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**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

**2009****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2009 calendar year, or tax year beginning <u>7/1/2009</u> , and ending <u>6/30/2010</u>													
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td rowspan="4"><b>Please use IRS label or print or type. See Specific Instructions.</b></td> <td colspan="2"><b>C</b> Name of organization <u>Sugar Pine Homeowners Association</u></td> <td><b>D</b> Employer identification number <u>94-2853694</u></td> </tr> <tr> <td colspan="2">Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>PO Box 1334</u></td> <td><b>E</b> Telephone number</td> </tr> <tr> <td>City, town, or country <u>Oakhurst</u></td> <td>State <u>CA</u></td> <td>ZIP + 4 <u>93644</u></td> </tr> <tr> <td colspan="2"><b>F</b> Group Exemption Number <u>▶</u></td> </tr> </table>	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization <u>Sugar Pine Homeowners Association</u>		<b>D</b> Employer identification number <u>94-2853694</u>	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>PO Box 1334</u>		<b>E</b> Telephone number	City, town, or country <u>Oakhurst</u>	State <u>CA</u>	ZIP + 4 <u>93644</u>	<b>F</b> Group Exemption Number <u>▶</u>	
<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization <u>Sugar Pine Homeowners Association</u>		<b>D</b> Employer identification number <u>94-2853694</u>										
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	<b>F</b> Group Exemption Number <u>▶</u>												

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G** Accounting Method ☒ Cash ☐ Accrual  
Other (specify) ▶

**I** Website: ▶ N/A**J** Tax-exempt status (check only one)— ☒ 501(c) ( 12 ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 26,049

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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	0
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	25,995
	<b>4</b> Investment income	<b>4</b>	27
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	0
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	0
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	0
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ <u>0</u> of contributions reported on line 1)	<b>6a</b>	0
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>6b</b>	0
	<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	0
	<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	
	<b>b</b> Less: cost of goods sold	<b>7b</b>	
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	0
	<b>8</b> Other revenue (describe <u>▶ Interest Income</u> )	<b>8</b>	27
	<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	26,049
	<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>
<b>11</b> Benefits paid to or for members		<b>11</b>	
<b>12</b> Salaries, other compensation, and employee benefits		<b>12</b>	
<b>13</b> Professional fees and other payments to independent contractors		<b>13</b>	3,113
<b>14</b> Occupancy, rent, utilities, and maintenance		<b>14</b>	1,954
<b>15</b> Printing, publications, postage, and shipping		<b>15</b>	588
<b>16</b> Other expenses (describe <u>▶ See Attached Statement</u> )		<b>16</b>	7,905
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16		<b>17</b>	13,560
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	12,489
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	30,519
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	0
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	43,008

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	6,072	<b>22</b> 14,036
<b>23</b> Land and buildings		<b>23</b>
<b>24</b> Other assets (describe <u>▶ See Attached Statement</u> )	24,447	<b>24</b> 28,972
<b>25</b> <b>Total assets</b>	30,519	<b>25</b> 43,008
<b>26</b> <b>Total liabilities</b> (describe <u>▶</u> )	0	<b>26</b> 0
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21).	30,519	<b>27</b> 43,008

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

(HTA)

SCANNED DEC 10 2010



**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
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.	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	
38 a 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 period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	0
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911; section 4912; section 4955		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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.	40b	
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) 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	
41 List the states with which a copy of this return is filed		
42 a The organization's books are in care of Corrine Moore Telephone no (510) 797-1503		
Located at PO Box 1334 City Oakhurst ST CA ZIP + 4 93644		
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)?	42b	X
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.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country		
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	43	N/A
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.	45	X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

	Yes	No
<b>46</b> 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	<b>46</b>	
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	
<b>49 a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	

**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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>

**f** Total number of other employees paid over \$100,000 0

**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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____		
City <u>ST</u> ZIP _____		
Name _____ Str _____		
City <u>ST</u> ZIP _____		
Name _____ Str _____		
City <u>ST</u> ZIP _____		
Name _____ Str _____		
City <u>ST</u> ZIP _____		
Name _____ Str _____		
City <u>ST</u> ZIP _____		

**d** Total number of other independent contractors each receiving over \$100,000 0

<b>Sign Here</b>	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.			
	Signature of officer <u>Terry Hill</u>		Date <u>11-12-10</u>	
<b>Paid Preparer's Use Only</b>	Type or print name and title <u>Terry Hill President</u>			
	Preparer's signature <u>Mason Williams</u>	Date <u>11/11/2010</u>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions) <u>P00 273894</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>Mason Williams CPA, Inc</u>	EIN <u>26-4602139</u>	Phone no <u>(559) 641-5100</u>	
	<u>PO Box 3201, Oakhurst, CA 93644</u>			

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

Part I, Line 8 (990-EZ) - Other Revenue

27

Description		Amount	
1	Interest Income	1	27
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

**Part I, Line 16 (990-EZ) - Other Expenses**

7,905

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	126
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	Bank Charges	13	21
14	Insurance	14	5,791
15	Sewer Fees	15	
16	Filing Fees	16	1,018
17	Water Testing	17	939
18	Fees	18	10
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	
30		30	
31		31	
32		32	
33		33	
34		34	
35		35	

**Part II, Line 24 (990-EZ) - Other Assets**

24,447

28,972

		Description	Beginning	End
1		Member Receivable	116	116
2		Wells & Equipment	24,331	28,856
3				
4				
5				
6				
7				
8				
9				
10				