered by this return? | 1 | | 38a | | X |
| | If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b | N/A | | | |
| 39 | Section 501(c)(7) organizations. Enter: | | | | | |
| a | Initiation fees and capital contributions included on line 9 | 39a | <u>N/A</u> | | | |
| 40 - | 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 | | NT / N | | | 都沿于 |
| ь | · · · · · · · · · · · · · · · · · · · | | N/A | - | 1.1 | |
| U | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess bene year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its | | | 289 | The second | |
| | | | | 401 | | |
| r | If "Yes," complete Schedule L, Part I Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers | • • • • • • • • • • • • • | | 40b | 4.7 | X |
| Ŭ | or disqualified persons during the year under sections 4912, 4955, and 4958 | | 0 | | | |
| h | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the | | 0 | • | | |
| | | | 0 | • | | |
| е | All organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | | U | <u>-</u> | | |
| | transaction? If "Yes," complete Form 8886-T | | | 40e | | X |
| 41 | List the states with which a copy of this return is filed. \blacktriangleright CA | • • • • • • • • • • • • • • • • | | 400 | <u> </u> | |
| 42 a | The organization's books are in care of STACEY MCKAY | Tele | ephone no. ► (909 | 1 336 | -27 | 55 |
| | Located at P.O. BOX 2026, LAKE ARROWHEAD, CA | | | <u>/ 330</u> ▶ 9235 | | 55 |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority | | | <u> </u> | ۷ | |
| | 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 a | nd Fina | ncial Accounts. | | | |
| C | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | | | 42c | n in n' - Alizant a' Batr | 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 | | ▶ 43 | N/A | | |
| | | | | | | |
| | | | | | Yes | No |
| 44 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed | d instea | d of | | | 162 |
| | Form 990-EZ | | | 44a | * ~ ` | х |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be compl | eted ins | tead | | 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| | of Form 990-EZ | | | 44h | ~ ` | X |
| C | Did the organization receive any payments for indoor tanning services during the year? | | | 44c | | X |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an exp | lanatio | n | | | |
| | in Schedule O | <u></u> | | | | |

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Form 990-EZ (2010)

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032173 02-02-11

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ARROWHEAD WOODS

| | | | | | | | Yes | | |
|--|---|---|---|---|---|--------------------|-----------------------|--|--|
| 45 is any re | lated organization a controlled entity of th | e organization within the | e meaning of section 512(b |)(13)? | | 45 | | | |
| | organization receive any payment from or | | | | | | | | |
| lf "Yes," I | Form 990 and Schedule R may need to be | e completed instead of Form | 990-EZ | - | | 45a | | | |
| | organization engage, directly or indirectly, | | | | | · 2 - 1 | 33 133 | | |
| | complete Schedule C, Part I | | ~ / ¬ / ` / / / ` · | | ····· | 46 | | | |
| Fart VI | Section 501(c)(3) organizati | | | | - | | , | | |
| | organizations and section 4947(a)(1) no Check if the organization used Schedule | | | | | | | | |
| | Check if the organization used Schedule | O to respond to any questio | ni in uns Part Vi | | | | Yes | | |
| 47 Did the c | proanization engage in lobbying activities? | ? If "Yes." complete Sche | edule C. Part II | | | 47 | 103 | | |
| 48 Is the or | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | | | | | | | |
| 49 a Did the c | organization make any transfers to an exe | mpt non-charitable related c | organization? | | | 49a | | | |
| b If "Yes," v | was the related organization a section 527 | organization? | | | | 49b | | | |
| | e this table for the organization's five high | | | s, trustees and key er | mployees) who e | ach re | ceived r | | |
| than \$10 | 00,000 of compensation from the organization | ation. If there is none, enter | | 4.20 | (4) | · | | | |
| | (a) Name and address of each employe | a paid more | (b) Title and average hours per week devoted to | (c) Compensation | (d) Contribution to employee | | e) Expe ccount | | |
| | 1 | ee paid more N/A | position | | benefit plans & deferred | | er allow | | |
| | ÷ · · · · · · · · · · · · · · · · · · · | N/A | | | compensation | | | | |
| | | | - | | | | | | |
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| | | · · · · · · · · · · · · · · · · · · · | | | | | · · · · | | |
| 51 Complet | mber of other employees paid over \$100, e this table for the organization's five high | est compensated independ | | ived more than \$100, | 000 of compens | ation f | rom the | | |
| 51 Complet | e this table for the organization's five high | hest compensated independ \mathbf{N}/\mathbf{A} | ent contractors who each rece | ived more than \$100, (b) Type of serv | · | | rom the | | |
| 51 Complet | e this table for the organization's five high tion. If there is none, enter "None." | hest compensated independ \mathbf{N}/\mathbf{A} | ent contractors who each rece | | · | | | | |
| 51 Complet | e this table for the organization's five high tion. If there is none, enter "None." | hest compensated independ \mathbf{N}/\mathbf{A} | ent contractors who each rece | | · | | | | |
| 51 Complet organiza | e this table for the organization's five high tion. If there is none, enter "None." I (a) Name and address of each indepen | iest compensated independ N/A ident contractor paid more t | ent contractors who each rece | | · | | | | |
| 51 Complet organiza | e this table for the organization's five high tion. If there is none, enter "None." I (a) Name and address of each indepen | test compensated independ N/A Ident contractor paid more t Ident contractor paid more t Ident contractor paid more t Ident contractor paid more t | ent contractors who each rece | (b) Type of serv | · | | | | |
| 51 Complete organiza organiza d Total nur 52 Did the o | e this table for the organization's five high tion. If there is none, enter "None." I (a) Name and address of each indepen (a) Name and address of each indepen mber of other independent contractors each rganization complete Schedule A? Note: / | hest compensated independ N/A ident contractor paid more t contractor paid | ent contractors who each rece han \$100,000 | (b) Type of serv | | <u>c)</u> Con | | | |
| 51 Complet organiza d Total nur 52 Did the o charitable | e this table for the organization's five high tion. If there is none, enter "None." I (a) Name and address of each indepen (a) Name and address of each indepen (b) Name and address of each independ (b) Name and (b) Name and (b) Name and (b) Name and (b) Nam | hest compensated independ N/A ident contractor paid more t contractor paid | ent contractors who each rece han \$100,000 | (b) Type of serv | | <u>c)</u> Con | | | |
| 51 Complet organiza d Total nur 52 Did the o charitable | e this table for the organization's five high tion. If there is none, enter "None." I (a) Name and address of each indepen (a) Name and address of each indepen mber of other independent contractors each rganization complete Schedule A? Note: / | hest compensated independ N/A ident contractor paid more t contractor paid | ent contractors who each rece han \$100,000 | (b) Type of serv | | <u>c)</u> Con | | | |
| 51 Complet organiza d Total nur 52 Did the o charitable | e this table for the organization's five high tion. If there is none, enter "None." | hest compensated independ N/A ident contractor paid more t contractor paid | ent contractors who each rece han \$100,000 zations and 4947(a)(1) nonexe ompanying schedules and statemen formation of which preparer has any | (b) Type of serv | vice (| <u>c)</u> Con | | | |
| 51 Complet organiza | e this table for the organization's five high tion. If there is none, enter "None." I (a) Name and address of each indepen (a) Name and address of each indepen (a) Name and address of each indepen (b) Name and address of each indepen (a) Name and address of each indepen (b) Name and address of each indepen (c) Name and address of each indepen (c) Name and address of each indepen (c) Name and address of each independent contractors each organization complete Schedule A? Note: , e trusts must attach a completed Schedul Inder penalties of perjury. I declare that I have ex- torrect, and complete. Declaration of preparer (oth Signature of officer STACEY MCKAY, SEC | nest compensated independ N/A ident contractor paid more t ch receiving over \$100,000 All section 501(c)(3) organit e A amined this return, including acc ter than officer) is based on all in | ent contractors who each rece han \$100,000 zations and 4947(a)(1) nonexe ompanying schedules and statemen formation of which preparer has any | (b) Type of serv | vice (| <u>c)</u> Con | | | |
| 51 Complet organiza | e this table for the organization's five high tion. If there is none, enter "None." I (a) Name and address of each indepen (a) Name and address of each indepen (a) Name and address of each indepen (b) Name and address of each indepen (c) Name and address of each independent (c) Name and complete Schedul Name and complete Schedul A? Note: A trusts must attach a completed Schedul Inder penalities of perjury, I declare that Thave ex- correct, and complete. Declaration of preparer (oth Signature of officer Signature of officer STACEY MCKAY, SEC Type or print name and title Print/Type preparer's name | est compensated independ N/A ident contractor paid more t ident contractor paid more t ch receiving over \$100,000 All section 501(c)(3) organi: e A amined this return, including acc ter than officer) is based on all in CRETARY/TREAS | ent contractors who each rece han \$100,000 zations and 4947(a)(1) nonexe ompanying schedules and statemer formation of which preparer has any SURER | (b) Type of serv | vice (| <u>c)</u> Con | | | |
| 51 Complet organiza d Total nur 52 Did the o charitable Sign Here | e this table for the organization's five high tion. If there is none, enter "None." I (a) Name and address of each indepen (a) Name and address of each indepen (a) Name and address of each indepen (b) Name and address of each indepen (a) Name and address of each indepen (b) Name and address of each indepen (c) Name and address of each indepen (c) Name and address of each independent (c) Name and address of each independent (c) Name and the complete Schedule A? Note: , (c) Noter penalties of perjury, I declare that Thave ex- correct, and complete. Declaration of preparer (oth Signature of officer Signature of officer STACEY MCKAY, SEC Type or print name and title Print/Type preparer's name DEBORAH WIXOM | est compensated independ N/A ident contractor paid more t ch receiving over \$100,000 All section 501(c)(3) organiz e A amined this return, including acc her than officer) is based on all in CRETARY / TREAS Preparer's signature | ent contractors who each rece than \$100,000 zations and 4947(a)(1) nonexe companying schedules and statemer formation of which preparer has any SURER | (b) Type of serv | vice (| <u>c)</u> Con | | | |
| 51 Complete organiza | e this table for the organization's five high tion. If there is none, enter "None." I (a) Name and address of each independent (a) Name and address of each independent (a) Name and address of each independent (a) Name and address of each independent (b) Name and address of each independent (c) Name and address of each independent print/Type preparer's name DEBORAH WIXOM Firm's name ► SOREN MCAIL Firm's address ► 2068 ORAN | est compensated independ N/A ident contractor paid more t ch receiving over \$100,000 All section 501(c)(3) organiz e A amined this return, including acc than officer) is based on all in CRETARY / TREAS Preparer's signature DAM CHRISTENS IGE TREE LANE | ent contractors who each rece than \$100,000 zations and 4947(a)(1) nonexe companying schedules and statement formation of which preparer has any SURER Date | (b) Type of serv | vice (| Con Tief, it is | | | |
| 51 Complete organiza organiza d Total nur 52 Did the o charitable Sign Here | e this table for the organization's five high tion. If there is none, enter "None." I (a) Name and address of each independent (a) Name and address of each independent (a) Name and address of each independent (a) Name and address of each independent (b) Name and address of each independent (c) Name and address of each independent print/Type preparer's name DEBORAH WIXOM Firm's name ► SOREN MCAIL Firm's address ► 2068 ORAN | est compensated independ N/A ident contractor paid more t ch receiving over \$100,000 All section 501(c)(3) organiz e A amined this return, including acc ter than officer) is based on all in CRETARY/TREAS Preparer's signature DAM CHRISTENS IGE TREE LANE CA 92374 | ent contractors who each rece than \$100,000 zations and 4947(a)(1) nonexe ompanying schedules and statemen formation of which preparer has any SURER Date SON LLP 2, SUITE 100 | (b) Type of server | vice (knowledge and be Date) if PTIN /ed (909) | Con Tief, it is | s true, 8 – 2 2 | | |

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| SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service | Supplemental Information to Form Complete to provide information for responses to sp Form 990 or 990-EZ or to provide any additiona ► Attach to Form 990 or 990-EZ. | ecific questions on | OMB No. 1545-0047 |
|--|--|---------------------|----------------------------------|
| Name of the organization | ARROWHEAD WOODS ARCHITECTURAL COMMITTEE, INC. | | er identification number 0208452 |
| FORM 990-EZ, | | INCOME : | |
| DESCRIPTION C | | | AMOUNT : |
| INTEREST INCO | | | 9. |
| | | | |
| FORM 990-EZ, | PART I, LINE 16, OTHER EXPENSES: | | |
| DESCRIPTION C | F OTHER EXPENSES: | <u></u> | AMOUNT: |
| MEETING EXPEN | ISE | | 628. |
| INSURANCE PRE | MIUMS | | 5,203. |
| TAXES/FILINGS | 5 | | 330. |
| OFFICE EXPENS | ES | | 1,635. |
| MARKETING & A | DVERTISING | | 3,474. |
| WEB SITE | | | 1,127. |
| CC&R RENEWAL | | | 2,272. |
| PAYROLL TAXES | | | 4,486. |
| COMPUTER SERV | ICE | | 75. |
| DONATIONS | | | 500. |
| TOTAL TO FORM | 990-EZ, LINE 16 | | 19,730. |
| FORM 990-EZ, | PART II, LINE 26, OTHER LIABILITIN | ES: | |
| DESCRIPTION | | BEG. OF YEAR | END OF YEAR |
| CONSTRUCTION | DEPOSITS | 100,525. | 77,525. |
| PAYROLL TAX L | IABILITY | 0. | 1,111. |
| TOTAL TO FORM | 990-EZ, LINE 26 | 100,525. | 78,636. |
| , | PART III, PRIMARY EXEMPT PURPOSE - | | COVENANTS, |
| | D RESTRICTIONS IN ARROWHEAD WOODS. uction Act Notice, see the Instructions for Form 990 or 990-EZ. | | m 990 or 990-EZ) (2010) |

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SCHEDULE O

Internal Revenue Service

n

(Form 990 or 990-EZ) Department of the Treasury Supplemental Information to Form 990 or 990-EZ

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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.



Name of the organization

ARROWHEAD WOODS ARCHITECTURAL COMMITTEE, INC.

Employer identification number 33-0208452

FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:

PUBLICATION OF HANDBOOKS/BROCHURES CONCERNING

ARCHITECTURAL GUIDELINES, TREE PRESERVATION AND SIMILAR

MATTERS. EDUCATIONAL MATTERS AND MATERIALS REGARDING FIRE

SAFETY.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)