

# Short Form Return of Organization Exempt From Income Tax

## 2016

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

|  |  |  |  |  |  |  |  |   |  |                                   |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |
|--|--|--|--|--|--|--|--|---|--|-----------------------------------|---|--|--|---|--|--|---|--|--|---|--|--|---|--|--|
| <b>A</b> For the 2016 calendar year, or tax year beginning <b>MAY 1, 2016</b> and ending <b>APR 30, 2017</b>   |  |  |  |  |  |  |  |   |  |                                   |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization<br/><b>ARROWHEAD WOODS ARCHITECTURAL COMMITTEE, INC.</b></td> <td><b>D</b> Employer identification number<br/><b>33-0208452</b></td> </tr> <tr> <td colspan="2">Number and street (or P.O. box, if mail is not delivered to street address) Room/suite<br/><b>P.O. BOX 2026</b></td> <td><b>E</b> Telephone number<br/><b>(909) 336-2755</b></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code<br/><b>LAKE ARROWHEAD, CA 92352</b></td> <td><b>F</b> Group Exemption Number ▶</td> </tr> <tr> <td colspan="2"><b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶</td> <td><b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).</td> </tr> <tr> <td colspan="2"><b>I</b> Website: ▶ <b>WWW.AWAC.BIZ</b></td> <td></td> </tr> <tr> <td colspan="3"><b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>4</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> </tr> <tr> <td colspan="3"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> </tr> <tr> <td colspan="3"><b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ <b>105,825.</b></td> </tr> </table> | <b>C</b> Name of organization<br><b>ARROWHEAD WOODS ARCHITECTURAL COMMITTEE, INC.</b>  |  | <b>D</b> Employer identification number<br><b>33-0208452</b> | Number and street (or P.O. box, if mail is not delivered to street address) Room/suite<br><b>P.O. BOX 2026</b> |  | <b>E</b> Telephone number<br><b>(909) 336-2755</b> | City or town, state or province, country, and ZIP or foreign postal code<br><b>LAKE ARROWHEAD, CA 92352</b> |  | <b>F</b> Group Exemption Number ▶ | <b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ |  | <b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). | <b>I</b> Website: ▶ <b>WWW.AWAC.BIZ</b> |  |  | <b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>4</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 |  |  | <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other |  |  | <b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ <b>105,825.</b> |  |  |
| <b>C</b> Name of organization<br><b>ARROWHEAD WOODS ARCHITECTURAL COMMITTEE, INC.</b>  |  | <b>D</b> Employer identification number<br><b>33-0208452</b>   |  |  |  |  |  |   |  |                                   |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |
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| City or town, state or province, country, and ZIP or foreign postal code<br><b>LAKE ARROWHEAD, CA 92352</b>  |  | <b>F</b> Group Exemption Number ▶  |  |  |  |  |  |   |  |                                   |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |
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| <b>I</b> Website: ▶ <b>WWW.AWAC.BIZ</b>  |  |  |  |  |  |  |  |   |  |                                   |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |
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| <b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ <b>105,825.</b>  |  |  |  |  |  |  |  |   |  |                                   |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

|   | Description  | Code     | Amount   |
|---|--|----------|----------|
| <b>Revenue</b>  | <b>1</b> Contributions, gifts, grants, and similar amounts received  | 1        |          |
|   | <b>2</b> Program service revenue including government fees and contracts   | 2        | 105,825. |
|   | <b>3</b> Membership dues and assessments   | 3        |          |
|   | <b>4</b> Investment income   | 4        |          |
|   | <b>5a</b> Gross amount from sale of assets other than inventory  | 5a       |          |
|   | <b>b</b> Less: cost or other basis and sales expenses  | 5b       |          |
|   | <b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)   | 5c       |          |
|   | <b>6</b> Gaming and fundraising events   |          |          |
|   | <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)   | 6a       |          |
| <b>b</b> Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b   |          |          |
| <b>c</b> Less: direct expenses from gaming and fundraising events   | 6c   |          |          |
| <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)   | 6d   |          |          |
| <b>7a</b> Gross sales of inventory, less returns and allowances   | 7a   |          |          |
| <b>b</b> Less: cost of goods sold   | 7b   |          |          |
| <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   | 7c   |          |          |
| <b>8</b> Other revenue (describe in Schedule O)   | 8  |          |          |
| <b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   | 9  | 105,825. |          |
| <b>Expenses</b>   | <b>10</b> Grants and similar amounts paid (list in Schedule O)   | 10       |          |
|   | <b>11</b> Benefits paid to or for members  | 11       |          |
|   | <b>12</b> Salaries, other compensation, and employee benefits  | 12       | 61,265.  |
|   | <b>13</b> Professional fees and other payments to independent contractors  | 13       | 35,167.  |
|   | <b>14</b> Occupancy, rent, utilities, and maintenance  | 14       | 10,177.  |
|   | <b>15</b> Printing, publications, postage, and shipping  | 15       | 243.     |
|   | <b>16</b> Other expenses (describe in Schedule O) <b>SEE SCHEDULE O</b>  | 16       | 13,521.  |
|   | <b>17 Total expenses.</b> Add lines 10 through 16  | 17       | 120,373. |
| <b>Net Assets</b>   | <b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)  | 18       | -14,548. |
|   | <b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19       | -81,319. |
|   | <b>20</b> Other changes in net assets or fund balances (explain in Schedule O)   | 20       | 0.       |
|   | <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20  | 21       | -95,867. |

**RECEIVED**  
Attorney General's Office  
**SEP 18 2017**  
Registry of Charitable Trusts

**ARROWHEAD WOODS  
ARCHITECTURAL COMMITTEE, INC.**

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

|  | (A) Beginning of year |    | (B) End of year |
|--|-----------------------|----|-----------------|
| 22 Cash, savings, and investments  | 42,369.               | 22 | 23,905.         |
| 23 Land and buildings  |                       | 23 |                 |
| 24 Other assets (describe in Schedule O)                                       |                       | 24 |                 |
| 25 Total assets  | 42,369.               | 25 | 23,905.         |
| 26 Total liabilities (describe in Schedule O) SEE SCHEDULE O                   | 123,688.              | 26 | 119,772.        |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | -81,319.              | 27 | -95,867.        |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

|   |  |     |         |
|---|--|-----|---------|
| 28 SEE SCHEDULE O   |  |     |         |
| 29 SEE SCHEDULE O   | (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 1,525.  |
| 30 SEE SCHEDULE O   | (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | 91,948. |
| 31 Other program services (describe in Schedule O)            | (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | 288.    |
| 31 SEE SCHEDULE O   | (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a |         |
| 32 Total program service expenses (add lines 28a through 31a) |  | 32  | 93,761. |

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title                    | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---------------------------------------|--|--|---|--|
| STACEY LIPPERT<br>SECRETARY/TREASURER | 25.00  | 61,265.  | 0.  | 0.   |
| ALAN REILLY<br>PRESIDENT              | 0.50   | 0.   | 0.  | 0.   |
| RICH SCOTT<br>VICE PRESIDENT          | 0.50   | 0.   | 0.  | 0.   |
| CRYSTAL UNION<br>DIRECTOR             | 0.50   | 0.   | 0.  | 0.   |
| BOB PARKINSON<br>DIRECTOR             | 0.50   | 0.   | 0.  | 0.   |
| JACKI STANFIELD<br>DIRECTOR           | 0.50   | 0.   | 0.  | 0.   |
| JIM TAYLOR<br>DIRECTOR                | 0.50   | 0.   | 0.  | 0.   |
| ALLISON BANNER<br>DIRECTOR            | 0.50   | 0.   | 0.  | 0.   |
|                                       |  |  |   |  |
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|                                       |  |  |   |  |

ARROWHEAD WOODS

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V [X]

Table with 3 columns: Question ID, Description, and Yes/No. Rows 33-36. 33: No significant activity. 34: No changes to documents. 35a: No unrelated business income. 35b: No Form 990-T. 35c: No section 501(c)(4), (5), or (6) organization. 36: No liquidation or disposition.

37a: Enter amount of political expenditures, direct or indirect, as described in the instructions. 37b: Did the organization file Form 1120-POL for this year? Both are 0.

38a: Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b: If "Yes," complete Schedule L, Part II and enter the total amount involved. Both are N/A.

39: Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities. Both are N/A.

40a: Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911, section 4912, section 4955. All are N/A.

40b: Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. Answer is X.

40c: Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. Answer is 0.

40d: Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. Answer is 0.

40e: 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. Answer is X.

41: List the states with which a copy of this return is filed. CA. 42a: The organization's books are in care of STACEY LIPPERT. Telephone no. (909) 336-2755. Located at P.O. BOX 2026, LAKE ARROWHEAD, CA. ZIP + 4 92352.

42b: 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 account)? Answer is X.

If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

42c: At any time during the calendar year, did the organization maintain an office outside the United States? Answer is X.

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. Answer is N/A.

44a: Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Answer is X.

44b: Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Answer is X.

44c: Did the organization receive any payments for indoor tanning services during the year? Answer is X.

44d: If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. Answer is X.

45a: Did the organization have a controlled entity within the meaning of section 512(b)(13)? Answer is X.

45b: Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). Answer is X.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?  Yes  No  
 If "Yes," complete Schedule C, Part I 46  Yes  No

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.  
 Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II 47  Yes  No  
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48  Yes  No  
 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a  Yes  No  
 b If "Yes," was the related organization a section 527 organization? 49b  Yes  No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| N/A                                 |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
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|                                     |  |   |   |  |
|                                     |  |   |   |  |

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
|  |                     |                  |
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|  |                     |                  |

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: Stacey Lippert Date: 9/13/17  
 Type or print name and title: **STACEY LIPPERT, SECRETARY/TREASURER**

**Paid Preparer Use Only**  
 Print/Type preparer's name: CINDY R. WATTS  
 Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check  if self-employed PTIN: P00074166  
 Firm's name: SOREN MCADAM LLP Firm's EIN: 77-0549163  
 Firm's address: 2068 ORANGE TREE LANE, SUITE 100 REDLANDS, CA 92374 Phone no. (909) 798-2222

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

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2016**

Open to Public Inspection

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

ARROWHEAD WOODS  
ARCHITECTURAL COMMITTEE, INC.

Employer identification number  
33-0208452

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

| DESCRIPTION OF OTHER EXPENSES:       | AMOUNT:        |
|--------------------------------------|----------------|
| MEETING EXPENSE                      | 322.           |
| INSURANCE PREMIUMS                   | 4,032.         |
| TAXES/FILINGS                        | 80.            |
| OFFICE EXPENSES                      | 1,245.         |
| MARKETING & ADVERTISING              | 1,773.         |
| WEB SITE                             | 319.           |
| PAYROLL TAXES                        | 5,030.         |
| ALARM SERVICE                        | 406.           |
| BANK FEE                             | 36.            |
| COMPUTER REPAIR/SERVICE              | 278.           |
| <b>TOTAL TO FORM 990-EZ, LINE 16</b> | <b>13,521.</b> |

**FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:**

| DESCRIPTION                          | BEG. OF YEAR    | END OF YEAR     |
|--------------------------------------|-----------------|-----------------|
| CONSTRUCTION DEPOSITS                | 123,000.        | 119,000.        |
| PAYROLL TAX LIABILITY                | 688.            | 772.            |
| <b>TOTAL TO FORM 990-EZ, LINE 26</b> | <b>123,688.</b> | <b>119,772.</b> |

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO ENFORCE THE COVENANTS, CONDITIONS AND RESTRICTIONS IN ARROWHEAD WOODS.**

**FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:**

**INSPECTION OF PROPERTY AND TREES FOR COMPLIANCE WITH**

**ENVIRONMENTAL OBJECTIVES OF ORGANIZATION. AWAC PERFORMED**

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

Schedule O (Form 990 or 990-EZ) (2016)

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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▶ Attach to Form 990 or 990-EZ.

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**2016**

Open to Public  
Inspection

Name of the organization

ARROWHEAD WOODS  
ARCHITECTURAL COMMITTEE, INC.

Employer identification number  
33-0208452

APPROXIMATELY 650 INSPECTIONS FOR THE YEAR ENDED APRIL 30,  
2017.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

REVIEW OF APPROXIMATELY 580 APPLICATIONS FOR A VARIETY OF  
IMPROVEMENTS, INCLUDING NEW HOMES, REMODELS, FENCING,  
PAINT, ROOF, RETAINING WALLS, TREE TRIMMING/REMOVAL AND  
OTHER EXTERIOR IMPROVEMENTS.

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.