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					/	20	16
MAIL T0:ANNUALRegistry of Charitable TrustsREGISTRATION RENEWALP.O. Box 903447TO ATTORNEY GENERAL OFSacramento, CA 94203-4470Sections 12586 and 12587, CaliforniaTelephone: (916) 445-2021Sections 12586 and 12587, California				RNIA Gode			
WEB SITE ADORESS: http://ag.ca.gov/charities/	RESS: Failure to submit this report annually no later than four months and fifteen days after the RECEN						) līce
State Charity Registration Number: 079147					SEP 1 4 2	D16	
ARROWHEAD WOODS ARCHITECTURAL COMMITTEE, INC.			Change of address     Registry of     Charitable Trus     Amended report			sts	
P.O. BOX 2026				Corporate or Organization No. <u>1442745</u>			
Address (Number and Street) LAKE ARROWHEAD, CA 92352 City or Town, State and ZIP Code				Federal Employer I.D. No. <u>33-0208452</u>			
ANNUAL RE		RENEWAL FEE SCHEDULE (11 Cal ck Payable to Attorney General's F			, 311 and 312)		
Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Re	venue	Fee	2
Less than \$25,000 Between \$25,000 and \$100,0	0 00 \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 million			001 and \$10 million ,001 and \$50 million million	\$15 \$22 \$30	25
PART A - ACTIVITIES							
For your most recent for Gross annual revenue	ull accounting p	period (beginning 05/01/20 110,675. Total assets \$	<u>15</u> endi	ng 04/30/2 42,369.	016 ) list:		
		NIZATION DURING THE PERIOD					
		estions below, you must attach a s . Please review RRF-1 instructions			Danation		
<ol> <li>During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?</li> </ol>						Yes	N∘ X
<ol> <li>During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?</li> </ol>							x
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?							x
<ol> <li>During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.</li> </ol>							x
<ol> <li>During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.</li> </ol>							x
<ol> <li>During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.</li> </ol>							x
<ol><li>During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.</li></ol>							x
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.							x
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?							x
Organization's area code and telep	hone number <u>(</u>	909)336-2755					
Organization's e-mail address	NFO@AWAC	.BIZ		<u> </u>			
	PULTSTA	ined this report, including accompanyin	S	ECRETARY/T	a	it is true	». 16
Signature of authorized officer	W Printe	d Name	Tiu	e			
529291 04-01-15					R	RF-1 (	3-05)

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