## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made publications

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A	For the	f 2017 calendar year, or tax year beginning May $f 1$ , 2017, and er	nding Ap	r 30	<b>, 20</b> 18
В	Check if	applicable C Name of organization Valle Vista Property Owners' Asso	oc	D Employ	er identification number
		change Doing business as		86-0	399417
	Name c	hange Number and street (or P.O. box if mail is not delivered to street address) Room	n/suite	E Telepho	ne number
	Initial re	turn 9686 Concho Drive		(928	757-3813
	Final retu	m/terminated City or town, state or province, country, and ZIP or foreign postal code			
	Amende	od return Kingman, AZ 86401		G Gross re	eceipts \$ 1,144,108
		tion pending F Name and address of principal officer:	H(a) is this a d		subordinates? ☐ Yes ☒ No
	. фрос.	Mike Martin, 9686 Concho Dr, Kingman, AZ 864	<i>"</i>		s included? Yes No
	Tay-eye	mpt status: ☐ 501(c)(3) 🔀 501(c) ( 7) ◀ (insert no.) ☐ 4947(a)(1) or ♣ [ 2 527			a list (see instructions)
	Website		<u>'</u>		number ▶
		organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ►			of legal domicile: AZ
_	art I	Summary	mation 157	Z W Clare	or legal dofficile. AZ
	1	Briefly describe the organization's mission or most significant activities: The	. 0		
۵	<b>"</b>				
Š		common interest realty organization representing app			0
Ë	١ ,	developed and undeveloped lots; operating a golf con			
e Ac	2	Check this box ► if the organization discontinued its operations or dispose			its net assets.
Ğ	3	Number of voting members of the governing body (Part VI, line 1a)		3	
8	4	Number of independent voting members of the governing body (Part VI, line	1b)	4	•
Activities & Governance	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	25
cţi	6	Total number of volunteers (estimate if necessary)		6	3(
ď	7a	Total unrelated business revenue from Part VIII, column to, fine 12-0.		7a	0 .
	b	Net unrelated business taxable income from Forth 990-T, line 34	<u> </u>	7b	-102,732
		한 SEP 22 2018   이	Prior Ye	ar	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)	639	3,369.	504,592
Revenue	9	Program service revenue (Part VIII, line 2g)	322	2,066.	<b>309,</b> 755
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d EN. UT.	- j	,268.	
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,393.	184,348
	12	Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		560.	998,695
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		7	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			
က္က	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	430	,110.	435,070
nses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		71101	13070.0
chens	b	Total fundraising expenses (Part IX, column (D), line 25) ▶			
ã	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	730	0,057.	579,243
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		,167.	1,014,313
	19	Revenue less expenses. Subtract line 18 from line 12		6,607.	-15,618
- S		Tieveriae isse expenses, oubtract line to from line 12	Beginning of Cu	-	End of Year
ance	20	Total assets (Part X, line 16)			
Net Assets or Fund Balances	21	Tarable Bullet in the control of the		990.	1,522,142
¥.E	22			,140.	651,910
			885	,850.	8 70, 232
Pa	der pena	Net assets or fund balances. Subtract line 21 from line 20	tatements, and to t	edge <b>9,</b> 4	my knowledge and belief,
Her		Robert Zeller, Treasurer Type or print name and title			Ioru
Pai	id	Print/Type preparer's name Preparer's signature	Date	Check [	X if PTIN
	pare	Gene Newman	08/30/2018	3 self-em	ployed P01440461
	e Onl		Firm	's EIN ►	20-4157364
		Firm's address ▶ 5171 LINDELL RD UNIT 101A, LAS VEGAS, NV			28) 279-7 <b>1</b> 18
May	the IF	RS discuss this return with the preparer shown above? (see instructions)	-		X Yes No

Form 990

Form 99	90 (2017) Page 2
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The Organization is a non-profit
	common interest realty organization representing approximately 4,360
	developed and undeveloped lots; operating a golf course, clubhouse,
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured be expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	PROVIDED CUSTODIAL AND FINANCIAL SERVICES TO MEMBERSHIP THROUGH
	MANAGEMENT OF A BAR AND RESTAURANT, PARK & POOL, AND PRO SHOP & GOLF COURSE
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	Other program convece (Describe in O.H. 4.1. C.)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4 <b>e</b>	Total program service expenses



⊇ਗ਼ਰੋਂ	equired Schedules	
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			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	108	×
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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	2		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u>×</u>
5	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	5		×
6	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, Part I	6		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	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	9		×
10 11	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		×
а	VII, VIII, IX, or X as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
h	complete Schedule D, Part VI	11a	×	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С.	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	11c		×
d	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	11d	×	
	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		×
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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	12b		×
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
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		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
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Form **990** (2017)

Part	Checklist of Required Schedules (continued)			
-	Did the supplied to a postate one or many heartist for this of the War II as well to Or head to U.	00-	Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		<u> </u>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×
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		<u> </u>
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		×
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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a			
b	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b	<u> </u>	<u>×</u>
	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 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 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		×
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		×
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		×
С	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		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		×
31	conservation contributions? If "Yes," complete Schedule M	30		×
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		×
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? <i>If "Yes," complete Schedule R, Part I </i>	33		×
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	_	×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	_		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	37	×	×
		1		(2017)

Part		·		
	Check if Schedule O contains a response or note to any line in this Part V	<u>···</u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a  0		163	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1	1	
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	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 25			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ļ		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	<u> </u>	<del></del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	Ì	ļ	1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40		
h	If "Yes," enter the name of the foreign country:	4a	<del> </del>	×
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		ļ	
	(FBAR).	1	1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<b></b> -	×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	$\Gamma^{-}$		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	L	×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			ĺ
	gifts were not tax deductible?	6b		L
7	Organizations that may receive deductible contributions under section 170(c).	'		1
а	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?			ļ
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	<u> </u>	<b>_</b>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
•	required to file Form 8282?	7c	ì	
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>	<u> </u>	<del>                                     </del>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	L	<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			ļ
•	sponsoring organization have excess business holdings at any time during the year?	8	<u> </u>	<del> </del>
9	Sponsoring organizations maintaining donor advised funds.			<del> </del>
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		$\vdash$
10	Section 501(c)(7) organizations. Enter:	90		<del> </del>
а	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 81, 212.	1		
11	Section 501(c)(12) organizations. Enter:	1	į	
а	Gross income from members or shareholders	ł		
b	Gross income from other sources (Do not net amounts due or paid to other sources	]		
	against amounts due or received from them.)	<u> </u>		<u> </u>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<del> </del>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-	1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10	<del> </del>	<del> </del>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<del> </del>	+
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	1	1	
С	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del>                                     </del>	×
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<del>                                     </del>	T

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s in Schedule O. S	ee ins	structi	ions.
Sect	Check if Schedule O contains a response or note to any line in this Part VI on A. Governing Body and Management	<u> </u>	<u>···</u>	<u></u>	×
000.	on A. Governing Dody and management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>1a</b> 7			
b 2	Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?	· ·	2		×
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other		3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization		5		×
6 7a	Did the organization have members or stockholders?	elect or appoint	6 7a	×	
b	Are any governance decisions of the organization reserved to (or subject to approva				
8	stockholders, or persons other than the governing body?		7b		×
	the year by the following:				
а	The governing body?		8a_	×	
ь 9	Each committee with authority to act on behalf of the governing body?		8b	X	<del> </del>
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C	)	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the	e internai Heven	ue Ce	<i>Yes</i>	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemption.	f such chapters, pt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	re filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		×
c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Did the organization regularly and consistently monitor and enforce compliance with the process of the describe in Schedule O how this was done.		12b	_	
13	Did the organization have a written whistleblower policy?		12c 13	×	
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation		14	×_	
а	The organization's CEO, Executive Director, or top management official		15a		×
b	Other officers or key employees of the organization		15b		×
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar translation of the process.	lar arrangement			
b	with a taxable entity during the year?		16a		×
-	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	to safeguard the	16b		
Secti	on C. Disclosure	····			
17 18	List the states with which a copy of this Form 990 is required to be filed ► AZ  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a available for public inspection. Indicate how you made these available. Check all that apply.	nd 990-T (Section	501(	c)(3)s	only
19	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Sci Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.		erest	oolic	y, and
20	State the name, address, and telephone number of the person who possesses the organization. The Organization, 9686 Concho Dr., Kingman, AZ 86401 (928)757-32	on's books and rec	cords	<b>&gt;</b>	

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

Check if Schedule O contains a response or note to any line in this Part VII . . .

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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, if any. 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 compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trust ee.

(A) Name and Title	(B)  Average hours per week (list any	(do n box, office	Position o not check more ix, unless person is ficer and a directo				one n an tee)	(D) Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) MIKE MARTIN PRESIDENT	20.00	×		×						0
	10.00			<u> </u>	<u> </u>		<u> </u>	0.	0.	0.
(2) ROGER CICIARELLI VICE-PRESIDENT	10.00	×		×	L_			0.	0.	0.
(3) ROBERT ZELLER TREASURER	10.00	×		×		į		0.	0.	0.
(4) DENNIS BROWN SECRETARY	5.00	×		×				0.	0.	0.
(5) MARK BOKACH DIRECTOR	5.00	×						0.	0.	0.
(6) MICHAEL STERN DIRECTOR	5.00	×						0.	0.	0.
(7) VACANT DIRECTOR	5.00	×				_		0.	0.	0.
(8)										
(9)										
(10)										
(11)					_					
(12)					-					
(13)					-					
(14)										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week (list any	box,	unles er and	eck s pe d a d	ition more	than on the state of the state	an tee)	(D)  Reportable compensation from	(E) Reportabl compensation related		( <b>F</b> ) Estimated amount of other		
		hours for related organizations below dotted line)	ndıvıdua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		fror orgar and i	ensation in the nization related izations	
(15)									-					
(16)								_ <del></del> _			-	-		
(17)														
(18)							1							
(19)													-	
(20)														
(21)									,					<del></del>
(22)														
(23)														<u>-</u>
(24)														
(25)		<del> </del>	-										_	<del></del>
1b c	Sub-total	VII, Sectio		•	<u> </u>	<u> </u>	 	<b>&gt;</b>	0.		0.			0.
d 2	Total (add lines 1b and 1c)	t not limited					above	e) w	ho received m	ore than \$1	00,000	of		0.
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc	-				-	-	ployee, or high	•		3	Yes	No X
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	porta an \$	ble 150,	con 000	npei )? <i>I</i>	nsatio	s, "						×
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe	nsa	tion	fro	m any	/ un		zation or inc				×
Section	on B. Independent Contractors											, I		
1	Complete this table for your five highest compensation from the organization. Repear.													ax
	(A) Name and business add	dress							(B) Description of s	services	(	(C) Compens		
								-						
								-						
		<u> </u>						_						
2	Total number of independent contractor received more than \$100,000 of compens	ors (including	ng bi	ut n rgan	ot izat	limi tion	ted to	o th	nose listed ab	ove) who				

Part	VIII	Statement of Revenue			Dod \//	· · · · · · · · · · · · · · · · · · ·	
	•	Check if Schedule O contains a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a	1		Tevende		0,2 0,4
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	497,752.				
s, G	С	Fundraising events 1c					
iifts ar /	d	Related organizations 1d					
s, G mil	е	Government grants (contributions) 1e					
ion 'Si	f	All other contributions, gifts, grants,					
but		and similar amounts not included above 11	6,840.	ł			
d di	g	Noncash contributions included in lines 1a-1f: \$	<u> </u>				
Contributions, Gifts, and Other Similar Ar	_	Total. Add lines 1a-1f	▶	504,592.			
		<del></del>	Business Code			··	
Ven	2a	OFFICE INCOME	451110	978.	978.	0.	0.
Be.	b	PRO SHOP & GOLF	451110	251,121.	251,121.	0.	0.
ice	С	PARK & POOL	451110	7,205.	7,205.	0.	0.
Šen	d	ADMIN FEES & OTHER	451110	50,451.	50,451.	0.	0.
E	е			······			
Program Service Revenue	f	All other program service revenue.					
Pro	g	Total. Add lines 2a-2f	>	309,755.			
	3	Investment income (including divid	lends, interest,	•			
		and other similar amounts)	▶				
ĺ	4	Income from investment of tax-exempt b	ond proceeds ▶				
	5	Royalties	▶				
		(i) Real	(II) Personal				· · ·
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	🕨				
1	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses .					
	C	Gain or (loss)					
	d	Net gain or (loss)	<u></u> . ▶				
enne	8a	Gross income from fundraising events (not including \$					
Other Revenue		of contributions reported on line 1c). See Part IV, line 18 a					
Ě	b	Less: direct expenses b					
		Net income or (loss) from fundraising			ļ		
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses b	<del></del>				
	С	Net income or (loss) from gaming act	ıvities ▶			<del></del>	
	10a	Gross sales of inventory, less					
		returns and allowances a	329,761.				
	b	Less: cost of goods sold b					
	С	Net income or (loss) from sales of inv	entory ►	184,348.	184,348.	0.	0.
Ī		Miscellaneous Revenue	Business Code				
Ì	11a						
	b						
	C						
	d	All other revenue					
	e	Total. Add lines 11a-11d	▶				
	12	Total revenue. See instructions	<b>.</b>	998,695.	494,103.	0.	0.

Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX									
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21								
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 5	Benefits paid to or for members  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 8	Other salaries and wages	388,219.	388,219.						
_	section 401(k) and 403(b) employer contributions)	0.	0.						
9	Other employee benefits	6,074.	6,074.						
10	Payroll taxes	40,777.	40,777.						
11	Fees for services (non-employees):								
a	Management	6,645.	6,645.						
b	Legal	35,550.	35,550.						
C	Accounting	9,721.	9,721.						
d e	Lobbying								
f	Professional fundraising services. See Part IV, line 17 Investment management fees				<del></del>				
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	1,646.	1,646.		<del></del>				
13	Office expenses	10,206.	10,206.						
14	Information technology		10,200,						
15	Royalties		,	-	<del></del>				
16	Occupancy	45,279.	45,279.						
17	Travel	3,605.	3,605.	-					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings .								
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization .	92,606.	92,606.						
23	Insurance	32,368.	32,368.						
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.)								
а	IRRIGATION WATER	205,022.	205,022.						
b	BAD DEBT EXPENSE	0.	0.		****				
C	REPAIRS & MAINT	69,638.	69,638.						
d	GOLF COURSE MAINT	11,991.	11,991.	<del></del>					
e	All other expenses	54,966.	54,966.	<del></del>					
25	Total functional expenses. Add lines 1 through 24e	1,014,313.	1,014,313.						
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   if following SOP 98-2 (ASC 958-720)		,,						

Part X Balance Sheet

		(A)		(B)
	`	Beginning of year		End of year
1	Cash—non-interest-bearing	107,178.	1	224,576
2	Savings and temporary cash investments	199,600.	2	147,151
3	Pledges and grants receivable, net	·	3	·
4	Accounts receivable, net	93,807.	4	222,979
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L			
	<u> </u>	<del></del>	5	<del></del>
2 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	
7	Notes and loans receivable, net	2.0	7	· · · · · · · · · · · · · · · · · · ·
र्द   8	Inventories for sale or use	16,272.	8	20,490
9	Prepaid expenses and deferred charges	26,228.	9	17,870
10a	Land, buildings, and equipment cost or	· .		
	other basis. Complete Part VI of Schedule D   10a   2,438,285.			
b		810,007.	10c	743,192
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	146,898.	15	145,884
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,399,990.	16	1,522,142
17	Accounts payable and accrued expenses	48,299.	17	48,584
18	Grants payable		18	
19	Deferred revenue	334,217.	19	486,560
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and			
22	disqualified persons. Complete Part II of Schedule L		22	
	Secured mortgages and notes payable to unrelated third parties	131,624.	23	116,766
24	Unsecured notes and loans payable to unrelated third parties		24	
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			
26		<u> </u>	25	
20	Total liabilities. Add lines 17 through 25	514,140.	26	651,910
27 28 29	Organizations that follow SFAS 117 (ASC 958), check here ► 🗵 and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	885,850.	27	870,232
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund	-70	31	
30 31 32 33	Retained earnings, endowment, accumulated income, or other funds .		32	
33	Total net assets or fund balances	885,850.	33	870,232
34	Total liabilities and net assets/fund balances	1,399,990.	34	1,522,142

Part	Reconciliation of Net Assets			_	
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	<u>.</u> .	. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		998,	695.
2	Total expenses (must equal Part IX, column (A), line 25)				
3	Revenue less expenses. Subtract line 2 from line 1	3		<del>-</del> 15,	618.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		885,	850.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7	4.,		
8	Prior period adjustments	8			
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		870,	232.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	<u> </u>	<u>.                                     </u>
_				Yes	No
1	Accounting method used to prepare the Form 990:   Cash   Accrual   Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," exp	lain i	n		
	Schedule O.		ļ		
2a	Train and a symmetric and a state of the			<b>-</b>	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:		Į	-	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				_ ]
b				<u> </u>	<b>_</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on	a		
	separate basis, consolidated basis, or both:		1		
	Separate basis Consolidated basis Both consolidated and separate basis		.		<b></b> _
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit review or compilation of its financial estatements and calculation of an endorse and accommittee that assumes responsibility for over the audit review of the financial estatements and calculation of the supplier.	ersigr	. 1		
	of the audit, review, or compilation of its financial statements and selection of an independent accour			<u> </u>	4
	If the organization changed either its oversight process or selection process during the tax year, exp Schedule O.	olain i	n		
20			_		<b></b>
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set f the Single Audit Act and OMB Circular A-133?	orth i	- 1		
		•	· За	<del>                                     </del>	×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	go th	1		
	required addit or addits, explain why in schedule of and describe any steps taken to undergo such ad	uits.	3b	1	

## **SCHEDULE D** (Form 990)

BAA

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

	or the organization		Employer Identification number
	le Vista Property Owners' Assoc.		86-0399417
Par	t I Organizations Maintaining Donor Ad		ds or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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 t	he organization's exclusive legal contro	l? □ Yes 🗀 No
6	Did the organization inform all grantees, donors,		
	only for charitable purposes and not for the bene	•	
	conferring impermissible private benefit?	<u> </u>	· · · · · · Tes 🗌 No
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, 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., recrea	ation or education)   Preservation of	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 h	neld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemer	nts	2b
С	Number of conservation easements on a certified	historic structure included in (a)	2c
d	Number of conservation easements included in	(c) acquired after 7/25/06, and not	on a
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, trar tax year ▶	nsferred, released, extinguished, or tern	ninated by the organization during the
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy re		pection, handling of
	violations, and enforcement of the conservation ea	asements it holds?	· · · · · · 🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing o	conservation easements during the year
	<b>&gt;</b>		•
7	Amount of expenses incurred in monitoring, inspecti ▶\$	ng, handling of violations, and enforcing of	conservation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(R)(ii)?	e 2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
9	and section 170(h)(4)(B)(ii)?		· · · · · ·
3	balance sheet, and include, if applicable, the text organization's accounting for conservation easem	of the footnote to the organization's fina	
Part	III Organizations Maintaining Collection	ns of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		revenue statement and balance shee
	works of art, historical treasures, or other simila		
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other simila		
	public service, provide the following amounts rela-		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of an		Y
	following amounts required to be reported under S		
a	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
For Pa	perwork Reduction Act Notice, see the Instructions for	or Form 990.	Schedule D (Form 990) 201
u		71 T OF 111 330.	Schedule D (Lotin 320) 501

REV 11/13/17 PRO

Par										
3	Using the organization's acquisition, collection items (check all that apply):	accession, and of	ther reco	ords, chec	ck any of th	ne follow	ing that are a	significa	nt use	of its
а	Public exhibition		d	□ Loan	or exchan	ge progra	ams			
b	☐ Scholarly research		е	☐ Othe	r					
С	☐ Preservation for future generations	8								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
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?									
Par	IV Escrow and Custodial Arra	ingements.								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
1a	a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?									
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the fo	ollowing to	able:		7	Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount					ustodial	account liabili	ty? 🗌 <b>\</b>	es [	No
b	If "Yes," explain the arrangement in P									
Par	V Endowment Funds.	····								
	Complete if the organization	answered "Yes	" on For	m 990, F	Part IV, line	e 10.				
		(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years ba	ck (e) Fo	ur years	back
1a	Beginning of year balance									
b	Contributions	<del></del>				1				
С	Net investment earnings, gains, and losses									
d	Grants or scholarships					<del>- +</del>				
e	Other expenditures for facilities and									
	programs					1				
f	Administrative expenses				-					
g	End of year balance				· · · ·					
2	Provide the estimated percentage of t	he current vear en	l nd haland	e (line 1a	Column /s	ı)) held a	e•			
a	Board designated or quasi-endowmer			o (iiilo rg	,, coluinii (c	ij) Hold d	<b>J.</b>			
b	Permanent endowment	%	'0							
c	Temporarily restricted endowment ▶	%								
•	The percentages on lines 2a, 2b, and		nn%							
3a	Are there endowment funds not in the			zation the	at are held	and adn	ninistered for t	the		
	organization by:	possossion or a	io organi	Lanon in	at are ricia	and dan	minotored for i		Yes	No
	(i) unrelated organizations							200		110
	(ii) related organizations						• • • • •	. 3a(i)		<del> </del>
h	If "Yes" on line 3a(ii), are the related of							. 3a(ii	4	├
4	Describe in Part XIII the intended uses							. <u>3b</u>		L
Part			on a criac	JANITIGI IL	<u> </u>		•			
rare	Complete if the organization		" on For	~ 000 E	Port IV line	0 1 1 0 5	oo Form 000	) Dort V	lino	10
<del></del>	Description of property	(a) Cost or ot	her basis	(b) Cost o	or other basis	(c) A	ccumulated preciation		ok valu	
1a	Land			1	95.634				95,6	634 -
b	Buildings			+	11,581.	2000年1月1日	250,957.			624.
c	Leasehold improvements	·		+	17,956.	<del></del>	311,454.		206,	
d	Equipment	•		<del></del>	09,911.	<del></del>	917, 938.		91,	
e	Other		·	<del></del>	03,203.	<del></del>	214,744.		88,4	
	Add lines 1a through 1e. (Column (d) n	oust equal Form 9	90 Part			)c)			43,1	
	J. To. Journil (d) II	.co. ogaan ronn o	, · u /	., coldilli	ا ۱۱۱۰ روب	,,, <u>.</u>	· · · ·			

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on For	rm 990 Part IV line	11b See Form 9	90 Part X line 12
,	(a) Description of security or category (including name of security)	(b) Book value	(c) Method	d of valuation -year market value
(1) Financial	derivatives			
	neld equity interests			
(A)				
(B)				
(C)				
(D)			_	
(E)				· · · · · · · · · · · · · · · · · · ·
(F)				
(G)				
(H)	15. 000 D IV ( 0) I			
	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.	ma 000 Doubly lima	11a Caa Farm 0	00 Dark V II: 10
	Complete if the organization answered "Yes" on For			
	(a) Description of investment	(b) Book value		d of valuation -year market value
(1)				·
(1)	·		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
(3)				
(4)	4			
(5)				<del> </del>
(6)		~		
(7)				<del></del>
(8)				
(9)		**-		
Total. (Column (b	n) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11d. See Form 9	90, Part X, line 15.
	(a) Description			(b) Book value
(1) LIQUOF	RLICENSE			150,100.
(2) OTHER	ASSETS	<del></del>		-4,216.
(3)				
(4)	<u> </u>	·		
(5)		****		
(6)				
(7)		4		
(8)		<u></u>		
(9)	mp (h) must squal Form 000 Port V and (D) in a 45 )			
Part X	nn (b) must equal Form 990, Part X, col. (B) line 15.)	· · · · · · · · · · · · · · · · · · ·	<b>.</b> ▶	145,884.
Part X	Other Liabilities. Complete if the organization answered "Yes" on For	m 990, Part IV, line	11e or 11f. See F	form 990, Part X,
1.	line 25.  (a) Description of liability (b) Book value			
(1) Federal in				
(2)	come taxes			
(3)		<del></del>		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	) must equal Form 990, Part X, col (B) line 25 ) ▶			
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the footnote	ote to the organization's	s financial statements	that reports the
organization's	liability for uncertain tax positions under FIN 48 (ASC 740). Che	ck here if the text of the	e footnote has been r	provided in Part XIII

1	Pag	e	4

Schedule D (Form 990) 2017

BAA

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Retur	n.
1	Total revenue, gains, and other support per audited financial statements	1	998,695.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments 2a	1 1	
b	Donated services and use of facilities	1	
c	Recoveries of prior year grants	1	
ď	Other (Describe in Part XIII.) 2d	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	998,695.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	1	
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	998,695.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Reti	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,014,313.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses	] ]	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,014,313.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,014,313.
2; Parl	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in	formati	on.

REV 11/13/17 PRO

## 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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Valle Vista	Property Owners' Assoc.	86-0399417
	11b: FORM 990 IS FURNISHED TO FULL BOARD PRIOR TO FIL	ING
Pt VI, Line	19: DOCUMENTS ARE MAINTAINED IN THE HQ OFFICE FOR REV	/IEW
Pt VI, Line	6: MEMBERS	
Pt VI, Line	7a: MEMBERS ELECT BOARD MEMBERS BY GENERAL ELECTION	
	······································	