Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private ເບິ່ນຖືກຕໍ່ລຸເໃດກຣ) ▶ Do not enter social security numbers on this form as it may be made public U

Open to Public

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2018 calendar year, or tax year beginning 2018, and ending May 1 C Name of organization Valle Vista Property Owners' D Employer identification number В Check if applicable Assoc. Address change Doing business as 86-0399417 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 9686 Concho Drive (928)757-3813Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Kingman, AZ 86401 **G** Gross receipts \$ 1,005,150. Amended return H(a) Is this a group return for subordinates? Yes No F Name and address of principal officer Application pending Robert Zeller, 9686 Concho Dr, Kingman, AZ 86401 H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions) **X** 501(c) (501(c)(3) Tax-exempt status www.myvallevista.org H(c) Group exemption number ▶ Website: ▶ 1972 M State of legal domicile: AZ Form of organization, X Corporation Trust Association L Year of formation: Part I Summary Briefly describe the organization's mission or most significant activities: The Organization is a non-profit Governance common interest realty organization representing approximately 4,360 developed and undeveloped lots; operating a golf course, clubhouse, 2 Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 7 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 30 6 Total number of volunteers (estimate if necessary) 30 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b -71,273. Net unrelated business taxable income from Form 990-T, line 38 **Current Year** Year SCANNED DEC 1 0 2019 Contributions and grants (Part VIII, line 1h) . **∂50**4,592. 398,735. OCI 28 9 Program service revenue (Part VIII, line 2g) **Ċ**∮9,755. 281,564. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 179GDEN 11 184,348 179,631 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 998,695 859,930 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 435,070 398,095. 16a b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 579,243. 553,159. 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 1,014,313. 951,254. Revenue less expenses. Subtract line 18 from line 12 . -15,618. -91,324. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1,522,142. 1,533,029. 21 Total liabilities (Part X, line 26) . 651,910. 755,280. 22 Net assets or fund balances. Subtract line 21 from line 20 870,232. 777,749. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prepayer (Affer than officer) is based on all information of which preparer has any knowledge. 10/21/2019 Sign Signature of officer Here Robert Zeller, Treasurer Type or print name and title Print/Type preparer's name arer's signature Date Paid Check X if 10/16/2019 self-employed P01440461 Gene Newman Preparer Firm's name > Eugene W. Newman, Firm's EIN ▶ 20-4157364 **Use Only**

Firm's address ▶ 5171 LINDELL RD UNIT 101A, LAS VEGAS,

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

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

Yes 🗓 No Form 990 (2018)

REV 05/20/19 PRO

	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?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by 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 \$ 951,254. including grants of \$ 0.) (Revenue \$ 859,930.)
	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 \$)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses 951, 254. REV 05/20/19 PRO Form 990 (2018)
	Form 390 (2018)



Form 990 (2018) Part IV Checklist of Required Schedules

			res	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		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
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		
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	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	10	-	×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, 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 D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
c	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	×	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	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	11f		×
12a	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		_×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X
b	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		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	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? Ig El/Gead lete Schedule I, Parts I and II	21		×

Part	Checklist of Required Schedules (continued)			
00	Diddle		Yes	No
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		×
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	\$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		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С .	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		
25a	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		<u> </u>
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
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		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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? If "Yes," complete Schedule R, Part 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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
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	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	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	×	
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	<u> </u>	• •	
4 -	Established Dec 0 of Farm 1000 Fater 0 of a table 2		Yes	No
1a h	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 2a 30			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country:	+ a		
J	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	- <u>-</u> -		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	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			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		1	
	gifts were not tax deductible?	_6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		
b	and services provided to the payor?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		
đ	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
۵	sponsoring organization have excess business holdings at any time during the year?	8		
9 a	Sponsoring organizations maintaining donor advised funds. 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?	9b	 +	
10	Section 501(c)(7) organizations. Enter:			
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 77,036.]		. [
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	Ì	1	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
10-	against amounts due or received from them.)	10-		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		1	1
b	Enter the amount of reserves the organization is required to maintain by the states in which		İ	
	the organization is licensed to issue qualified health plans	ł		- 1
	Enter the amount of reserves on hand			l
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			
		Form	990	(2018)

	Check if Schedule O contains a response or note to any line in this Part VI	 *	<u> </u>		<u> </u>
Secti	on A. Governing Body and Management	-		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	 1a 7			1
ıa	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	Enter the number of voting members included in line 1a, above, who are independent .	1b 7			
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		×
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 oth		3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 9 Did the organization become aware during the year of a significant diversion of the organization		5		×
5 6	Did the organization have members or stockholders?	0113 233613: .	6	×	<u> </u>
_	Did the organization have members, stockholders, or other persons who had the power to	elect or appoint			
7a	one or more members of the governing body?		7a	×	
b	Are any governance decisions of the organization reserved to (or subject to approva				
~	stockholders, or persons other than the governing body?		7b		×
8	Did the organization contemporaneously document the meetings held or written actions ur	ndertaken during			
	the year by the following:	•			
а	The governing body?		8a	×	<u> </u>
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cann	ot be reached at			
24:	the organization's mailing address? If "Yes," provide the names and addresses in Schedule Con B. Policies (This Section B requests information about policies not required by the		9	nde l	<u>×</u>
Secti	on B. Policies (This Section B requests information about policies not required by the	ie internal never	<u> </u>	Yes	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	of such chapters.			
~	affiliates, and branches to ensure their operations are consistent with the organization's exen	npt purposes?	10b	`	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef	fore filing the form?	11a	×	L
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	•			<u> </u>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		×
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b		 -
C	Did the organization regularly and consistently monitor and enforce compliance with the	policy? If "Yes,"	100		
40	describe in Schedule O how this was done		12c	×	
13	Did the organization have a written whistleblower policy?		14	×	
14	Did the process for determining compensation of the following persons include a review				
15	independent persons, comparability data, and contemporaneous substantiation of the deliborate	on and decision?			
а	The organization's CEO, Executive Director, or top management official		15a		×
b	Other officers or key employees of the organization		15b		×
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim	ılar arrangement			
	with a taxable entity during the year?		16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?		16b		
Spoti	on C. Disclosure	<u> </u>	100		
17	List the states with which a copy of this Form 990 is required to be filed ► AZ				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable				
10	(3)s only) available for public inspection. Indicate how you made these available. Check all the	at apply.	,000		(0)
	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in So				
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume	·	erest	policy	/, and
-	financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization		cords	•	
	The Organization, 9686 Concho Dr. Kingman, AZ 86401 (928)757-3	* 1 *1 *1			

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Page 7

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

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

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 trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office individua	unles er and	Pos neck ss pe	rson irect	than of the both or trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MARK BOKACH PRESIDENT	20.00	×		×				0.	0.	0.
(2) DALE ATKINS VICE-PRESIDENT	10.00	×		×				0.	0.	0.
(3) ROBERT ZELLER TREASURER	10.00	×		×				_ 0.	0.	0.
(4) DENNIS BROWN SECRETARY	5.00	×		×				0.	0.	0.
(5) VICKI CRAIG DIRECTOR	5.00	×						0.	0.	0.
(6) MICHAEL STERN DIRECTOR	5.00	×						0.	0.	0.
(7) JOHN ROSSING DIRECTOR	5.00	×						0.	0.	0.
(8)										
(9)										
(10)										
(11)										
(12)		_								
(13)										
(14)										,

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or dire	unles	Pos eck s pe	more	than or/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organizatior (W-2/1099-MI	from s	(F) Estimated amount of other compensation from the organization and related organizations		on n
			stee	rustee		е	ensated					o.ga,		
(15)														•
(16)														
(17)														
(18)											-			
(19)		<u> </u>									_			
(20)											-			
									<u> </u>					
(21)											_			
(22)														
(23)														
(24)										:				
(25)											-			
1b	Sub-total						•	<u> </u>	0.		0.			0.
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	-		•	-		•	▶	0.		0.			0.
2	Total number of individuals (including but reportable compensation from the organi	t not limited						e) w	ho received m	ore than \$10	0,000 6	of		
					otr				alovos or high	ant compan	aatad		Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete s									· · · · ·		3		×
4	For any individual listed on line 1a, is the organization and related organizations													
5	Individual	 or accrue co	 mpei	nsat	 ion	 fror	n anv	 un	 related organiz		vidual	4		×
Cooti	for services rendered to the organization	? If "Yes," c	ompl	ete :	Sch	edu	le J f	or s	such person	<u> </u>		5		×
1	On B. Independent Contractors Complete this table for your five highest compensation from the organization. Rep	compensate port compe	ed inc	depe	ende or th	ent o	contra elend	acto ar y	ors that receive rear ending wit	ed more than h or within th	\$100,0 e orga	000 of	on's ta	эх
	year. (A) Name and business add	ress							(B) Description of se	ervices	C	(C)		
						_								
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				
	received more trian \$100,000 or compens	ation irom t	REV 0									Fort	m 990	(2018

Par	VIII	Statement of Revenue						
	-	Check if Schedule O contains	a resp	onse or note to	any line in this (A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
1 S S	1a	Federated campaigns	1a			revenue		512-514
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	398,333.			_	
S, G	c	Fundraising events	1c			-	-	
ar /	d	Related organizations	1d	**		j		
is, (е	Government grants (contributions)	1e					•
tion S. S.	f	All other contributions, gifts, grants,						
ibu		and similar amounts not included above	1f	402.				
a c	g	Noncash contributions included in lines 1a-						
	h	Total. Add lines 1a-1f	<u> </u>	▶	398,735.			
Program Service Revenue			-	Business Code				
eve	2a	OFFICE INCOME		151110	1,308.	1,308.	0.	0.
ë E	b	PRO SHOP & GOLF	🛏	451110	261,151.	261,151.	0.	0.
Š	C	PARK & POOL	-	151110	8,866.	8,866.	0.	0.
ၓၟ	d	ADMIN FEES & OTHER	'	151110	10,239.	10,239.	0.	0.
뎚	e f	All other program service revenu						
Ď.	g	Total. Add lines 2a-2f	_	>	281,564.			<u> </u>
	3	Investment income (including	dıvidei	nds. interest.	7017.741			
				▶			İ	
	4	Income from investment of tax-exen	npt bor	nd proceeds ▶				
	5	Royalties						
		(i) Real		(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						•
	С	Rental income or (loss)						
	d		<u> </u>					-
	7a	Gross amount from sales of (i) Securiti	es	(iı) Other	ŀ			
		assets other than inventory						
	b	Less: cost or other basis						
	_	and sales expenses .						
	C	Gain or (loss)						-,
	d	Net gain or (loss)		<u></u> ▶				
Other Revenue	8a	Gross income from fundraising events (not including \$			4			•
er Re		of contributions reported on line 10 See Part IV, line 18						
ŧ		Less: direct expenses	_					
		Net income or (loss) from fundra		vents . ►				
	9a	Gross income from gaming activit See Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gaming		ities ▶				
	10a	Gross sales of inventory, I		ļ	İ			
		returns and allowances		324,851.				
		Less: cost of goods sold	_	145,220.	170 631	170 631		
	С	Net income or (loss) from sales o	of inver		179,631.	179,631.	0.	0.
ļ	11a	Miscellaneous Revenue		Business Code				
	11a b		-					
J	C		-					
	d	All other revenue	-			-		
	_	Total. Add lines 11a-11d	· ∟				-	
	12	Total revenue. See instructions			859,930	461,195	0.	

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response tinclude amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	o, and 10b of Part VIII.	- Coldi Cirpolioco	expenses	general expenses	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			-	- Common (
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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	356,821.	356,821.	0.	0.
9	Other employee benefits	3,963.	3,963.	0.	0.
10	Payroll taxes	37,311.	37,311.	0.	0.
11	Fees for services (non-employees):				
а	Management	5,791.	5,791.	·	
b	Legal	2,025.	2,025.	0.	0.
C	Accounting	9,319.	9,319.	0.	0.
d	Lobbying		·		
e	Professional fundraising services. See Part IV, line 17				· · · · · · · · · · · · · · · · · · ·
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O.)				
10	· · · · · · · · · · · · · · · · · · ·	1,326.	1,326.	0.	0.
12 13	Advertising and promotion	9,188.	9,188.	0.	0.
14	Information technology	3,100.	3,100.		
15	Royalties	-			
16	Occupancy	49,869.	49,869.	0.	0.
17	Travel	70.	70.	0.	0.
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 .	93,427.	0.	93,427.	0.
23	Insurance	30,-031.	30,031.	0.	0.
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	232,344.	232,344.	0.	0.
b	MISCELLANEOUS	7,248.	7,248.	0.	0.
c	REPAIRS & MAINT	35,913.	35,913.	0.	0.
d	GOLF COURSE MAINT	21,779.	21,779.		0.
e	All other expenses	54,829.	54,829.	0.	0.
25	Total functional expenses. Add lines 1 through 24e	951,254.	857,827.	93,427.	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 if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

	irt X	Check if Schedule O contains a response of	r note to any line in this Pa	rt X		
				(A) Beginning of year		(B) End of year
Γ	1	Cash - non-interest-bearing		224,576.	1	228,225.
	2	Savings and temporary cash investments	[147,151.	2	147,171.
	3	Pledges and grants receivable, net	[3	
ĺ	4	Accounts receivable, net	[222,979.	4	329,559.
ĺ	5	Loans and other receivables from current and	former officers, directors,			
ŀ		trustees, key employees, and highest e				- 0
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified per 4958(f)(1)), persons described in section 4958(c)(3)(B), a sponsoring organizations of section 501(c)(9) volume	nd contributing employers and	green en green en de la green en de la green en de la green en de la green en de la green en de la green en de	,	247 - 1 V
ş		organizations (see instructions). Complete Part II of Sch	edule L		6	
Assets	7	Notes and loans receivable, net			7	
4	8	Inventories for sale or use		20,490.	8	18,991.
	9	Prepaid expenses and deferred charges	[17,870.	9	14,773.
	10a	Land, buildings, and equipment: cost or	1 1			
		other basis. Complete Part VI of Schedule D	10a 2,443,320.			
1	b	Less: accumulated depreciation	10b 1,788,522.	743,192.	10c	654,798.
-	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	[145,884.	15	139,512.
_[·	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	1,522,142.	16	1,533,029.
	17	Accounts payable and accrued expenses		48,584.	17	56,051.
.	18	Grants payable			18	
•	19	Deferred revenue		486,560.	19	693,627.
	20	Tax-exempt bond liabilities	[20	
:	21	Escrow or custodial account liability. Complete	Part IV of Schedule D.		21	
es :	22	Loans and other payables to current and for	ormer officers, directors,	, , ,		
		trustees, key employees, highest comper				
Liabilities		disqualified persons. Complete Part II of Schedi	ule L		22	
" 2	23	Secured mortgages and notes payable to unrela	ated third parties	116,766.	23	5,602.
:	24	Unsecured notes and loans payable to unrelate	d third parties [24	
:	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines of Schedule D				
	••		<u> </u>	CE1 010	25	755 200
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958		651,910.	26	755,280.
Ses		complete lines 27 through 29, and lines 33 an		•		
<u>a</u>	27	Unrestricted net assets	-	870,232.	27	777,749.
Ba 4	28	Temporarily restricted net assets			28	
2 2	29	Permanently restricted net assets	[29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 9 complete lines 30 through 34.	58), check here ► 🗌 and			
<u>:</u> ا	30	Capital stock or trust principal, or current funds			30	
gg :	31	Paid-in or capital surplus, or land, building, or e	F		31	
₹ :	32	Retained earnings, endowment, accumulated in	· ·		32	
<u>ا ڇ</u>	33	Total net assets or fund balances) -	870,232.	33	777,749.
	34	Total liabilities and net assets/fund balances .		1,522,142.	34	1,533,029.

Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u> .		
1 Total revenue (must equal Part VIII, column (A), line 12)	8	59,9	30.
2 Total expenses (must equal Part IX, column (A), line 25)	9.	51,2	54.
3 Revenue less expenses. Subtract line 2 from line 1		91,3	24.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	8	70,2	32.
5 Net unrealized gains (losses) on investments			
6 Donated services and use of facilities			
7 Investment expenses			
8 Prior period adjustments		<u>-1,1</u>	59.
9 Other changes in net assets or fund balances (explain in Schedule O)			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
33, column (B))	7	77,7	49.
Part XIII Financial Statements and Reporting			_
Check if Schedule O contains a response or note to any line in this Part XII	<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," explain in			
Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		_ _
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:			
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b		
b Were the organization's financial statements audited by an independent accountant?	20	×	1
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	ŀ]	
separate basis, consolidated basis, or both: X Separate basis Consolidated basis Deth consolidated and separate basis	l		ł
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	×	
If the organization changed either its oversight process or selection process during the tax year, explain in	20		
Schedule O.	ļ		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
the Single Audit Act and OMB Circular A-133?	3a		×
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	-50		<u></u>
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	зь		
. The state of the		990	(2018)

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

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization Valle Vista Property Owners' Assoc. 86-0399417 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . 3 Aggregate value at end of year 4 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 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form 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 . . 2a 2b Number of conservation easements on a certified historic structure included in (a) . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: \$__ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X .

.Par	Organizations Maintaining Col	llections of Art, His	storical Treasures	s, or Other Similar A	ssets (continued)
3	Using the organization's acquisition, accerdilection items (check all that apply):	ession, and other reco	ords, check any of the	ne following that are a	significant use of its
а	☐ Public exhibition	d	Loan or exchange	ge programs	
b	☐ Scholarly research	е	Other		
C	Preservation for future generations				
4	Provide a description of the organization's XIII.	s collections and expl	ain how they further	the organization's exe	mpt purpose in Part
5	During the year, did the organization solid assets to be sold to raise funds rather than				
Par	t IV Escrow and Custodial Arrange	ements.			
	Complete if the organization ans 990, Part X, line 21.			•	
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?				ot
b	If "Yes," explain the arrangement in Part X	III and complete the fo	ollowing table:	A	Amount
C	Beginning balance			1c	
d	Additions during the year			1d	
е	Distributions during the year			1e	, . <u></u>
f	Ending balance			1f	
2a	Did the organization include an amount on	Form 990, Part X, line	e 21, for escrow or c	ustodial account liability	y? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part X	III. Check here if the e	xplanation has been	provided on Part XIII .	🗆
Par	t V Endowment Funds.			·	
	Complete if the organization ans	wered "Yes" on For	rm 990, Part IV, lin	e 10.	
	(a)	Current year (b) Pr	or year (c) Two yea	rs back (d) Three years bac	k (e) Four years back
1a	Beginning of year balance				
b	Contributions				
С	Net investment earnings, gains, and losses				
d	Grants or scholarships				
е	Other expenditures for facilities and		·	***	
	programs				
f	Administrative expenses				-
g	End of year balance				-
2	Provide the estimated percentage of the cu	urrent vear end baland	ce (line 1g. column (a))) held as:	
а	Board designated or quasi-endowment ▶	%	, , , , , , , , , , , , , , , , , , ,	,,,	
b	Permanent endowment ► %				
c	Temporarily restricted endowment ▶	, %			
	The percentages on lines 2a, 2b, and 2c sh				
3a	Are there endowment funds not in the pos	•	ization that are held	and administered for th	ne
	organization by:	g-			Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations				3a(ii)
ь	If "Yes" on line 3a(ii), are the related organi				3b
4	Describe in Part XIII the intended uses of the				00
Par		<u> </u>			
	Complete if the organization ans		m 990. Part IV. line	e 11a. See Form 990.	Part X line 10
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0.	195,634.		195,634.
b	Buildings		311,581.	256,275.	55,306.
c	Leasehold improvements		31,495.	5,183.	26,312.
d	Equipment		1,112,172.	969,499.	142,673.
e	Other		792,438.	557,565.	234,873.
	Add lines 1a through 1e. (Column (d) must e	equal Form 990 Part			654,798.
		· · · · · · · · · · · · · · · ·	·, (-),	-,	

Part VII	Investments—Other Securities.		
	Complete if the organization answered "Yes" on	Form 990, Part IV, lii	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial	derivatives		
(2) Closely-h	neld equity interests	•	
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
	h) must as all Corm 000. Doet V. and (D) kee 10.)		
Part VIII	b) must equal Form 990, Part X, col (B) line 12) ► Investments—Program Related.		
Part VIII	Complete if the organization answered "Yes" on	Form 990 Part IV li	ne 11c. See Form 990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation
	(a) Description of investment	(0) 200 14.15	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(6) (7)			
(6)			
(6) (7) (8) (9)	o) must equal Form 990, Part X, col. (B) line 13.) ▶		
(6) (7) (8) (9)	Other Assets.		
(6) (7) (8) (9) Total. (Column (t	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, li	
(6) (7) (8) (9) Total. (Column (t	Other Assets.	Form 990, Part IV, li	(b) Book value
(6) (7) (8) (9) Total. (Column (t Part IX	Other Assets. Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, li	(b) Book value 150, 100.
(6) (7) (8) (9) Total. (Column (i) Part IX (1) LIQUOF (2) OTHER	Other Assets. Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, li	(b) Book value 150, 100.
(6) (7) (8) (9) Total. (Column (t Part IX (1) LIQUOF (2) OTHER (3)	Other Assets. Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, li	(b) Book value 150, 100.
(6) (7) (8) (9) Total. (Column (L Part IX (1) LIQUOF (2) OTHER (3) (4)	Other Assets. Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, li	(b) Book value 150, 100.
(6) (7) (8) (9) Total. (Column (t Part IX (1) LIQUOF (2) OTHER (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, li	(b) Book value 150, 100.
(6) (7) (8) (9) Total. (Column (t Part IX (1) LIQUOF (2) OTHER (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, li	(b) Book value 150, 100.
(6) (7) (8) (9) Total. (Column (I Part IX (1) LIQUOF (2) OTHER (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, li	(b) Book value 150, 100.
(6) (7) (8) (9) Total. (Column (i Part IX (1) LIQUOF (2) OTHER (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" on (a) Description	Form 990, Part IV, lii	(b) Book value 150, 100.
(6) (7) (8) (9) Total. (Column (I Part IX (1) LIQUOF (2) OTHER (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" on (a) Description R LICENSE ASSETS	Form 990, Part IV, li	(b) Book value 150, 100. -10, 588.
(6) (7) (8) (9) Total. (Column (t) Part IX (1) LIQUOF (2) OTHER (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered "Yes" on (a) Description R LICENSE ASSETS ASSETS mn (b) must equal Form 990, Part X, col. (B) line 15.)	Form 990, Part IV, li	(b) Book value 150, 100. -10, 588.
(6) (7) (8) (9) Total. (Column (I Part IX (1) LIQUOF (2) OTHER (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" on (a) Description R LICENSE ASSETS ASSETS mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		(b) Book value 150,10010,588. 139,512.
(6) (7) (8) (9) Total. (Column (t) Part IX (1) LIQUOF (2) OTHER (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered "Yes" on (a) Description R LICENSE ASSETS ASSETS mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on		(b) Book value 150, 10010, 588. 139, 512.
(6) (7) (8) (9) Total. (Column (t) Part IX (1) LIQUOF (2) OTHER (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered "Yes" on (a) Description R LICENSE ASSETS ASSETS mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	Form 990, Part IV, li	(b) Book value 150, 10010, 588. 139, 512.
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Page 5 Part XIII Supplemental Information (continued)					
Part XIII	Supplemental Information (continued)				
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

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

OMB No. 1545-0047

Open to Public

Inspection

Name of the organization **Employer identification number** Valle Vista Property Owners' Assoc. 86-0399417 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 VI, Line 7a: MEMBERS ELECT BOARD MEMBERS BY GENERAL ELECTION Pt IX, Line 24e: Description: EQUIPMENT RENTAL Total: \$604 Program services: \$604 Management and general: \$0 Fundraising: \$0 Description: OPERATING SUPPLIES Total: \$15,031 Program services: \$15,031 Management and general: \$0 Fundraising: \$0 Description: PROPERTY TAXES Total: \$19,497 Program services: \$19,497 Management and general: \$0 Fundraising: \$0 Description: DUES & SUBSCRIPTIONS Total: \$561 Program services: \$561 Management and general: \$0 Fundraising: \$0