

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2017

Open to Public Inspection

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/form990ez.

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 05-01-2017, and ending 04-30-2018

B Check if applicable:

- Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization: ARROWHEAD WOODS ARCHITECTURAL COMMITTEE INC
Number and street (or P. O. box, if mail is not delivered to street address) PO BOX 2026
Room/suite
City or town, state or province, country, and ZIP or foreign postal code LAKE ARROWHEAD, CA 92352

D Employer identification number: 33-0208452
E Telephone number: (909) 336-2755
F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: WWW.AWAC.BIZ

J Tax-exempt status (check only one): 501(c)(3) 501(c)(4) 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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 132,690

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

Table with 21 rows and 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 132,690 for Total Revenue and 124,577 for Total Expenses.

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	23,905	22	38,742
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	23,905	25	38,742
26 Total liabilities (describe in Schedule O)	119,772	26	126,496
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-95,867	27	-87,754

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?
TO ENFORCE THE COVENANTS, CONDITIONS AND RESTRICTIONS IN ARROWHEAD WOODS.

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 INSPECTION OF PROPERTY AND TREES FOR COMPLIANCE WITH ENVIRONMENTAL OBJECTIVES OF ORGANIZATION. AWAC PERFORMED APPROXIMATELY 700 INSPECTIONS FOR THE YEAR ENDED APRIL 30, 2018. **28a** 1,554

(Grants \$ 0) If this amount includes foreign grants, check here

29 REVIEW OF APPROXIMATELY 600 APPLICATIONS FOR A VARIETY OF IMPROVEMENTS, INCLUDING NEW HOMES, REMODELS, FENCING, PAINT, ROOF, RETAINING WALLS, TREE TRIMMING/REMOVAL AND OTHER EXTERIOR IMPROVEMENTS. **29a** 93,443

(Grants \$ 0) If this amount includes foreign grants, check here

30 PUBLICATION OF HANDBOOKS/BROCHURES CONCERNING ARCHITECTURAL GUIDELINES, TREE PRESERVATION AND SIMILAR MATTERS. EDUCATIONAL MATTERS AND MATERIALS REGARDING FIRE SAFETY. **30a** 2,274

(Grants \$ 0) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O) **31a**

(Grants \$) If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a) **32** 97,271

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	63,212	0	0
ALAN REILLY PRESIDENT	0.50	0	0	0
RICH SCOTT VICE PRESIDENT	0.50	0	0	0
CRYSTAL UNION DIRECTOR	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

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 Schedule O to respond to any question in this Part V

33 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
34 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)
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)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
36 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
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?
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
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, 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:
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
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
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
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
41 List the states with which a copy of this return is filed.
42a The organization's books are in care of STACEY LIPPERT Telephone no. (909) 336-2755
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)?
42c At any time during the calendar year, did the organization maintain an office outside the U.S.?
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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
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
44c Did the organization receive any payments for indoor tanning services during the year?
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
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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)

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

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

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

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."

(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	2018-09-11

Paid Preparer Use Only	Print/Type preparer's name CINDY R WATTS	Preparer's signature	Date 2018-09-11	Check <input type="checkbox"/> 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

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ARROWHEAD WOODS
ARCHITECTURAL COMMITTEE INC

Employer identification number

33-0208452

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION: MEETING EXPENSE. AMOUNT: 781. DESCRIPTION: INSURANCE PREMIUMS. AMOUNT: 7,461. DESCRIPTION: TAXES/FILINGS. AMOUNT: 60. DESCRIPTION: OFFICE EXPENSES. AMOUNT: 2,151. DESCRIPTION: MARKETING AND ADVERTISING. AMOUNT: 2,186. DESCRIPTION: WEB SITE. AMOUNT: 455. DESCRIPTION: PAYROLL TAXES. AMOUNT: 5,130. DESCRIPTION: ALARM SERVICE. AMOUNT: 416. DESCRIPTION: BANK FEE. AMOUNT: 78. TOTAL TO FORM 990-EZ, LINE 16: 18,718.
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION: CONSTRUCTION DEPOSITS. BEG. OF YEAR AMOUNT: 119,000. END OF YEAR AMOUNT: 125,600. DESCRIPTION: PAYROLL TAX LIABILITY. BEG. OF YEAR AMOUNT: 772. END OF YEAR AMOUNT: 896.