

MAIL TO
Registry of Charitable Trusts
P O Box 903447
Sacramento, CA 94203-4470
STREET ADDRESS
1300 I Street
Sacramento, CA 95814
(916) 210-6400
WEBSITE ADDRESS
www.oag.ca.gov/charities

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**

**Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703. Government Code section 12586 1 IRS extensions will be honored

RECEIVED
Attorney General's Office
MAR 08 2024
Registry of Charities and Fundraisers

<p>ARROWHEAD WOODS ARCHITECTURAL COMMITTEE, INC. Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p>P.O. BOX 2026 Address (Number and Street)</p> <p>LAKE ARROWHEAD, CA 92352 City or Town, State, and ZIP Code</p> <p>(909) 336-2755 INFO@AWAC.BIZ Telephone Number E-mail Address</p>	<p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number CT79147</p> <p>Corporation or Organization No. 1442745</p> <p>Federal Employer ID No. 33-0208452</p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice**

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 05/01/2022 ending 04/30/2023) list:

Total Revenue (including noncash contributions) \$ 297,013 Noncash Contributions \$ 0 Total Assets \$ 204,155
 Program Expenses \$ 185,252 Total Expenses \$ 239,454

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

RICH SCOTT **PRESIDENT** 3/1/24
 Signature of Authorized Agent Printed Name Title Date

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