

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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## Form 990

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

2009

Department of the Treasury Internal Revenue Service  (except black lung benefit trust or private foundation may have to use a copy of this return to satisfy state relationship.)								•		1_	- " _		-		
Inter	nal Rever	nue Service	1	The organization may have to use a company to the organization may have to use a company to the organization may have to use a company to the organization may have to use a company to the organization may have to use a company to the organization may have to use a company to the organization may have to use a company to the organization may have to use a company to the organization may have to use a company to the organization may have to use a company to the organization may have to use a company to the organization may have to use a company to the organization may have to use a company to the organization may have to use a company to the organization may have to use a company to the organization may have to use a company to the organization may have to use a company to the organization may have to use a company to the organization may have a company to the or	copy of this return to sal	bsfy sta	te reporti	ng requirem	ents.	Op	en to Publ	ic Insp	ection		
	For the	2009 calendar	year,	or tax year beginning May 1	, 200	9, and	d ending	Apr	30		, 2010				
В	Check if	applicable.		C Name of organization					D Employ	yer iden	tification Nur	nber			
	Add	ress change IR	ase use S label	Valle Vista Property	Owners' As	soci	iatio	n [	์ 86-	กรจด	9417				
	Nam	ne change or	r print r_type.	Number and street (or P.O. box if mail	is not delivered to street	addr)	Room/su		E Telephi						
	F	· · · · · · · · · · · · · · · · · · ·	See pecific	9686 Concho Drive		444.7	1		(928) 757-3213						
	F	ln ln	struc-	City, town or country	Cini	- 710	2010 1 4		(92	0)	137-321	<u>. )</u>			
	<del></del>		ilons.	Kingman			code + 4		_						
	<b>=</b>	ended return	5401				\$ 1,298								
	App			and address of principal officer:				H(a) is this a			filiales?	=	X No		
				Roback 9686 Concho Dr K	ingman A	Z 86	5401	H(b) Are all a If 'No.' a	amiiates inc attach a list.		structions)	Yes	∐ No		
<u>!</u>				(c) (7 ) <b>√</b> (insert no.)	4947(a)(1) or	5	27			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				
1	Webs	site: ► www.	myva	llevista.org			ļı	H(c) Group e	exemption n	ımber_	<b>-</b>				
K		of organization: X	Corpora	ation Trust Association Of	of Formation	on: 1972	M s	tate of	legal domicile	: AZ					
Pa	ırt i	Summary													
	1 E	Briefly describe t	he org	anization's mission or most signifi	icant activities: E	rop	erty	Owner	s' Ass	oci	ation				
9	_				<b>-</b>										
anc															
E	_														
Governance	2 0	Check this box 🕨		if the organization discontinued its	operations or disp	osed	of more	than 259	% of its as	ssets	-				
ಹ	3 1	Number of voting	mem	bers of the governing body (Part V	/I, line 1a)						7				
8	4 1	Number of indep	enden	t voting members of the governing	body (Part VI, line	: 1b).	• • • • • •	- <b></b>		4	7				
Activities &	6 T	otal number of o	employ	yees (Part V, line 2a)		• • • •				5	2.5				
ğ				eers (estimate if necessary)						6	25	215	562		
-	, a ,	lot uprelated but	aleu D	usiness revenue from Part VIII, Ico taxable income from Form 990-T,	. אונותוו (C), ine 12 . וואם 24	••••		• • • • • • • • • • • • • • • • • • • •	• • • • • •	7a 7b		215, 212,			
		tet unierated bu	3111033	taxable income nom rom 930-1,	III 6 34	····	<del></del>			70					
	]								rior Year			ent Yea			
Φ				ts (Part VIII, line 1h)					663,4			608,			
Revenue				ue (Part VIII, line 2g)					315,4			344,			
ě				ort VIII, column (A), lines 3, 4, and					32,1				<u>863.</u>		
_				II, column (A), lines 5, 6d, 8c, 9c,					169,2			214,			
				nes 8 through 11 (must equal Part					,180,2	53.		167,	884.		
				ounts paid (Part IX, column (A), lin	=										
				nembers (Part IX, column (A), line	-										
œ.	!			sation, employee benefits (Part IX		-			513,1	10.	ļ <u></u>	359,	<u> 681.</u>		
Expenses	16a F	rofessional fund	Iraisin	g fees (Part IX, column (A), line 1	1e)			<u> </u>							
Š.	b⊺	otal fundraising	exper	ises (Part IX, column (D), line 25)	<b>-</b>					^ <u> </u>		-			
Ш	17 C	Other expenses (	Part I	X, column (A), lines 11a-11d, 11f-	24f)				803,1	89.		655,	304.		
	18 T	otal expenses.	Add Iir	nes 13-17 (must equal Part IX, colu	umn (A), line 25) .			1	,316,2		1,	014,	985.		
				s. Subtract line 18 from line 12					-136,0			152,			
88									ning of Y			of Yea			
Not Assets or Fund Balancos	20 T	otal assets (Par	t X lu	ne 16)					,164,4			148,			
A B				line 26)				<u>-</u> -	196,9				947.		
Ž,	ľ	=		nces. Subtract line 21 from line 20				<del></del>	967,5		1 /	071,			
	rt II	Signature				·····	· · · · · · · · · · · ·	1	301,3	43.	11	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>		
(10	11.11	<del></del>		· · · · · · · · · · · · · · · · · · ·											
		true, correct, and c	perjury. omplete	I declare that I have examined this return, in Declaration of prepare (other than officer) in	cluding accompanying so s based on all informatio	hedules n of whi	s and state nch prepar	ements, and er has any k	to the best o mowledge.	n my Kr	nowleage and	pener, it	is		
c:			Λ	5 (0/ 1/ )				F (	V-19	-22	010				
Sig He		Signature of of	ficer	C Kery				Date	0-11	<u> </u>	<i>)</i>				
116		Signilian of the	, , )	LE ROBAUL -P	resideNY			500	•						
		Type or print n	ame and	i title	INS CAN										
_		1 1 Jps of Print II				Data		<del>-  </del>			reparer's iden	tifyino m	mber		
Pa	id	1			REC	EN	<b>VED</b>	set	eck if f-		reparer's iden ee instruction	s)			
Pro		Preparer's signature		- Xu //	77	-		em	ployed P	X					
pa	rer's	<del></del>		e Newman	<del>- 8 08 3</del>	08/	18/10 2010	(n)	<del></del>						
Us	e	Firm's name (or yours if self-		ENE W NEWMAN CPA	0 003	U Z	<u>.UIU</u>								
On		employed), address, and		2 LITCHFIELD AVENUE				EIN	<u> </u>						
_		ZIP + 4	LAS	VEGAS	NV F895	DMG8	351.0	Pho	one no. 🟲						

May the IRS discuss this return with the preparer shown above? (see instructions)

	1990 (2009) Valle Vista Property Owners' Association	86-0399417	Page 2
Pa	t III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission:		
	Property Owners' Association		
2	Did the organization undertake any significant program services during the year which were not li-	sted on the prior	
	Form 990 or 990-EZ?	Yes	X No
	If 'Yes,' describe these new services on Schedule O.		_
3	Did the organization cease conducting, or make significant changes in how it conducts, any progra	am services? Yes	X No
	If 'Yes,' describe these changes on Schedule O.	_	_
4	Describe the exempt purpose achievements for each of the organization's three largest program s	ervices by expenses. Section 5	01(c)(3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gra expenses, and revenue, if any, for each program service reported.	nts and allocations to others, th	ne total
	program der repetited.		
4a	(Code:) (Expenses \$ 751,326. including grants of \$	0.) (Revenue \$ 1,1	67,884.)
	The Association operates a clubhouse with bar and		
	restaurant facilities, a golf course, swimming pool and		
	park for the benefit of 4,360 lot owners and residents.		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	~		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	~=*		
46	(Code:) (Expenses \$ including grants of \$	) (Revenue S	)
		<del></del>	
			<del>-</del>
4	(Code: ) European & including sector & 6	) (Payanus - C	`
40	(Code:) (Expenses \$ including grants of \$	) (revenue \$	
	Other control of the	<del> </del>	
4d	Other program services. (Describe in Schedule O.)	C	
		nue \$	1
4e	Total program service expenses ► 751,326.		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete			v
10	Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule     D, Part VI			-
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	· .	-	
•	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	٠,		,
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	1		~ .
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		-:-	:
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If Yes, complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	x	
	A Was the organization included in consolidated, independent audited financial statement for the tax  Yes No	1-	. "	<u>`</u> ; ;
	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13 14a		_ <u>x</u> _
	a Did the organization maintain an office, employees, or agents outside of the United States?	148		
ł	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		X
16	Individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		_x_
17	column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	complete Schedule G, Part III	19 20		x x
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H			

Part IV Checklist of Required Schedules (continued) Yes No 21 21 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 X 24a 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? ..... 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If 'Yes,' complete Schedule L. Part I ..... 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II. 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III 27 X Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV .......... 28a Х **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV ...... 28b X 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M .... .... Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M ...... 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I . . . . . 31 х 32 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I 33 33 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, X 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, X Part V, line 2 .... 35 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is

BAA

Form 990 (2009)

37

38

X

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O ......

Form 990 (2009) Valle Vista Property Owners' Association

Part V | Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No								
1	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	,										
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		- "3.	] -								
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		x								
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		, ,									
2	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь		1								
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	-==		1								
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X									
1	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b	Х									
4a 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)?												
b If 'Yes,' enter the name of the foreign country: ►												
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.											
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X								
i	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X								
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c										
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		х								
ı	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b										
7	Organizations that may receive deductible contributions under section 170(c).											
•	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	-	x								
i	of Yes,' did the organization notify the donor of the value of the goods or services provided?	7b										
•	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		х								
	d If 'Yes,' indicate the number of Forms 8282 filed during the year		];									
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х								
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X								
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h										
8	n For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the		-, -	<del></del>								
٥	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	! 5 . !	` -								
9	Sponsoring organizations maintaining donor advised funds.	-		`.								
i	a Did the organization make any taxable distributions under section 4966?	9a		<u> </u>								
1	Did the organization make any distribution to a donor, donor advisor, or related person?	9ь	<u> </u>									
10	Section 501(c)(7) organizations. Enter:		-,									
	a Initiation fees and capital contributions included on Part VIII, line 12 10a 0.											
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 158, 780.	, -		- "="								
11	Section 501(c)(12) organizations. Enter:	^	- 5	-								
	a Gross income from other members or shareholders	-		-								
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		· ·									
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L								
	of f 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	1		-								

Form 990 (2009) BAA

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	ction A.	Governing	Body and I	lanageme	nt									
													Yes	No
										7				-
	<b>b</b> Enter the	number of votir	ng members th	at are indepe	ndent		· · · · · · · · ·		1b	7			1:	100
2	Did any o	officer, director, i	trustee, or key r kev emplove	employee ha	ve a fa	amily rela	ationship	or a business r	elations	hip with	any other	2	-	x
3	Did the o	rganization dele	nate control o	/er managem	ent du	tion cust	omariku	arformed by ar	under H	na diraat	supervisio	_	1	
4	Did the o	rganization mak	e any significa	employees to int changes to	its or	nagemer ganizatio	nt compa onal doc	ny or other persuments	on?			3	+	X
		prior Form 990											1	$\vdash$
5	Did the o	rganization beco	me aware du	ing the year o	of a ma	aterial di	version o	of the organization	n's ass	ets?		5		X
6		organization ha											X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?											72	X		
								ockholders, or o						$t^{-}$
8	Did the o	rganization cont										= -	<del></del>	<u> </u>
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:     a The governing body?											8a	X	-	
i	b Each con	mittee with auth	ority to act or	behalf of the	gover	ning bod	 ly?	· · · · · · · · · · · · · · · · · · ·	 <i>.</i> .	 		8t		<del>                                     </del>
	Is there a	nv officer, direct	or or trustee	or kev emploi	ee list	led in Pa	art VII S	ection A, who ca	nnot he	reacher	at the	- 1		x
Sec								it policies no						<u></u>
	enue Code								.,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		<del></del>					<del></del>	<del></del>		<del></del>	<del></del>		Yes	No
10	a Does the	organization ha	ve local chapt	ers, branches	, or aff	iliates?						10a		Х
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?									10b					
								governing body				11	X	
								ew this Form 990		ining are			<u> </u>	
			-		_	•		line 13				12a	x	
						-	-	nually interests					<del>   </del>	
	to conflic	ts?				• • • • • • • •						12b		<u>X</u> _
•	c Does the <i>Schedule</i>	organization reg O how this is do	ularly and cor one	isistently mon	itor an	nd enforc	e compl	ance with the po	olicy? If	'Yes,' de 	scribe ın	120		<u>x</u>
13	Does the	organization hav	ve a written w	nistleblower p	olicy?								<u> </u>	X_
14	Does the	organization hav	ve a written do	cument reten	tion ar	nd destru	uction po	licy?				14		<u> </u>
15	Did the properties,	rocess for deterr comparability da	nining comper ita, and conte	nsation of the mporaneous s	followi ubstar	ing persontiation o	ons inclu of the del	de a review and iberation and de	approva	al by ınd	ependent		,	1.17
												15a		_X
												15b	Х	
	If 'Yes' to	line 15a or 15b,	describe the	process in Sc	hedule	O. (See	e instruct	ions.)						
16:								enture or similar				le 16a		Х
1	o If 'Yes,' h in joint ve status wit	as the organizatenture arrangement	ion adopted a ents under ap h arrangemen	written policy olicable federats?	or pro	ocedure r aw, and	requiring taken st	the organization	to eval	luate its ganizatio	participation's exempt	on t 16b		2.2
Sec	tion C.	Disclosures												
		tates with which		Form 990 is r	equire	d to be f	filed ►	Arizona		· · · · · · · · · · · · · · · · · · ·				
18	Section 6	104 requires an	organization t	o make its Fo e available. C	rms 10 heck a	023 (or 1	024 if ap	plicable), 990, a	nd 990	T (501(d	:)(3)s only)	available	for pu	blic
		website	<del></del>	s website		_ `	on reque	st						
19	Describe statemen	in Schedule O w ts available to th	hether (and if e public.	so, how) the	organi	zation m	nakes its	governing docum	nents, c	conflict o	f interest p	olicy, and	financ	lai
20	State the	name, physical	address, and	telephone nur	nber o	f the per	son who	possesses the b	ooks ar	nd record	is of the or	ganizatio	<b>1</b> :	
1	The O	rganizatio	<u>n</u> 9	686 Conch	o Dri	i <u>ve,</u> _	King	nan,	<u>AZ</u>	86401		(928)	7 <u>57-</u> 3	3212

# Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

  List persons in the following order: individual trustees or directors: institutional trustees: officers: key employees: highest compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons.

Check this box if the organization did no	t compens	ate ar	у с	urrei	nt o	fficer,	dire	ctor, or trustee.					
(A)			(	c)			(D)	(E) (F)					
Name and Title	Average hours				_	that app		Reportable compensation from	Reportable compensation from	Estimated amount of other compensation			
	per week	adividual frustee or director	nslitutonal trust	Officer	Key employee	angle S e	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization			
	}	er tor	ll On:	1	ydun	yau	2			and related			
		กับเล	횰		yee	, and				organizations			
		á	KI CHE			High est compensated employee							
Richard Roback										<del></del>			
President	20.00			Х				0.	0.	0.			
Roger Howard													
Treasurer	20.00			X				0.	0.	0.			
Shirley Alvitre-Johnson										_			
Secretary	20.00			X				0.	0.	0.			
Nancy Moschcau									_				
Vice President	10.00	X				ļ		0.	0.	0.			
Robert Lathroum										0			
Board Member	10.00	X			-			0.	0.	0.			
Samuel Battersby Board Member	10.00	v			١.,			0.	0.	0.			
William Meehan	10.00	Λ_	-					0.					
Board Member	10.00	x				,		0.	0.	0.			
					-								
		_											

Part VII	Section A. C	Officers, Directors, Trus	tees, l	Key	En	nple	oye	es,	an	d Highest Cor	npensated Em	ployee	s (cont.)
	(	(B)	Τ			c)			(D)	(E)	(F)		
	Name	and Title	Average	Pos	rtion :	(chec		that a	pply)	Reportable	Reportable		Stimated
	hours per weel	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	armo cor or	ount of other inpensation from the ganization individual related ganizations		
			1										
					-							<u> </u>	
						-		-		i	<del></del>		
												ļ	
		luals (including but not limited	to thos	e list	led a	abov	/e) v	who	rece	0.) eved more than \$	0 <b>.</b> 100,000 in reportab	le comp	0. ensation
from the	ne organization									<del></del>			Yes No
on line	: 1a? <i>If 'Ye</i> s,' co	at any former officer, director of mplete Schedule J for such included in the second such includes the second such as a secon	dividual									3	x
4 For an the org individ	y individual liste panization and re lual	d on line 1a, is the sum of rep elated organizations greater th	an \$150	,000 ,	pen: )? If ···	Ye:	on a s' co	na c ompi	omer lete	Schedule J for su	om 	4	х
5 Did an render	y person listed o ed to the organiz	on line 1a receive or accrue co zation? If 'Yes,' complete Scho	mpensa edule J	ation for si	fror uch	n ar pers	ny u son .	nrela	ated	organization for s	ervices	5	x_
	ndependent Con												
1 Compl compe	ete this table for insation from the	your five highest compensate organization.	d indep	ende	ent c	ontr	acto	ors t	nat r	eceived more tha	n \$100,000 of		
		(A) Name and business address	s		_					(B) Description o	f Services	Compe	C) ensation
									_				
									-				
					_		_						
2 Total n	number of indepe	endent contractors (including t	out not li	mite	d to	tho	se li	stec	labo	ove) who received	more than		

\$100,000 in compensation from the organization >

art v	III Statement of Revenue	·-·				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
AMOUNTS 1	A Federated campaigns	607,114.	· ·			
SIMIL	All other contributions, gifts, grants, and similar amounts not included above 1 f	021	,			
AND OT	Noncash contribns included in lns 1a-1f: \$		600 035			
	1 Total. Add lines 1a-1f		608,035.	ļ	`	
26 Z		Business Code 713910	339,580.	184,109.	155,471.	0
į   L		511120	971.	0.	971.	0
	Pool keys  All other program service revenue	713910	4,396.	4,396.	0.	0
	Total. Add lines 2a-2f		344,947.	<u> </u>	<del></del>	
-	Investment income (including dividends other similar amounts)	, interest and	863.	0.	863.	0.
5	Royalties	bond proceeds . >				
l t	Gross Rents  Less: rental expenses .  Rental income or (loss)			1- 13		
78	Gross amount from sales of assets other than inventory .	(ii) Other			-	
	and sales expenses					
82	Gross income from fundraising events (not including . \$ of contributions reported on line 1c).					
. 1	See Part IV, line 18	,				
	Gross income from gaming activities. See Part IV, line 19					
10a	Net income or (loss) from gaming activit     Gross sales of inventory, less returns and allowances	253,255.	-		-, -	
1	: Net income or (loss) from sales of inver		122,495.	69,181.	53,314.	0.
111-		561000	3,294.	3,294.	~ - <sub>0</sub> .	0.
		561000	16,680.	15,805.	875.	0.
		531390	38,081.	38,081.	0.	0.
- 1	All other revenue	231330	33,489.	29,421.	4,068.	0.
1	• Total. Add lines 11a-11d	▶	91,544.	23,321.	1,000.	
12	Total revenue. See instructions	i	1,167,884.	344,287.	215,562.	0.
AA	TOTAL TOTAL COC HISH GCHOTTS		A0109 02/12/10	313/2010	210,0021	Form <b>990</b> (2009

Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			goriera: experiose	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			<u> </u>	
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				, - ,
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	316,703.	246,798.	69,905.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	12,084.	10,185.	1,899.	
10	Payroll taxes		24,616.	6,278.	
11	Fees for services (non-employees) [				
a	ı Management				
	Legal		536.	20,577.	
C	Accounting	6,200.	0.	6,200.	
	Lobbying				
	Prof fundraising svcs. See Part IV, In 17		· · · · · · · · · · · · · · · · · · ·		
	Investment management fees				
	Other				
12	Advertising and promotion		3,822.	689.	
13	Office expenses	41,045.	19,126.	21,919.	
14	Information technology				
15	Royalties				
16	Occupancy		48,928.	37,282.	
17	Travel	737.	737.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings		<u></u>		
	Interest	12,111.	47.	12,064.	
	Payments to affiliates				
	Depreciation, depletion, and amortization	71,719.	0.	71,719.	
	Other expenses. Itemize expenses not	32,727.	22,863.	9,864.	
24	covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	-			
a	Irrigation water	265,511.	262,511.	3,000.	
	Repairs & maint	54,544.	54,544.		
	Golf course maint	20,051.	20,051.		
	Equipment rental/maint	26,075.	25,815.	260.	
E	Laundry & uniforms	2,215.	1,696.	519.	
f	All other expenses	10,535.	9,051.	1,484.	
_25	Total functional expenses. Add lines 1 through 24f	1,014,985.	751,326.	263,659.	
	Joint costs. Check here I if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				Form DDD (2000)
BAA					Form <b>990</b> (2009)

	<del>,</del>		(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	226,564.	1	21,002.
	2	Savings and temporary cash investments	54.	2	28,387.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	27,290.	4	244,036.
	5	Receivables from current and former officers, directors, trustees, key employees and highest compensated employees. Complete Part II of Schedule L	5,	5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)	)) ·	-	
۸	(	and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
ASSET	7	Notes and loans receivable, net		7	
Ę	8	Inventories for sale or use		8	22,868.
Ś	9	Prepaid expenses and deferred charges	326.	9	19,667.
	10a	Land, buildings, and equipment: cost or other basis 10a 1,852,30	4.		
	]	Complete Part VI of Schedule D	<b>一</b>	] ]	
	b	Less: accumulated depreciation	9. 727,338.	10c	661,165.
	11	Investments — publicly-traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	150,100.	15	151,141.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	1,148,266.
	17	Accounts payable and accrued expenses		17	8,003.
	18	Grants payable		18	
	19	Deferred revenue	154,490.	19	58,292.
Ļ	20	Tax-exempt bond liabilities		20	
A	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
L	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
Ţ	ŀ	of Schedule L	13,896.	22	0.
E	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	10,652.
	26	Total liabilities. Add lines 17 through 25		26	76,947.
Ę		Organizations that follow SFAS 117, check here   X and complete lines  27 through 29 and lines 33 and 34.		-	
Ą	27	Unrestricted net assets	967,549.	27	1,071,319.
ASSE		Temporarily restricted net assets	0.	28	
Š	29	Permanently restricted net assets		29	
Q R		Organizations that do not follow SFAS 117, check here ► and complete		-	· · · · · · · · · · · · · · · · · · ·
		lines 30 through 34.		i l	
מאכריי	30	Capital stock or trust principal, or current funds	Ì	30	,
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
Ã	32	Retained earnings, endowment, accumulated income, or other funds		32	
<b>B4し420Eの</b>	33	Total net assets or fund balances		33	1,071,319.
Ĕ	34	Total liabilities and net assets/fund balances.		34	1,148,266.
BA		Total Habilities and flet assessment balances.	1/101/1/2/	<u> </u>	Form <b>990</b> (2009)

orn	990	(2009)	Vall	<u>e Vi</u>	sta	Prop	erty	Own	ners	s' As	ssoc	iatio	n					. 86	5-03 <u>9</u>	<u> 99417</u>		_ Pa	age 1	2
Par	t XI	Fina	ncial S	tater	nent	s and	Repo	rting	1													-		
																						Yes	No	,
1	Acco	unting n	nethod u	sed to	ргера	are the	Form 99	90:	□ c	ash	X	Accrual			Othe	r						,		
	If the	organiz hedule (	ation ch O.	anged	its m	ethod o	f accou	ntıng	from	a prior	year	or chec	ked	'Oti	ner,' e	xplain								
2 a	Were	the org	anizatıor	า's fina	ancial	statem	ents co	mpile	d or re	eviewe	d by	an indep	end	dent	acco	untant	?				2a		X	
b	Were	the org	anization	ı's fina	ancial	statem	ents au	dited	by an	indep	ender	nt accou	ntar	nt? .							2b	X		
	if 'Ye	s' to line	e 2a or 2 mpilation	b, doe	s the	organiz	zation h	ave a	comr	mittee	that a	ssumes	res	pon	sibility	for o	versig				2c	Х		
	If the	organiz hedule (	ation ch	anged	eithe	r its ove	ersight p	proces	ss or s	selecti	on pro	ocess du	ring	g the	e tax y	ear, e	xplaın	<b>†</b>				_	<u> </u>	
d			e 2a or 2 basis, se									ncial sta				_				a 				ŗ
	X	Separa	te basis		] c	onsolida	ated bas	SIS		Both c	onsol	idated a	nd s	sepa	arate l	oasis					] ]		-	
<b>3</b> a			f a feder I OMB C				organiza	ation r	require	ed to u	ınderg	o an au	dit c	or a	udits a	as set	forth i	n the	Single		3a		x	
b			ne organ olain why																		3b		_	

BAA

Form 990 (2009)

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2009

									1					
Parl	<u>: ]</u>	Reason for Pu	blic Charity Statu	is (All organizations	must o	comple	ete this	part.	) See i	nstruct	ions			
he o				se it is: (For lines 1 throu										
1		A church, convention	on of churches or asso	ociation of churches descri	ribed in	section	170(b)(1	χΑχί).						
2		A school described	in section 170(b)(1)(A	A)(ii). (Attach Schedule E	.)									
3				organization described i		n 170(b)	iiXAXii	D.						
4				_				-	ъх1хах	iii). Ente	er the hosp	ital's		
		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:												
5			erated for the benefit	of a college or university	owned o	r operat	ed by a	govern	mental u	nit desc	ribed in se	tion		
6 7	П	An organization tha	local government or g it normally receives a (A)(vi). (Complete Pa	governmental unit describ substantial part of its sup art II )	ed in se oport fro	ction 17 m a gov	0(b)(1)( ernmen	<b>A)(v).</b> tal unit	or from t	he gene	ral public o	lescrib	ed	
8				<b>70(b)(1)(A)(vi).</b> (Complete	e Part II	`								
9		An organization tha from activities relat	t normally receives: ( ed to its exempt funct	1) more than 33-1/3 % of ions - subject to certain	its supp exception	oort from	(2) no r	nore that	an 33-1/3	3 % of it	s support f	rom gr	oss	
		June 30, 1975. See	and unrelated busine section <b>509(a)(2).</b> (C	ss taxable income (less s omplete Part III.)	ection 5	iii tax)	rrom bus	sinesse	s acquire	еа ву тле	e organizat	on and	er	
10				exclusively to test for put	olic safet	v. See s	ection 5	509(a)(4	).					
11		An organization org	ganized and operated orted organizations d	exclusively for the beneficescribed in section 509(a ation and complete lines	t of, to p	erform tection 5	he funct	ions of	or carry	out the <b>09(a)(3).</b>	purposes of Check the	of one box tl	or hat	
		a Type I	b Type II	c Type III		_		ed		dП	Type III-	Other		
е		By checking this bo	x, I certify that the org	ganization is not controlle n one or more publicly su	d directl	ly or ind	irectly b	y one o	r more d I in secti	squalifie on 509(a	ed persons a)(1) or sec	other tion		
f		If the organization r	eceived a written dete	ermination from the IRS ti	hat is a	Type I,	Гуре II о	r Type	III suppo	rting org	janization,			
g		Since August 17, 20	006, has the organizat	tion accepted any gift or	contribu	ition from	n any of	f the foll	lowing pe	ersons?				
_							_					Yes	No	
		(i) a person who	directly or indirectly of	controls, either alone or to	ogether v	with pers	sons des	scribed	ın (ii) an	d (iii)				
			• •	ipported organization?							. 11g(i)	$\vdash$	ļ	
			•	ribed in (i) above?										
				described in (i) or (ii) ab						• • • • • •	. 11 g (iii)			
<u>h</u>				ne supported organization	T						4.73.4	A = 4 C		
	(1)	Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	Is the tion in col. d in your eming ment?	the organ	(i) of	organizati (i) organiz U.S	zed in the l	(vii) Amou	n or Sup	port	
					Yes	No	Yes	No	Yes	No				
											···			
			_											
			· · · · · · · · · · · · · · · · · · ·											
otal								-	5					

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

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal yr beginning in)> (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')... 489,145. 763,109 681,248 608,035 663,409 3,204,946. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose ...... 769,192. 792,107. 578,342 625,088. 598,202. 3,362,931. Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . . 280,661 50,081 36,417 32,152 70,000 469,311. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ..... 0 0 0 0 0 0. The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 0 0. 0 6 Total, Add lines 1 through 5. 1,538,998 605,297. 1,296,007. 1,320,649 1,276,237 7,037,188. 7a Amounts included on lines 1. 2, 3 received from disqualified persons ..... 0 0 0 0 0 0. b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the 0 0 0 0 0 c Add lines 7a and 7b ...... 8 Public support (Subtract line \* 7c from line 6.) ........ 7,037,188. Section B. Total Support (f) Total Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 7,037,188. 538,998. 605,297 296,007. 320,649 276,237 9 Amounts from line 6 ... 10 a Gross income from interest. dividends, payments received on securities loans, rents. royalties and income form similar sources . . 0 0 0 863 4,415. 3,552 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . 0 0 0 0 0 c Add lines 10a and 10b ... Net income from unrelated business activities not included inline 10b, whether or not the business is 0 0 0 0 regularly carned on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 142,249 0 277,361. 55,690 57,878 21,544. 7,318,964. 13 Total support. (add his 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f) . . . . 15 96.00% 16 Public support percentage from 2008 Schedule A, Part III, line 15. 16 96.00% Section D. Computation of Investment Income Percentage 0.00% 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 18 Investment income percentage from 2008 Schedule A, Part III, line 17 .... 0.00% 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization  $\dots$ b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ....... 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions OMB No 1545-0047 2009

Open to Public Inspection

Name of the organization

Employer Identification number

Va i	lle Vista Property Owners' Ass	angi ati am		06 0300417
				86-0399417
Га	the organization answered 'Yes' to	o Form 990, Part IV, line	er Similar Funds or Ac e 6.	ccounts Complete if
		(a) Donor advised	funds (b	) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dono funds are the organization's property, subject to	or advisors in writing that the a	assets held in donor advised legal control?	
6	Did the organization inform all grantees, donors used only for charitable purposes and not for the purpose conferring impermissible private benefit.	se benefit of the donor or dono	r advisor or for any other	Yes No
Pai	t II   Conservation Easements Comple	te if the organization ar	swered 'Yes' to Form	990, Part IV, line 7.
	Purpose(s) of conservation easements held by			
	Preservation of land for public use (e.g., re	_ ·	一· · · · · · ·	ically important land area
	Protection of natural habitat	, , , , , , , , , , , , , , , , , , , ,	Preservation of certified	
	Preservation of open space	'		
2	Complete lines 2a through 2d if the organization last day of the tax year.	n held a qualified conservation	contribution in the form of	a conservation easement on the
				Held at the End of the Year
ē	Total number of conservation easements		2a	
	Total acreage restricted by conservation easem		<del></del>	
	Number of conservation easements on a certific			
	Number of conservation easements included in			
	Number of conservation easements modified, tr	• • •	<del></del>	ganization during the tax
Ĭ	vear ►	andienca, released, extinguis	nea, or terminated by the or	garnzadori daring tro tax
4	Number of states where property subject to con-	servation easement is located	·	
5	Does the organization have a written policy rega	arding the periodic monitoring	, inspection, handling of vio	lations,
6	and enforcement of the conservation easement Staff and volunteer hours devoted to monitoring during the year ►			Yes No
7	Amount of expenses incurred in monitoring, ins	necting and enforcing conser	vation easements	
•	during the year ►	podding, and otherwing concor	\$	
8	Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the req	uirements of section	
9	In Part XIV, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements.	rts conservation easements in the organization's financial st	its revenue and expense statements that describes the	tatement, and balance sheet, and organization's accounting for
Par	Organizations Maintaining Collection Complete if the organization answ	ctions of Art, Historical vered 'Yes' to Form 990	Treasures, or Other S , Part IV, line 8.	imilar Assets
1 a	If the organization elected, as permitted under treasures, or other similar assets held for public the text of the footnote to its financial statement	exhibition, education, or rese	revenue statement and bala earch in furtherance of public	nce sheet works of art, historical c service, provide, in Part XIV,
Ł	If the organization elected, as permitted under streasures, or other similar assets held for public amounts relating to these items:	SFAS 116, to report in its reve exhibition, education, or rese	nue statement and balance earch in furtherance of public	sheet works of art, historical c service, provide the following
	(i) Revenues included in Form 990, Part VIII, I	ıne 1		►\$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, amounts required to be reported under SFAS 11	, historical treasures, or other	simılar assets for financial (	gain, provide the following
а	Revenues included in Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			▶\$

Schedule D (Form 990) 2009 Vall	e Vista	Property C	wners	' Association	86-039	9417		Page 2				
Part III Organizations Mainta	ining Coll	ections of Ar	t, Histo	rical Treasures, o	r Other Similar Ass	ets (co	ontini	ued)				
3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):												
a 🔲 Public exhibition		d∫	Loan o	r exchange programs								
<b>b</b> Scholarly research		e	Other									
c Preservation for future gener	ations	_	_									
4 Provide a description of the organ Part XIV.	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in											
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?												
Part IV Escrow and Custodia 9, or reported an amo	il Arranger	nents Compl	ete if or	ganization answe	red 'Yes' to Form 9	90, Pai	rt IV,	line				
1 a Is the organization an agent, trus included on Form 990, Part X?	tee, custodia	n, or other interr	nediary fo	or contributions or othe	er assets not	Yes	ſ	No				
b If 'Yes,' explain the arrangement							_					
		-	_			Amount						
c Beginning balance	• • • • • • • • • • • • • • • • • • • •				1c							
d Additions during the year					1d							
e Distributions during the year					. 1e							
2a Did the organization include an a	mount on Fo	rm 990, Part X, I	ine 21? .			Yes	T	No				
b If 'Yes,' explain the arrangement					'	<b></b>	_	_				
Part V Endowment Funds Co	mplete if c	organization a	nswere	d 'Yes' to Form 99	90, Part IV, line 10.							
	(a) Curren	t year (b)	Prior year	(c) Two years bac	k (d) Three years back	(e) F	our year	s back				
1 a Beginning of year balance												
<b>b</b> Contributions						T						
c Net Investment earnings, gains, and losses												
d Grants or scholarships						1.						
e Other expenditures for facilities and programs								· :				
f Administrative expenses												
g End of year balance						Γ		<u> </u>				
2 Provide the estimated percentage	of the year	end balance held	as:									
a Board designated or quasi-endow	ment 🟲	%										
b Permanent endowment ►	<u> </u>	;										
c Term endowment >												
3a Are there endowment funds not in	n the possess	sion of the organi	ization tha	at are held and admini	istered for the	_						
organization by:	•	_					Yes	No				
(i) unrelated organizations						3a(i)						
(ii) related organizations								<b></b>				
<b>b</b> If 'Yes' to 3a(ii), are the related of	-					3b		L				
4 Describe in Part XIV the intended					" 10							
Part VI Investments-Land, B								<del></del>				
Description of investment		(a) Cost or othe (investment		(b) Cost or other basis (other)	(c) Accumulated Depreciation	<b>(d)</b> B	ook Va					
1a Land				198,494.				,494.				
b Buildings				332,055.	213,286.		T18	<u>,769.</u>				
c Leasehold improvements							100					
d Equipment				775,797.	638,962.			,835.				
e Other				545,958.	338,891.			,067.				
Total. Add lines 1a through 1e (Column	(d) must eq	ual Form 990, Pa	art X, colu	ımn (B), line 10(c).)				,165.				
BAA					Sched	ule <b>D</b> (Fo	orm 99	10) 2009				

Part VII Investments—Other Securities See	Form 990, Part X, Ii	ne 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method Cost or end-of-y	of valuation	duo.
Financial derivatives	<del></del>	Cost or ena-or-y	rear market va	ilue
Closely-held equity interests				
Other				<del> </del>
	- <del></del>			
				<del></del>
	_			
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)			<u></u>	<u></u> -
Part VIII Investments—Program Related (Sec		(-		
(a) Description of investment type	(b) Book value	(c) Method Cost or end-of-y	of valuation ear market val	lue
		3000 0. 0.00	<u></u>	····
	<del>                                     </del>			
	<u> </u>			
		<del> </del>		
Table (Online (b) must must Francisco (OO) Dark V. Onl. (D) line 12.)	<del></del>	<del> </del>		
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)  Part IX Other Assets (See Form 990, Part >	<u> </u>	<u> </u>		<del></del>
	Description		· ·	a) Book value
Other assets				1,041.
Liquor license				150,100.
		<del></del>		
Total. (Column (b) must equal Form 990, Part X, col.(B),	line 15)	<del></del>	-	151,141.
Part X Other Liabilities (See Form 990, Pa				
(a) Description of Liability	(b) Amount	· ·		
Federal Income Taxes	(S) runson			
Gift certificates & chips outstand	ing 2,29	99.	,	
Brick account for pool shade	1,03		-	
Activities committee	3,6			
Lease payable	6,09	91.		
Accrued liabilities	-2,38	83.	-	
		·. ·		
				-
			•	
			• • • •	
			·	24
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	10,65		<del></del>	·

Sch	edule D (Form 990) 2009 Valle Vista Property Owners' Association	86-039941	.7 Page
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	5	
1	Total revenue (Form 990, Part VIII,column (A), line 12)		1,167,884.
2	Total expenses (Form 990, Part IX, column (A), line 25)		1,014,985.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		152,899.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9			
10	Total adjustments (net). Add lines 4 through 8		150 000
_	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		152,899.
	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	1 167 004
1	and the state of t	1	1,167,884.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains on investments	_	
	Donated services and use of facilities		
	Recoveries of prior year grants	`.	
	d Other (Describe in Part XIV)		
	e Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	1,167,884.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
á	a Investments expenses not included on Form 990, Part VIII, line 7b 4a		
ŧ	Other (Describe in Part XIV) 4b		
(	Add lines 4a and 4b	4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		1,167,884.
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p		
	Total expenses and losses per audited financial statements		1,014,985.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities	1.1	
	Prior year adjustments		
	Other losses		
	d Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	
3			1,014,985.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1,014,500.
•	a Investments expenses not included on Form 990, Part VIII, line 7b	1 - 1	
	O Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)		1,014,985.
	t XIV   Supplemental Information	···I <u>3 I</u>	1,014,505.
rai	t XIV   Supplemental information		
line 4	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV. 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b. Also complete this propertion.	oart to provide a	iny additional
	,		
			<b></b>
- <b>-</b> -			

TEEA3304 02/02/10

BAA

Schedule **D** (Form 990) 2009

# SCHEDULE L (Form 990 or 990-EZ)

### **Transactions with Interested Persons**

➤ Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

or 990-EZ.

Open to Public Inspection

lame of the organization Employer identification number												
Valle Vista Property Owners'		86-0399417										
Part I Excess Benefit Transactions Complete if the organization answer	(sect	ion 501 on Form	(c)(3) a 1 990, Part	nd section IV, line 25a (	501(c) or 25b, or	(4) organiza Form 990-EZ,	ations Part \	only, line	y). 40b.			
1 (a) Name of disqualified person		T									(c) Co	rected?
(a) Name of disqualified person			<del></del>	·	(b) Descripti	on of transaction			-		Yes	No
			<del></del>	<del></del>	·						-	
											<u> </u>	
											-	
2 Enter the amount of tax imposed on the org section 4958							nder	<b>&gt;</b> \$			·	'
3 Enter the amount of tax, if any, on line 2, a				rganization.	<del></del>	<u></u>	<u></u>	<b>▶</b> \$				
Complete if the organization answere				IV, line 26 or	Form 99	0-EZ, Part V, li	ne 38a	3.				
(a) Name of interested person and purpose	(b) Loan the orga	to or from inization?	(c) ( princip	Original al amount	(d) E	Balance due	(e) in default?		(f) Approved by board or committee?		(g) W agree	ritten ment?
	То	From					Yes	No	Yes	No	Yes	No
Mirovaliev, S Operations			11,036.			0.		X	Х	ļ		<u>X</u> _
Moschcau, N Operations	Х			2,860.		0.	<del>                                     </del>	X	X	}		<u>X</u>
				<del></del> i			<del>                                     </del>			<del>                                     </del>		
	<del></del>							<u> </u>		<u> </u>	اا	
Part III Grants or Assistance Benefi Complete if the organization	tting I	nterest	ed Pers	▶ \$ ons. orm 990. P	art IV.	0. line 27.	<u>'``</u>				<u> </u>	-
(a) Name of interested person				nterested person	<u> </u>	<del></del>	Amoun	t and ty	pe of as	ssistanc	e	
···						<del> </del>						
						<b> </b>					····	
						<del> </del>						
				·								
Part IV Business Transactions Invol Complete if the organization	ving I answe	nterest red'Ye	ed Pers	o <b>ns.</b> rm 990, Pa	art IV, li	ne 28a, 28l	o, or	28c.				
		Relationship between ested person and the organization (c) Amo		(c) Amour transactio	ent of (d		) Description of transaction				ring of ation's uses?	
											Yes	No
	·											
						<del> </del>						
BAA For Privacy Act and Paperwork Reduction	Act No	tice. see	the Instru	ctions for Fo	rm 990	Sch	edule	L (Fo	rm 99	0 or 9	90·EZ)	2009

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

## SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No. 1545-0047

2009

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public . Inspection

	Employer identification number
Valle Vista Property Owners' Association	86-0399417
Pt_VI-A, Line 6 MEMBERS	
Pt_VI-A, Line 7a MEMBERS APPROVE	
Pt VI-A, Line 7b MEMBERS APPROVE	
Pt VI-B, Line 15 BOARD APPROVES COMPENSATION OF MANAGERS	
Pt_VI-B, Line 11A FORM 990 IS PROVIDED TO BOARD WITH AUDIT	
Pt_VI-A, Line 8b COMMITTEE ACTIONS ARE REPORTED TO BOARD MONTHLY	
·	
	·