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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 (except private foundations)

2016

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public
 Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Ā	For the	2016 calen	dar year, or tax year beginning May 1 , 2016, and ending	Apr 30	,	2017
В	Check if ap	plicable	C Name of organization Valle Vista Property Owners' Associ	D Emp	loyer identif	ication number
	Addre	ess change	Doing business as		-03994	17
	Name	change	Number and street (or P O box if mail is not delivered to street address) Room/suit	e E Tele	phone numbe	er
	Initial	retum	9686 Concho Drive	(9	28) 75	57-3813
	Final n	eturn/terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amer	nded return	Kingman AZ 86401	G Gros	s receipts	1,275,703.
	\vdash	cation pending	<u></u>	a) Is this a group ret		
	L. ***	<i>pg</i>	· · · · ·	(b) Are all subordinat If 'No,' attach a lis	es included?	
T-	Tax-exe	empt status	501(c)(3) X 501(c) (7) (insert no.) 4947(a)(1) or 527	If 'No,' attach a lis	it (see instru	ctions)
<u>-</u>	Webs			(c) Group exemption	number >	
ĸ		organization	X Corporation Trust Association Other L Year of formation		A State of lea	gal domicile AZ
		Summar		1972	1 State Of let	gal dofficile AZ
Fa				ization is	- no	-nrofit
			the organization's mission or most significant activities The Organization representing approx	imately 4	3 EU	i-brorie
Activities & Governance	7	evelone	d and undeveloped lots; operating a golf course	clubbon	<u>, </u>	- <i>-</i>
133	<u>ح</u>	estaura	nt and bar and a park and swimming pool.	· crapilor	2 -1	
Ş.	-	heck this bo		n 25% of its net	assets	
ĕ	3 N	umber of vo	ting members of the governing body (Part VI, line 1a)			7
∘ర	4 N	umber of inc	dependent voting members of the governing body (Part VI, line 1b)		4	7
ij≘			of individuals employed in calendar year 2016 (Part V, line 2a)			
훓			of volunteers (estimate if necessary)			
ď			d business revenue from Part VIII, column (C), line 12			79,190.
	D N	et unrelated	business taxable income from Form 990-T, line 34			-55,449.
	•		and months (Dark VIII), but a 41-2	Prior Ye		Current Year
9			and grants (Part VIII, line 1h)		,680.	639,369.
Ē			ice revenue (Part VIII, line 2g)		,329.	322,066.
Revenue			come (Part VIII, column (A), lines 3, 4, and 7d)		849.	<u>-1,268.</u>
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,975.	153,393.
			milar amounts paid (Part IX, column (A), lines 1-3)	1,105	,033.	1,113,560.
	ì		to or for members (Part IX, column (A), line 4)			
	1	-		205	-022	420 110
es	Į.		er compensation, employee benefits (Part IX, column (A), lines 5-10)	385	,833.	439,110.
Expenses	ļ		undraising fees (Part IX, column (A), line 11e)			
8	b To	otal fundrais	ing expenses (Part IX, column (D), line 25) ▶			
	17 0	ther expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)	707	,893.	730,057.
			es Add lines 13-17 (must equal Part IX-column-(A)-line-25)	1,093	,726.	1,169,167.
		evenue less	expenses Subtract line 18 from line 12 . RECEIVED	12	,107.	-55,607.
7 8 G	i		ြ	Beginning of Cur	rent Year	End of Year
15 <u>18</u>			Part X, line 16)	1,699		1,399,990.
ξ.b	21 To	otal liabilitie	s (Part X, line 26)	758	,298.	514,140.
\$ 2			fund balances Subtract line 21 from line 20	941	,459.	885,850.
Pa	rt II	Signatu	re Block			
Unde	er penalties	of perjury, I de	clare that I have examined this return, including accompanying schedules and statements, and to the best er (other than officer) is based on all information of which preparer has any knowledge	of my knowledge and	d belief, it is t	rue, correct, and
	Diete Decie	aration or prepar	er (outer that outer) is based on all gliothiation of which preparer has any knowledge			
		Compt	re of officer	9	12/	<u>/ ~ </u>
Sig	gn	Signan	ne or onnon	Date /	,	1
He	re		Wilkin	President	<u> </u>	
			print name and title		1	ATI.
		Print/Type p	reparer's name Preparer's signature Date	Check	X ff	PTIN
Pa		Gene 1	Vewman 9/5/	7 self-emp	loyed	P01440461
	eparer	Firm's name	agone w. noman, orn, razo			
Us	e Only	Firm's addre	ess 5171 LINDELL RD UNIT 101A	Firm's E	IN ► 20-	-4157364
			LAS VEGAS NV 89118	Phone n	• (702	2) 252-4525
Ma	y the IRS	discuss th	s return with the preparer shown above? (see instructions)			. X Yes No

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

Form 990 (2016)

TEEA0101 11/16/16

	990 (2	2016)	Valle Vista	Property Own	ers' Assoc.		86-0399417	Page 2
Par	t III			am Service Acco				
					e to any line in this Part	<u> </u>		· · · · · · ·
1	Briefly	y descri	be the organization'	s mission				
	The	Orga	anization is	a non-profit				
	COM	mon :	interest rea	lty organizat:	on representi	ng approximately	4,360	
	See F	orm 99	0, Page 2, Part III,	Line 1 (continued)				
2	Did th	e orga	nization undertake a	ny significant program	services during the year	r which were not listed on t	he prior	
	Form	990 or	990-EZ?					Yes X No
	If 'Yes	s,' desc	nbe these new servi	ces on Schedule O				
3	Did th	e orgai	nization cease condi	ucting, or make signific	ant changes in how it c	onducts, any program servi	ces?	Yes X No
	If 'Yes	s,' desc	ribe these changes	on Schedule O				—
4	Descr	ibe the	organization's progi	ram service accomplist	nments for each of its th	ree largest program service	es, as measured by exp	penses
	Section	on 501(c)(3) and 501(c)(4) (organizations are requi gram service reported	red to report the amoun	it of grants and allocations t	o others, the total expe	enses,
	and it	evenue	, ii ariy, ior each pro	gram service reported				
								
4 a	(Code) (Expenses		including grants of) (Revenue \$)
			·			EMBERSHIP THROUG		
	MAN	AGEMI	ENT OF A BAR	AND RESTAURA	NT, PARK & POO	L, AND PRO SHOP	& GOLF COURSE	
		- - -	· 					
			·			·		
		- -						
		- -		- -	- -			
					- 			
4 H	(Code) (Expenses	\$	including grants of	Ś) (Revenue \$	
	(0000	' —	/ (Expenses	Ť	molecula grants or	¥) (//cvc//dc	′
			·					
	-				-			
			·					
			·				·	
		- -						
					- 			
		-						
							 	
4 0	(Code	·) (Expenses	\$	including grants of	\$) (Revenue \$)
								
					_ · 			
					 			
							-	
	Other	DECOR	ım services (Describ	ne in Schedule O \				
40		nses	\$	including gr	ants of \$) (Revenue	Ś	,
			m service expenses		4 Y) (ive veniue		
BAA		progra	Joi Flor Capellaes	· · · · · · · · · · · · · · · · · · ·	TEEA0102 11/16/16			Form 990 (2016)

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х Schedule A . . Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Х 2 Х 3 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III . . . Х 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Х 6 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 Χ 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D. Part III. . . . R Χ Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 Schedule D, Part IV Х 9 Χ 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D. Parts VI, VII, VIII, IX, 11 or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a Χ 11 b Χ 11 c 11 d Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. . . . Χ 11 e 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 (ASC 740)? If 'Yes,' complete Schedule D, Part X . . Х Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional Χ 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States?..... Χ 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising 14b Χ 15 Χ 15 Χ 16 17 Χ 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Х

X

Pa	Checklist of Required Schedules (continued)	<u>' </u>	 :-	ugo .
			Yes	No
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
ı	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
23	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 Schedule J	23		Х
24	a 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, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25a	24a		х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction 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		Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29		29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	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		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	b If 'Yes' to line 35a, 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,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	-		
37				х

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-orm 990 (2016) Valle Vista Property Owners' Assoc.	86-0399417	Pi	age 5
Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response or note to any line in this Part V			
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0	.	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	İ	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reporta (gambling) winnings to prize winners?	ble gaming		
1 1	1c		
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 a			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b If +Yes, +has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authorinancial account in a foreign country (such as a bank account, securities account, or other financial account	ority over, a		Х
b If 'Yes,' enter the name of the foreign country ▶			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	ınts (FBAR)		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	? <mark>_5</mark> b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
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 as charitable contributions?	ganization		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or	aifts were		
not tax deductible?	<u>6b</u>		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good services provided to the payor?	s and 7a		
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	<u> </u>		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re-			
Form 8282?	7c		
d If Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	nct ² 7 e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8 as required?	899		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization Form 1098-C?	file a		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	1 '		
organization have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	0.		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	0.		
11 Section 501(c)(12) organizations, Enter			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources			
against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	11 ⁷ 12a	L	L
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	 -	
a is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>	ļ	ļ
Note. See the instructions for additional information the organization must report on Schedule O			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand	1	I .	I

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

14a

14 b

X

r ar	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	ח		. X
Sec	tion A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
t	Enter the number of voting members included in line 1a, above, who are independent 1 b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
	Did the organization have members or stockholders?	6 7a	X	
t	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		х
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8 a	X	
	Each committee with authority to act on behalf of the governing body?	8 b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
40	Post the construction of the first of the fi		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
	old Hes, radid the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organizations exempt purposes?	10 ь		
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11 a	X_	<u> </u>
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			ļ
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Countries of the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c		
13	Did the organization have a written whistleblower policy?	13	X	
14 15	Did the organization have a written document retention and destruction policy?	14	Х	
2	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization.	15b		$\frac{\pi}{x}$
_	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)	102		
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
ŀ	of Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► Arizona			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply Own website. X Upon request. Other (explain in Schedule O)		ole	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year	to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
=	The Organization 9686 Concho Dr Kingman AZ 86401 (9	28)	757-	3213

Form 990 (2016) Valle Vista Property Owners' Assoc.	86-0399417	Page 7
Compensation of Officers, Directors, Trustees, Key Employees, Higher Independent Contractors	st Compensated Employe	es, and
Check if Schedule O contains a response or note to any line in this Part VII	<u></u>	<u> _</u>
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compens	sated Employees	
a Complete this table for all persons required to be listed. Report compensation for the calendar year encorganization's tax year.	ding with or within the	
 List all of the organization's current officers, directors, trustees (whether individuals or organizations compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.), regardless of amount of	
 List all of the organization's current key employees, if any See instructions for definition of 'key employees, 	oloyee '	

- 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 compensated employees, and former such persons

	1	(C)								
(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless persor is both an officer and a director/trustee)					'n	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) SUE WILKIN PRESIDENT	20.00	х		Х				0.	0.	
(2) ROGER CICIARELLI VICE-PRESIDENT	10.00	X		X				0.	0.	
(3) BARRY VAN STOCKUM TREASURER	10.00	Х		Х				0.	0.	
(4) MIKE MARTIN SECRETARY	5.00	Х		Х				0.	0.	
(5) DENNIS BROWN DIRECTOR	5.00	Х						0.	0.	
(6) MONTE WILSON DIRECTOR		Х						0.	0.	
(7) ROBERT ZELLER DIRECTOR	5.00	Х						0.	0.	
(8)										L
(9)										
10)			!							
11)										
12)										
(13)										,
(14)										

Part VII Section A. Officers, Directors, True	stees,	Key	Em	pic	ye	es, a	<u>and</u>	Highest Com	pensated Emplo	oyees	(contir	nued)_
(A) Name and title	(B) Average hours per week	box	unles	Position not check more than one unless person is both an er and a director/frustee)				(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of othe compensation		
	(list arry hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)	(W-2/1099-MISC)	fr org. an	om the anization d related anizations	
(15)		-		-								
(16)		-			<u> </u>							
(17)		-			-							
(18)		-								 -		
(19)		_			-							
(20)					-						<u></u>	
(21)		-			-							
(22)		-			-							
(23)		-		_	-							
(24)	-	-					-					
(25)		-			-							
1 b Sub-total				• •			>	0.	0.	_		0.
c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c)							► ►	0.	0.	-		0.
2 Total number of individuals (including but not limiter from the organization ►							eive			npensa	ition	
	· · · · ·				_						Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in										. 3		X
For any individual listed on line 1a, is the sum of re- the organization and related organizations greater to such individual	han \$150	,0007	' <i>If "</i> Y	es,	' con	nplete	e Sc	hedule J for		4		X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or	ompensa	ition fi Sched	om a	any <i>J fo</i>	unre r suc	elated ch pe	org	ganization or indivi	dual	. 5		Х
Section B. Independent Contractors 1 Complete this table for your five highest compensal	ed indep	ender	nt co	ntra	ctor	s that	rec	eived more than \$	100.000 of			
compensation from the organization Report compensation for the calendar year ending (A)						(B)		(C)			
Name and business addr	ess							Description	of services	Comp	ensatio	n
Total number of independent contractors (including \$100,000 of compensation from the organization.)	but not li	mited	to th	nose	e list	ed ab	oove) who received mo	ore than	-		

		Check if Schedule O contains a response or no	ote to any lin	e in this Part VIII		<u> </u>	<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1 a	Federated campaigns 1a					
irar oun	b	Membership dues 63	37,272.	Ì	ļ		
s, C	С	Fundraising events 1 c		ì			
ar /	d	Related organizations 1 d		})		
imi	е	Government grants (contributions) 1 e		1	į		
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, grifts, grants, and similar amounts not included above	2,097.				
H O	_	Noncash contributions included in lines 1a-1f \$			ļ		
<u>ලු දූ</u>	h	Total. Add lines 1a-1f		639,369.			
Program Service Revenue		<u> </u>	ess Code				
₽ (6	2 a	ADMINISTRATION 45111	.0	42,360.	40,109.	2,251.	0.
ě	b	PRO SHOP & GOLF 45111		272,166.	203,183.	68,983.	0.
ξ	C	PARK & POOL 45111	.0	7,540.	7,540.	0.	0.
3	d					<u> </u>	
Ē	е						
ğ		All other program service revenue					
	9	Total. Add lines 2a-2f		322,066.			
	3	Investment income (including dividends, interest other similar amounts)	and		4 0 60	•	
	4	Income from investment of tax-exempt bond prod	L	-1,268.	-1,268.	0.	0.
	5	Royalties					
	3		Personal				
	fа	Gross rents			i		į
		Less rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
		(i) Samurthan	ıı) Other				
		Gross amount from sales of assets other than inventory					
	b	Less, cost or other basis and sales expenses					
	c	Gain or (loss)					1
		Net gain or (loss)			·——		
ş	ļ	Gross income from fundraising events					
Ę.		(not including. \$ of contributions reported on line 1c)					
æ		See Part IV, line 18 a					İ
E .	h	Less direct expenses b					
Other Revena		Net income or (loss) from fundraising events					
J	ì	Gross income from gaming activities. See Part IV. line 19					
		Less direct expenses b		İ			1
	1	Net income or (loss) from gaming activities					1
	l						
	10 a	Gross sales of inventory, less returns and allowances	15,536.	İ			
	ь	· · · · · · · · · · · · · · · · · · ·	62,143.				
	ı	Net income or (loss) from sales of inventory	<u>,,,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	153,393.	145,437.	7,956.	0.
			ness Code	100,090.	170,401.	1,330.	†
	11 a						
	b						1
	C					· · · · · · · · · · · · · · · · · · ·	
	d	All other revenue					
	e	Total. Add lines 11a-11d	>				
	1	Total revenue. See instructions		1,113,560.	395,001.	79,190.	0.
	Ь.					121120.	<u> </u>

	t IX │ Statement of Functional Expens				
Sec	tion 501(c)(3) and 501(c)(4) organizations must con	plete all columns All of	ther organizations must o	complete column (A)	
Do i	Check if Schedule O contains a response include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21.		expenses	general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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	390,955.	390,955.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	6,361.	6,361.	0.	0.
10	Payroll taxes	41,794.	41,794.	0.	0.
11	Fees for services (non-employees)				
	Management	8,998.	8,998.	0.	0.
	Legal	13,253.	13,253.	0.	0
	Accounting	9,694.	9,694.	0.	0.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	2,660.	2,660.	0.	0.
13	Office expenses	9,816.	9,816.	0.	0.
14	Information technology				
15	Royalties				,
16	Occupancy	45,870.	45,870.	0.	0.
17	Travel	3,692.	3,692.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19					
20	Interest	13,025.	13,025.	0.	0.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	101,969.	101,969.	0.	0.
23 24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	25,522.	25,522.	0.	0.
á	IRRIGATION WATER	199,351.	199,351.	Q.	0.
	BAD DEBT EXPENSE	133,272.	133,272.	0.	0.
	REPAIRS & MAINT	85,936.	85,936.	0.	0.
	GOLF COURSE MAINT	20,983.	20,983.	0.	0.
(All other expenses	56,016.	56,016.	0.	0.
25	Total functional expenses Add lines 1 through 24e	1,169,167.	1,169,167.	0.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here [Insert costs from a combined educational campaign and fundraising solicitation check here [Insert costs from a combined educational campaign and fundraising solicitation check here [Insert costs from a combined educational campaign and fundraising solicitation check here [Insert costs from a combined educational campaign and fundraising solicitation check here [Insert costs from a combined educational campaign and fundraising solicitation check here [Insert costs from a combined educational campaign and fundraising solicitation check here [Insert costs from a combined educational campaign and fundraising solicitation check here [Insert costs from a combined educational campaign and fundraising solicitation check here [Insert costs from a combined educational campaign and fundraising solicitation check here [Insert costs from a combined educational campaign and fundraising solicitation check here [Insert costs from a combined education check here [Insert costs from a combined education check here] [Insert costs from a combined education check here [Insert costs from a combined education check here [Insert costs from a combined education check here] [Insert costs from a costs from a combined education check here] [Insert costs from a costs from a combined education check here] [Insert costs from a costs from a combined education check here] [Insert costs from a costs from a combined education check here] [Insert costs from a costs from a combined education check here] [Insert costs from a cost		:		

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	51,811.	1	107,178.
1	2	Savings and temporary cash investments	149,556.	2	199,600.
- {	3	Pledges and grants receivable, net		3	
-	4	Accounts receivable, net	399,911.	4	93,807.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
छ	7	Notes and loans receivable, net	· · · · · · · · · · · · · · · · · · ·	7	
Assets	8	Inventories for sale or use	19,174.	8	16,272.
AS	9	Prepaid expenses and deferred charges	43,586.	9	26,228.
	•	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	45,566.		20,220.
Ì	b	Less accumulated depreciation	888,072.	10c	810,007.
- }	11	Investments – publicly traded securities	000,072.	11	810,007.
ļ	12	Investments — other securities See Part IV, line 11		12	
- 1	13	Investments – program-related See Part IV, line 11		13	
- 1	-	Intangible assets			
}	14	Other assets See Part IV, line 11		14	
- }	15	}	147,647.	15	146,898.
-	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,699,757.	16	1,399,990.
	17	Grants payable	475,758.	17	48,299.
ļ	18 19	Deferred revenue		18 19	224 017
1		Tax-exempt bond liabilities			334,217.
6	20	Escrow or custodial account liability Complete Part IV of Schedule D		20	
اڠ.	21			21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	282,540.	23	131,624.
Į	24	Unsecured notes and loans payable to unrelated third parties	202,540.	24	131,024.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	758,298.	26	514,140.
S S		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
١	27	Unrestricted net assets	941,459.	27	885,850.
ĕ	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets	······································	29	,,,
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			······································
0	30	Capital stock or trust principal, or current funds		30	
ا چ ا	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
8	32	Retained earnings, endowment, accumulated income, or other funds		32	
1	33	Total net assets or fund balances.	041 450	 	005 050
ž		· · · · · · · · · · · · · · · · · · ·	941,459.	33	885,850.
	34	Total liabilities and net assets/fund balances	1,699,757.	34	1,399,990.

		6-0	3994	117		Pa	ge 12
Pai	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				• •		<u>. 11</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	. [1		1,1	13,5	60.
2	Total expenses (must equal Part IX, column (A), line 25)	· · L	2		1,1	59,1	67.
3	Revenue less expenses Subtract line 2 from line 1	. [3		<u>. – </u>	55,6	07.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	· [4		9.	11,4	59.
5	Net unrealized gains (losses) on investments	· · [5				
6	Donated services and use of facilities	[6				
7	Investment expenses		7				
8	Prior period adjustments	[8				-2.
9	Other changes in net assets or fund balances (explain in Schedule O)	· [9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))		10		0) E O	
Pa	rt XII Financial Statements and Reporting	<u>.:-1</u>	10		8	35,8	50.
1 4							
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	• • •	• • • •	· · · ·		للن
				,		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			1			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.						
2 :	a Were the organization's financial statements compiled or reviewed by an independent accountant?			[2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a					
	Separate basis Consolidated basis Both consolidated and separate basis			1			ļ ^J
	b Were the organization's financial statements audited by an independent accountant?				2 Ь	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate			ŀ			
	basis, consolidated basis, or both			- 1	1		
	X Separate basis Consolidated basis Both consolidated and separate basis						
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audıl	t, • • •		2 c	х	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			Ī			
3 8	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle			3 a		X
1	b if 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require	ed au	dıt	ļ			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			ا. یا	3 Ь		_
BAA					Form	990 (2016)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2016

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

n990. Inspection
Employer identification number

	Valle Vista Property Owners' Assoc.		86-0399417					
Par	Organizations Maintaining Donor Advised Funds of	r Other Similar Fun						
	Complete if the organization answered 'Yes' on Form 9	90, Part IV, line 6.						
	(a) Donor adv	vised funds	(b) Funds and other accounts					
1	Total number at end of year							
2								
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No							
6	Did the organization inform all grantees, donors, and donor advisors in wrifer chantable purposes and not for the benefit of the donor or donor advisor impermissible private benefit?	of that grant funds can or, or for any other purpos	be used only se conferring Yes No					
Par	Conservation Easements. Complete if the organization answered 'Yes' on Form 9	90, Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organization (check all	that apply)						
	Preservation of land for public use (e.g., recreation or education)		a historically important land area					
	Protection of natural habitat	Preservation of	a certified historic structure					
	Preservation of open space	-						
2	Complete lines 2a through 2d if the organization held a qualified conserva	tion contribution in the foi	rm of a conservation easement on the					
	last day of the tax year							
			Held at the End of the Tax Year					
	Total number of conservation easements							
	Total acreage restricted by conservation easements							
C	Number of conservation easements on a certified historic structure include	ed in (a)	. 2c					
C	Number of conservation easements included in (c) acquired after 8/17/06, structure listed in the National Register	and not on a historic	. 2d					
3	Number of conservation easements modified, transferred, released, exting tax year ▶	guished, or terminated by	the organization during the					
4	Number of states where property subject to conservation easement is local	ated >	_					
5	Does the organization have a written policy regarding the periodic monitor and enforcement of the conservation easements it holds?		Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of vi		•					
7	Amount of expenses incurred in monitoring, inspecting, handling of violation \$	ons, and enforcing conse	rvation easements during the year					
8	Does each conservation easement reported on line 2(d) above satisfy the and section 170(h)(4)(B)(ii)?							
9	In Part XIII, describe how the organization reports conservation easement include, if applicable, the text of the footnote to the organization's financia conservation easements	is in its revenue and expe il statements that describe	ense statement, and balance sheet, and es the organization's accounting for					
Par	Organizations Maintaining Collections of Art, Histo Complete if the organization answered 'Yes' on Form 9		Other Similar Assets.					
1 8	of the organization elected, as permitted under SFAS 116 (ASC 958), not art, historical treasures, or other similar assets held for public exhibition, e in Part XIII, the text of the footnote to its financial statements that describe	education, or research in f	atement and balance sheet works of rurtherance of public service, provide,					
t	olf the organization elected, as permitted under SFAS 116 (ASC 958), to re historical treasures, or other similar assets held for public exhibition, educ following amounts relating to these items							
	(i) Revenue included on Form 990, Part VIII, line 1							
	(ii) Assets included in Form 990, Part X							
2	If the organization received or held works of art, historical treasures, or otl amounts required to be reported under SFAS 116 (ASC 958) relating to the		ncial gain, provide the following					
ā	Revenue included on Form 990, Part VIII, line 1							
t	Assets included in Form 990, Part X	<i>.</i>						

•							
Schedule D (Form 990) 2016 Valle	Vista Prope	erty Owners	' Assoc.		86-0399417	7	Page 2
Part III Organizations Maintain				r Other Si	milar Assets	(continu	ied)
Using the organization's acquisition, items (check all that apply)	accession, and oth	ner records, check	any of the following that	t are a signific	ant use of its colle	ection	
a Public exhibition		d Loan	or exchange programs				
b Scholarly research		e Other					
c Preservation for future generation	วกร						
Provide a description of the organization Part XIII	ation's collections a	nd explain how the	ey further the organization	on's exempt p	urpose in		
5 During the year, did the organization to be sold to raise funds rather than	to be maintained a	s part of the orgar	ization's collection?		\Y(No
Part IV Escrow and Custodial line 9, or reported an am	nount on Form 9	990, Part X, line	ne organization ans e 21	swered Ye	s on Form 990), Paπ I\ 	/,
1 a Is the organization an agent, trustee on Form 990, Part X?	e, custodian or othe	r intermediary for	contributions or other as	sets not inclu	ded Y	es	No
b If 'Yes,' explain the arrangement in I					ليا		
, ,	·	J			Amou	unt	
c Beginning balance				1c			
d Additions during the year							
e Distributions during the year							
f Ending balance							
2a Did the organization include an amo					Y	es	No
b If 'Yes,' explain the arrangement in	·	•		•		-]
Part V Endowment Funds. Co	omplete if the or	ganization ans	wered 'Yes' on For	m 990. Par	t IV. line 10.		
	(a) Current year	(b) Phoryea				e) Four year	s back
1 a Beginning of year balance	(4) 5 11 11 11 11	1 (7)	(7,113,113	1 10/	7,500	<u>-, ,</u>	-
b Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses			·				
g End of year balance		 					
2 Provide the estimated percentage o	f the current year e	nd balance (line 1	g. column (a)) held as	<u> </u>			
a Board designated or quasi-endowm		8	g, co.a (a), ao				
b Permanent endowment ►							
c Temporarily restricted endowment	<u> </u>	ę.					
The percentages on lines 2a, 2b, ar		~					
3 a Are there endowment funds not in the organization by			t are held and administe	ered for the		Yes	No
(i) unrelated organizations					22/		+ 110
(ii) related organizations					 		
. ,					<u> </u>		
b If 'Yes' on line 3a(ii), are the related	=	•			<u> 3b</u>	<u>, </u>	ــــــــــــــــــــــــــــــــــــــ
4 Describe in Part XIII the intended us		ion's endowment	tunds				
Part VI Land, Buildings, and E Complete if the organiza		'Yes' on Form	990, Part IV, line 1	1a See Fo	rm 990, Part X	(, line 10)
Description of property		st or other basis investment)	(b) Cost or other basis (other)	(c) Accu depre	mulated (e	d) Book v	alue
1 a Land			198,494.			198	,494.
b Buildings	[310,676.		45,702.	64	974.
c Leasehold improvements			499,970.		91,487.		483.
d Equipment			967,756.	1	34,661.		095.

. .► 810,007. Schedule **D** (Form 990) 2016

104,961.

330,637.

435,598.

		(b) Book value	Part IV, line 11b See Form 990, Part X, line 12.
	security or category (including name of security)	l`'	(c) Method of valuation. Cost or end-of-year market value
	atives		
	quity interests		
<u></u>			
)			
<u> </u>			
,			
) 			
/			
	st equal Form 990, Part X, column (B) line 12) ▶		
a (Column (b) mu	stments — Program Related.	<u> </u>	<u> </u>
Com	plete if the organization answered	Yes' on Form 990, I	Part IV, line 11c. See Form 990, Part X, line 13
	escription of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market val
1)			
2)			
3)			
4)			
5)			
(6)			
7)			
8)			
(9)			
10)			
		<u> </u>	
ntal (Column (b) mu	st equal Form 990, Part X, column (B) line 13)▶		
tal (Column (b) mu	er Assets.		Part IV line 11d. See Form 990. Part Y line 15
tal (Column (b) mu art IX Othe	er Assets. plete if the organization answered	Yes' on Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.
art IX Othe Com	er Assets. plete if the organization answered (a) Do		(b) Book valu
art IX Othe Com	er Assets. plete if the organization answered (a) Do LICENSE	Yes' on Form 990,	(b) Book valu 150,
art IX Othe Com (1) LIQUOR 1 (2) OTHER AS	er Assets. plete if the organization answered (a) Do LICENSE	Yes' on Form 990,	(b) Book valu
art IX Other Common (b) mu art IX Other Common (1) LIQUOR 1 (2) OTHER AS (3)	er Assets. plete if the organization answered (a) Do LICENSE	Yes' on Form 990,	(b) Book valu 150,
art IX Other Common (b) mu art IX Other Common (1) LIQUOR 1 (2) OTHER AS (3)	er Assets. plete if the organization answered (a) Do LICENSE	Yes' on Form 990,	(b) Book valu 150,
art IX Other Common (b) mu art IX Other Common (c) LIQUOR I (c) Common (c) Co	er Assets. plete if the organization answered (a) Do LICENSE	Yes' on Form 990,	(b) Book valu 150,
art IX Other Common (b) mulart IX Other Common (c) LIQUOR I (2) OTHER AS (3) (4) (5) (6) (7)	er Assets. plete if the organization answered (a) Do LICENSE	Yes' on Form 990,	(b) Book valu 150,
art IX Other Com 1) LIQUOR 1 2) OTHER AS 3) 4) 5) 6) 7)	er Assets. plete if the organization answered (a) Do LICENSE	Yes' on Form 990,	(b) Book valu 150,
at (Column (b) mu art IX Other Com 1) LIQUOR 1 2) OTHER AS 3) 4) 5) 6) 7) 8)	er Assets. plete if the organization answered (a) Do LICENSE	Yes' on Form 990,	(b) Book valu 150,
at (Column (b) mu art IX Othe Com (1) LIQUOR 1 (2) OTHER AS (3) (4) (5) (6) (7) (8) (9)	er Assets. plete if the organization answered (a) De LICENSE SSETS	Yes' on Form 990, escription	(b) Book value 150, —3,
art IX Other Com 1) LIQUOR 1 2) OTHER AS 3) 4) 5) 6) 7) 8) 9) 0) tal. (Column (b	er Assets. plete if the organization answered (a) Do LICENSE SSETS) must equal Form 990, Part X, column (B)	Yes' on Form 990, escription	(b) Book value 150, —3,
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Cchedule D (Form 990) 2016 Valle Vista Property Owners' Assoc.	6-0399417	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a	eturn.	
1 Total revenue, gains, and other support per audited financial statements	. 1 1,	113,560.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments		
b Donated services and use of facilities	_	
d Other (Describe in Part XIII)	-	
e Add lines 2a through 2d		113,560.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII)	- 4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	. 5 1,	113,560.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1,169,167. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2 b 2 d 2 e 3 1,169,167. Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b. . b Other (Describe in Part XIII.) 4 b 4 c 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 1,169,167

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

BAA

Part XIII Supplemental Information.

Schedule **D** (Form 990) 2016

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.

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Valle Vista Property Owners' Assoc

Employer identification number

86-0399417

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Pt VI,	Line	11b	FORM 990 IS FURNISHED TO FULL BOARD PRIOR TO FILING	
Pt VI,	Line	19	DOCUMENTS ARE MAINTAINED IN THE HQ OFFICE FOR REVIEW	
Pt VI,	Line	6	MEMBERS	
Pt VT.	Line	7 a	MEMBERS FLECT BOARD MEMBERS BY GENERAL FLECTION	