Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form, as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

For the 2019 calendar year, or tax year beginning MAY 1 2019 and ending 2020 APR 30, C Name of organization D Employer identification number ARROWHEAD WOODS Address change ARCHITECTURAL COMMITTEE, INC. **-***8452 Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Initial return Room/suite P.O. BOX 2026 (909)336-2755City or town, state or province, country, and ZIP or foreign postal code F Group Exemption LAKE ARROWHEAD, CA Number > Accounting Method: X Cash Accrual Other (specify) H Check X if the organization is Website: > WWW.AWAC.BIZ not required to attach Schedule B Tax-exempt status (check only one) __ [501(c)(3) X 501(c)(4) (insert no.) (Form 990, 990-EZ, or 990-PF). K Form of organization; X Corporation Trust Association 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 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 128,550. 2 3 Membership dues and assessments 3 Investment income 4 5a Gross amount from sale of assets other than inventory b Less; cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c 6 Gaming and fundraising events: RECEIVED Attorney General's Office a Gross income from gaming (attach Schedule G if greater than Revenue b Gross income from fundraising events (not including \$ of contributions NOV 23 2020 from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) egistry of Charitable Trusts c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) Other revenue (describe in Schedule 0) 8 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 128,550. 9 Grants and similar amounts paid (list in Schedule 0) 10 11 Benefits paid to or for members 11 76,702. 28,246. Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contractors 13 13 Occupancy, rent, utilities, and maintenance 14 11,112. 14 Printing, publications, postage, and shipping 15 15 291. Other expenses (describe in Schedule O) 15,336. 16 17 Total expenses. Add lines 10 through 16 17 131,687. Excess or (deficit) for the year (subtract line 17 from line 9) -3,137.18 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) 38,737. 19 Other changes in net assets or fund balances (explain in Schedule 0) 20 0. 20 Net assets or fund balances at end of year. Combine lines 18 through 20 35,600. 21

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2019)

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	<u></u>	(B) End of yea	. <u>(41)</u>
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Part II Balance Sheets (see the instructions for Part II)	1110.			±32 raye 2
Check if the organization used Schedule O to re		on in this Part II		X
	opona to any questic	(A) Beginning of year	(B)	End of year
22 Cash, savings, and investments		37,715		37,543.
23 Land and buildings		<u> </u>	23	37,343.
24 Other assets (describe in Schedule O) SEE SCHEDULE	0	1,022		0.
25 Total assets	· · · · · · · · · · · · · · · · · · ·	38,737		37,543.
25 Total assets 26 Total liabilities (describe in Schedule 0) SEE SCHEDULE		30,737	 	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21	· · · · · · · · · · · · · · · · · · ·	38,737	26	1,943.
Part III Statement of Program Service Accomplishme	ents (see the instruct	tions for Dort III		35,600.
Check if the organization used Schedule O to re-	enes (see the instruct	tions for Part III)		xpenses d for section
What is the organization's primary exempt purpose? SEE SCHEDULE	Spond to any questic	on in this Part III	(Required 501(c)(3)	and 501(c)(4)
			organizat	ions; optional for
Describe the organization's program service accomplishments for each of its three largest program manner, describe the services provided, the number of persons benefited, and other relevant info	m services, as measured by expen: rmation for each program title,	ses. In a clear and concise	Others.)	
28 SEE SCHEDULE O	· •		 	
				
				
(Grants \$) If this amount includes foreign	ananta alcali kana			40 500
(Grants \$) If this amount includes foreign 29 SEE SCHEDULE O	grants, check here	·····	28a	40,523.
			-	
(Grants \$) If this amount includes foreign			<u> </u>	C1 F02
(Grants \$) If this amount includes foreign 30 SEE SCHEDULE O	grants, check here		29a	61,583.
<u> </u>				
(Grants \$) If this amount includes foreign				1 000
Od Out			30a	1,929.
,				
32 Total program persian expenses (add lives 00 all			31a	104 005
Part IV List of Officers, Directors, Trustees, and Key	Employees		32	104,035.
Check if the organization used Schedule O to res	eniployees (list each one	even if not compensated - s	ee the instructions	for Part IV)
Check if the organization used Schedule O to res			٠	
(a) Name and title	(b) Average hours per week devoted to	(C) Reportable (compensation (Forms	d) Health benefits, contributions to	, ,
(a) Name and the	position	W-2/1099-MISC)	employee benefit lans, and deferred	amount of other compensation
STACEY LIPPERT	<u> </u>	(ii not para, ontor -b)	compensation	Compansation
SECRETARY/TREASURER	25.00	76 700	•	
ALAN REILLY	25.00	76,702.	0.	0.
DIRECTOR	0.50	0.	0	
RICH SCOTT	0.30		0.	0.
PRESIDENT	0.50		0	
CRYSTAL UPTON	0.50	0.	0.	0.
VICE PRESIDENT	0.50		•	1
BOB PARKINSON	0.50	0.	0.	0.
DIRECTOR	- 0 - 0		_	
JACKI STANFIELD	0.50	0.	0.	0.
DIRECTOR	4 0 50		_	
JIM TAYLOR	0.50	0.	0.	0.
DIRECTOR	1 2 50			
ALLISON BANNER	0.50	0.	0.	0.
DIRECTOR	A 50			_
	0.50	0.	0.	0.
	_	1 T	· · · · · · · · · · · · · · · · · · ·	
	_			
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Page 3

38 Did the organization engage in any significant activity not previously reported to the IRS? If Yes, 'provide a detailed description of each activity in Softed Jis 0 44 Were any significant changes made to the organization or powering securement? If Yes,' stach a conformed copy of the ammended accuments if they reflect a change or short provided and they have reported on the organization have unreated business gross income of \$1,000 or more soring the year from business activities (such as floss reported on lines 26, and 72, among a floridation of the year from business activities (such as floss reported on lines 26, and 72, among a floridation of the year floridation and year of the year floridation activities (year). They are year floridation activities of year of year (year) in the year floridation activities (year), 50 (19(6)), 50	Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Sch. O to respond to any question in this			X		
33 Dut the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Society		instruction for 7 art v.) Shook if the organization abod Soil. S to respond to any question in the					
a without in Schindule D All Warra any significant changes made to the organization share. Otherwise, explain the stratupe on Schindule D, See Instructions 34	33	Did the organization engage in any significant activity not previously reported to the IRS2 If "Yes." provide a detailed description of each		100	110		
34 We any significant changes made to the organizing or governing occument? If Yes, "areach a conformed copy of the amended documents" filter yerled at change to the regressions to the regression of the regres			33		Х		
35a 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)? bit "Yes" to line SSa, has the organization lifed a Form 990-T for the year? If "No," provide an explanation in Schedule 0. tit Yes" to line SSa, has the organization lifed a Form 990-T for the year? If "No," provide an explanation in Schedule 0. tit Yes" to line SSa, has the organization lifed a Form 990-T for the year? If "No," provide an explanation in Schedule 0. tit Yes complete applicable parts of Schedule No. tit If the organization organization disposition of net assets during the year? If "Yes," complete supplicable parts of Schedule No. tit he organization organization organization explanation, or significant disposition of net assets during the year? If "Yes," complete Schedule I, Part II in the organization organiza	34						
on lines 2, Ba, and 7a, among others)? If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No', provide an explanation in Schedule 0 Was the organization of 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 36c X 37b 38b 37c X 38c X 37a 38c A A 38c A A 38c A A 38c A A A A A B B B A A A 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 0 Was the organization a section 50 f(c)(4), 50 f(c)(3), or 501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements during the year? If 'Yes, 'complete Schedule C, Part III 36 Did the organization undergo a liquication, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete Schedule P, and the organization disposition of net assets during the year? If 'Yes,' asset of the organization disposition of net assets during the year? If 'Yes,' asset of the organization file form 1120-POL for this year? 37 Lefter amount of political expenditures, direct or indirect, as described in the instructions 38 Did the organization borrow from, or make any loans to, any officer, director, truster, or key employed, or were any such loans make in a prior year and still outstanding at the end of the tax year covered by this return? 38 Lefter amount of political expenditures, direct or indirect, as described in the instructions 39 Lefter amount of political expenditures, direct or indirect, as described in the instructions 30 Lefter amount of political expenditures, direct or indirect, as described in the instructions 30 Lefter amount of political expenditures, direct or indirect, as described in the instructions 30 Lefter amount of political expenditures, direct or indirect, as described in the instructions or were any such loans make any loans and the properties of the instructions or were any such loans make any loans and the properties of the instruction of the instructi	35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported					
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requirements during the year? If "Yes," complete Schedule C, Part III 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 37 a Cnter amount of political expenditures, direct or indirect, as described in the instructions bid the organization flet Form 1120-PDL for this year? 38 b Did the organization flet Form 1120-PDL for this year? 38 b Did the organization flet Form 1120-PDL for this year? 38 b Did the organization flet Form 1120-PDL for this year? 39 b Gross receipts, included on line 9 and the total amount involved year under: 30 section 501(c)(7) organizations. Enter: 30 a Did the organization section 501(c)(7) organizations in the organization of the period on the organization during the year under: 30 section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 31 section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 32 section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 33 section 501(c)(3) organizations. Enter amount of tax imposed on the organization engage in any section 4955 b N/A 34 section 501(c)(3) organizations. Enter amount of tax imposed on the organization engage in any section 4955 b N/A 35 section 501(c)(3) organizations and 501(c)(29) organizations. Enter amount of tax imposed on any of its prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 40 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on any of its prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 41 List the states with which a copy of this return is filled b CA 42 The organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter unance of the foreign country b 1 the party of the return is filled b CA 42 The organization is books are in c	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	<u>A</u>		
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38a X b 1**Yes, complete Schedule, L. Part II, and enter the total amount movbed 38b N/A 38 section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9, for public use of club facilities b 1**Yes, complete Schedule, L. Part II, and enter the total amount movbed 38b N/A 38 section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A section 4912 ► N/A section 4915 ► N/A 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 during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the tax year, was the organizations. Enter amount of tax on line 40c reimbursed by the organizations and an excess the internation of the year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country local and account in a foreign country local and acc			- 1		v		
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organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			40b		X		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e 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 1 List the states with which a copy of this return is filled ▶ CA 1 Located at ▶ P.O. BOX 2026, LAKE ARROWHEAD, CA 1 Located at ▶ P.O. BOX 2026, LAKE ARROWHEAD, CA 2 IP + 4 ▶ 92352 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 accounts)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 1 If "Yes," enter the name of the foreign country ▶ 3 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 4 If "Yes," enter the name of the foreign country ▶ 4 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 5 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 6 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 6 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 6 Did the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	C						
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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 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 ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c 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 ▶ 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 44a N/A 44b N/A 44b N/A 44c X 5 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 5 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 6 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 6 Did the organization receive any payments for indoor tanning services during the year? 6 If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	·	A CONTRACTOR OF THE CONTRACTOR	40e		x		
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In Schedule U 45a Did the organization have a controlled entity within the meaning of section 512/b)(13)2	d						
45a DIU DE ODBRIGATION DAVE A CONTROLLER ENTITY WITHIN THE MESHING OF SECTION 512/b)(13/2	40.	In Schedule U					
		Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	-	X		
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	U		AFL				
512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions 45b Form 990-EZ (2019)		5 1-(5), 15). It is the contraction is may need to be completed instead of Form 390-EZ. See instructions		190-F7	(2019)		

Form	990-EZ	ARROWHEAD WOODS (2019) ARCHITECTURAL C		TNC.			**_**8	450	,	Dage
			· · · · · · · · · · · · · · · · · · ·					452	Yes	Page
46	Did the	organization engage, directly or indirectly, in poli	tical campaign activitie	es on behalf of o	or in oppositio	on to candidates for _l	public office?		1.50	
Pa	rt VI	complete Schedule C, Part I Section 501(c)(3) Organizations	Only			<u></u>		46	<u> </u>	X
<u>. u</u>		All section 501(c)(3) organizations must a	•	40h and 50		and the state of t				
		Check if the organization used Schedule	O to respond to any	-490 and 52, a concetion in t	and complet his Part VI	te the tables for lir	nes 50 and 51.			$\overline{}$
			o to respond to any	questionin	ms rait vi .				Yes	N
47	Did the	organization engage in lobbying activities or have	e a section 501(h) elec	tion in effect du	ring the tax ve	ear? If "Yes." comple	ete Sch. C. Part II.	47	103	 '``
48	is the o	rganization a school as described in section 170(b)(1)(A)(ii)? If "Yes," c	omplete Schedi	ule F			48	 	\vdash
49 a	Dia the	organization make any transfers to an exempt no	n-charitable related or	ganization?				49a		<u> </u>
U	II res,	was the related organization a section 527 organ	ization?					49h		\vdash
50	Comple	te this table for the organization's five highest co	mpensated employees	(other than offi	icers, director	s, trustees, and key	employees) who	each re	ceived	more
	шанфі	00,000 of compensation from the organization. It (a) Name and title of each employee	there is none, enter "I			Т	1745			
		(a) Name and the or each employee		(b) Avera per week o		(C) Reportable compensation (Forms	(d) Health benefi contributions to		e) Estim ount of	
		N/A		posi		W-2/1099-MISC)	employee benef plans, and deferre compensation		mpens	
							compensation	+		
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								ŀ		
				'						
		mber of other employees paid over \$100,000								
51	Organiza	te this table for the organization's five highest continual of there is none opter "Alone"	mpensated independer	nt contractors w	/ho each recei	ved more than \$100	,000 of compens	ation fr	om the	}
		tion. If there is none, enter "None." N/A Name and business address of each independen	t contractor							
	(4)	Mario and business address of each independen	Contractor		(b)	Type of service	(c)	Compe	nsatio	<u></u>
				-						
-										
	 -									
ď	Total nui	mber of other independent contractors each rece	iving over \$100,000			>	- <u> </u>			
		organization complete Schedule A? Note: All sect								
		ed Schedule A					> [Ye	s 🗀] N
maer me c	pename	s of perjury, I declare that I have examined this re	eturn, including accom	panying sched	ules and state	ments, and to the be	est of my knowled	lge and	l belief,	it is
uo, o	orrect, a	and complete. Declaration of preparer (other than	officer) is based on al	l information of	which prepar	er has any knowled	ge.			
Sign	,	Signature of officer								
lere	9	STACEY LIPPERT, SECF	RETARY/TRE	ASURER						
		Type or print name and title		- COLLEGE						
		Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN			
Paid	ı	CINDY D MARK				self- emplo	yed			
	arer	CINDY R. WATTS	TTD		09/11		P00			
Jse	Only	Firm's address > SOREN MCADAM Firm's address > 2068 ORANGE	TLL TAXES	OTT TOTAL	100		▶ **-**			
		A TOO OIGHIGE	TVER DAME	, SUITE	TOO	Phone no	. (909)	198-	-22	22

REDLANDS, CA 92374

May the IRS discuss this return with the preparer shown above? See instructions

798-2222

X Yes No Form 990-EZ (2019)

Phone no. (909)

SCHEDULE 0

(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 for the latest information.

2019 Open to Public

OMB No. 1545-0047

Open to Public Inspection

ARROWHEAD WOODS **Employer identification number** Name of the organization **-***8452 ARCHITECTURAL COMMITTEE, INC. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: AMOUNT: DESCRIPTION OF OTHER EXPENSES: MEETING EXPENSE 1,504. 6,790. INSURANCE PREMIUMS TAXES/FILINGS 75. 2,040. OFFICE EXPENSES MARKETING AND ADVERTISING 2,701. WEB SITE 325. 1,305. PAYROLL TAXES ALARM SERVICE 496. COMPUTER REPAIR/SERIVCE 100. TOTAL TO FORM 990-EZ, LINE 16 15,336. FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: DESCRIPTION BEG. OF YEAR END OF YEAR PAYROLL TAX RECEIVABLE 0. 1.022. FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES: DESCRIPTION BEG. OF YEAR END OF YEAR 1,943. PAYROLL TAX LIABILITIES 0. 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.

932211 09-06-19

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

1