

# Short Form Return of Organization Exempt From Income Tax

# 2019

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.**

▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

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Department of the Treasury  
Internal Revenue Service

**A** For the 2019 calendar year, or tax year beginning **MAY 1, 2019** and ending **APR 30, 2020**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ARROWHEAD WOODS ARCHITECTURAL COMMITTEE, INC.</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. BOX 2026</b> City or town, state or province, country, and ZIP or foreign postal code <b>LAKE ARROWHEAD, CA 92352</b>	<b>D</b> Employer identification number <b>** - *** 8452</b> <b>E</b> Telephone number <b>(909) 336-2755</b> <b>F</b> Group Exemption Number ▶
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**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I** Website: ▶ **WWW.AWAC.BIZ**

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( **4** ) ◀ (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **128,550.**

**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		Amount
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	128,550.
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events:		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<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)	<b>6b</b>	
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	128,550.	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	76,702.
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	28,246.
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	11,112.
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	291.
	<b>16</b> Other expenses (describe in Schedule O) <b>SEE SCHEDULE O</b>	<b>16</b>	15,336.
	<b>17</b> <b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	131,687.
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9)	<b>18</b>	-3,137.
	<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)	<b>19</b>	38,737.
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	0.
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	35,600.

**RECEIVED**  
**Attorney General's Office**  
**NOV 23 2020**  
**Registry of Charitable Trusts**

**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  X

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	37,715.	22	37,543.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	1,022.	24	0.
25 Total assets	38,737.	25	37,543.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	0.	26	1,943.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	38,737.	27	35,600.

**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  X

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.

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
28 SEE SCHEDULE O		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	40,523.
29 SEE SCHEDULE O		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	61,583.
30 SEE SCHEDULE O		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	1,929.
31 Other program services (describe in 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	104,035.

**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 SECRETARY/TREASURER	25.00	76,702.	0.	0.
ALAN REILLY DIRECTOR	0.50	0.	0.	0.
RICH SCOTT PRESIDENT	0.50	0.	0.	0.
CRYSTAL UPTON VICE PRESIDENT	0.50	0.	0.	0.
BOB PARKINSON DIRECTOR	0.50	0.	0.	0.
JACKI STANFIELD DIRECTOR	0.50	0.	0.	0.
JIM TAYLOR DIRECTOR	0.50	0.	0.	0.
ALLISON BANNER DIRECTOR	0.50	0.	0.	0.

**ARROWHEAD WOODS  
ARCHITECTURAL COMMITTEE, INC.**

**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

		Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
<b>b</b> If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/A	
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions	37a		0.
<b>b</b> Did the organization file Form 1120-POL for this year?	37b		X
<b>38a</b> 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?	38a		X
<b>b</b> If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	N/A	
<b>39</b> Section 501(c)(7) organizations. Enter:			
<b>a</b> Initiation fees and capital contributions included on line 9	39a	N/A	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	39b	N/A	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> <u>N/A</u> ; section 4912 <input type="checkbox"/> <u>N/A</u> ; section 4955 <input type="checkbox"/> <u>N/A</u>			
<b>b</b> 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	40b		X
<b>c</b> 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			0.
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			0.
<b>e</b> 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
<b>41</b> List the states with which a copy of this return is filed <input type="checkbox"/> <u>CA</u>			
<b>42a</b> The organization's books are in care of <input type="checkbox"/> <u>STACEY LIPPERT</u> Telephone no. <input type="checkbox"/> <u>(909) 336-2755</u> Located at <input type="checkbox"/> <u>P.O. BOX 2026, LAKE ARROWHEAD, CA</u> ZIP + 4 <input type="checkbox"/> <u>92352</u>			
<b>b</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 account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		X
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____	42c		X
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43		N/A
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?	44c		X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
<b>b</b> 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	45b		

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

**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  Yes  No  
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 47    
 49a Did the organization make any transfers to an exempt non-charitable related organization? 48    
 b If "Yes," was the related organization a section 527 organization? 49a    
 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." 49b

(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				

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

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: \_\_\_\_\_ Date: \_\_\_\_\_  
**STACEY LIPPERT, SECRETARY/TREASURER**  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: CINDY R. WATTS  
 Preparer's signature: \_\_\_\_\_ Date: 09/11/20  
 Check  if self-employed PTIN: P00074166  
 Firm's name: SOREN MCADAM LLP Firm's EIN: \*\* - \*\*\*9163  
 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)

Department of the Treasury  
Internal Revenue Service

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

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization **ARROWHEAD WOODS ARCHITECTURAL COMMITTEE, INC.** Employer identification number **\*\* - \*\*\*8452**

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

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
MEETING EXPENSE	1,504.
INSURANCE PREMIUMS	6,790.
TAXES/FILINGS	75.
OFFICE EXPENSES	2,040.
MARKETING AND ADVERTISING	2,701.
WEB SITE	325.
PAYROLL TAXES	1,305.
ALARM SERVICE	496.
COMPUTER REPAIR/SERIVCE	100.
<b>TOTAL TO FORM 990-EZ, LINE 16</b>	<b>15,336.</b>

**FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PAYROLL TAX RECEIVABLE	1,022.	0.

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PAYROLL TAX LIABILITIES	0.	1,943.

**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**

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization ARROWHEAD WOODS ARCHITECTURAL COMMITTEE, INC.	Employer identification number **-***8452
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ENVIRONMENTAL OBJECTIVES OF ORGANIZATION. AWAC PERFORMED APPROXIMATELY 725 INSPECTIONS FOR THE YEAR ENDED APRIL 30, 2020.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS: REVIEW OF APPROXIMATELY 564 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.