

SCW Property Owners & Residents Association
 Balance Sheet - Final Year End
 June 30, 2022
 Period 13

| Assets | | | |
|--------------------------------------|-------------------------------|----|-------------------------------|
| Current Assets | | | |
| 102 | Cash in Bank | \$ | 46,489.83 |
| 104 | Petty Cash Fund | | 200.00 |
| 110 | Investment -Edward Jones | | 135,071.58 |
| 111 | Due from Gallery | | 11,062.78 |
| 112 | Due from IRS-ERC | | 7,051.00 |
| 115 | Prepaid Insurance (Dir./Off.) | | <u>4,476.52</u> |
| Total Current Assets | | | \$204,351.71 |
| Fixed Assets | | | |
| 141 | Land | | 294,421.68 |
| 144 | Building and Improvements | | 1,110,190.09 |
| 146 | Fixtures & Equipment | | 270,068.64 |
| 147 | Software System | | 22,084.00 |
| 149 | Accumulated Depreciation | | <u>(968,525.69)</u> |
| Total Fixed Assets | | | \$726,238.72 |
| Other Assets | | | |
| 185 | Investment-Capital Impr Fund | | <u>237,387.87</u> |
| Total Other Assets | | | <u>\$237,387.87</u> |
| Total Assets | | | <u>\$ 1,169,978.30</u> |
| Liabilities | | | |
| Total Liabilities | | | 0.00 |
| Capital | | | |
| 281 | Fund Balance | \$ | 949,746.18 |
| 297 | Net Income (Loss) | | <u>220,232.12</u> |
| Total Capital | | | <u>\$1,169,978.30</u> |
| Total Liabilities and Capital | | | <u>\$ 1,169,978.30</u> |

SCW Property Owners & Residents Association
Final Year End Income Statement
For The Twelve Months Ended June 30, 2022
Period 13

| | | 12 Months Year-to-Date | |
|---------------------|----------------------|------------------------|---------|
| | | \$ Amount | % Sales |
| Income | | | |
| 301 | Membership | 92,362.00 | 31.9 |
| 305 | Venders | 97,860.00 | 33.8 |
| 306 | Facility Rental | 12,120.00 | 4.2 |
| 307 | Vender Expo | 34,890.00 | 12.0 |
| 308 | Classes | 12,070.00 | 4.2 |
| 315 | SCG/Corta Belle Dues | 10,000.00 | 3.5 |
| 316 | Contributions | 19,173.00 | 6.6 |
| 317 | Cell Tower Lease | 11,379.00 | 3.9 |
| Total Income | | 289,854.00 | 100.0 |
| Cost | | | |
| 401 | Salaries-Membership | 33,700.00 | 11.6 |
| 402 | Payroll Taxes | 2,700.00 | 0.9 |
| 405 | Salaries-Marketing | 20,785.00 | 7.2 |
| 406 | Payroll Taxes | 1,663.00 | 0.6 |
| Total Cost | | 58,848.00 | 20.3 |
| Gross Profit | | 231,006.00 | 79.7 |

SCW Property Owners & Residents Association
 Final Year End Income Statement
 For The Twelve Months Ended June 30, 2022
 Period 13

| | 12 Months Year-to-Date | |
|---------------------------------|------------------------|---------------|
| | \$ Amount | % Sales |
| Expense | | |
| 534 Advertising & Promotion | 17,793.00 | 6.1 |
| 567 Bank Fees | 4,899.00 | 1.7 |
| 525 Computer Services | 16,959.00 | 5.9 |
| 558 Contributions | 5,500.00 | 1.9 |
| 524 Copier | 5,181.00 | 1.8 |
| 580 Dues | 680.00 | 0.2 |
| 952 Gallery Start-up Fees | 40,333.00 | 13.9 |
| 535 Insurance | 13,932.00 | 4.8 |
| 565 Legal Fees | 3,984.00 | 1.4 |
| 595 Miscellaneous | 650.00 | 0.2 |
| 566 Office Expense | 14,986.88 | 5.2 |
| 568 Payroll Service Fees | 3,693.00 | 1.3 |
| 542 Payroll Taxes | 13,544.00 | 4.7 |
| 512 Postage | 3,008.00 | 1.0 |
| 530 Repairs & Maintenance | 11,918.00 | 4.1 |
| 519 Salaries-Janitorial | 4,918.00 | 1.7 |
| 517 Salaries-Office | 132,539.00 | 45.7 |
| 529 Telephone | 15,105.00 | 5.2 |
| 526 Utilities | 8,486.00 | 2.9 |
| 585 Volunteer/Employee Services | 4,186.00 | 1.4 |
| Total Expense | 322,294.88 | 111.2 |
| Operating Income | (91,288.88) | (31.5) |
| Other Income | | |
| 901 Investment Income(Loss) | (32,101.00) | (11.1) |
| 902 Zoo Tickets | 11,879.00 | 4.1 |
| 904 Sale of Equipment | 5,700.00 | 2.0 |
| 907 SBA PPP Grants | 80,460.00 | 27.8 |
| 908 IRS ERC Grants | 44,934.00 | 15.5 |
| 909 Cell Tower Buy-out | 250,000.00 | 86.3 |
| 919 Bingo | 24,719.00 | 8.5 |
| Total Other Income | 385,591.00 | 133.0 |
| Other Expense | | |
| 950 Cost of Zoo Tickets | 10,464.00 | 3.6 |
| 951 Bingo | 30,831.00 | 10.6 |
| 975 Depreciation | 32,775.00 | 11.3 |
| Total Other Expense | 74,070.00 | 25.5 |
| Net Income | 220,232.12 | 76.0 |

Complete Accounting Solutions

**PORA Gallery
Balance Sheet - Final Year End
June 30, 2022
Period 13**

| | | |
|----------------------------|--------------------------------------|---------------------|
| Assets | | |
| Current Assets | | |
| 102 | Cash In Bank | \$ 15,283.88 |
| 103 | Cash in Bank-Consignment Acct. | 231.39 |
| 104 | Cash on Hand-Register Fund | 250.00 |
| | | 250.00 |
| | Total Current Assets | \$15,765.27 |
| | Total Assets | \$ 15,765.27 |
| Liabilities | | |
| Current Liabilities | | |
| 201 | Accrued Consignment Fees | \$ 10,130.80 |
| 205 | Accrued Salaries/Payroll Taxes | 5,602.25 |
| 206 | Accounts Payable - Software | 258.00 |
| 236 | Accrued Sales Tax | 847.00 |
| | | 847.00 |
| | Total Current Liabilities | \$16,838.05 |
| | Total Liabilities | 16,838.05 |
| Capital | | |
| 283 | Fund Balance (Deficit) | (1,072.78) |
| | | (1,072.78) |
| | Total Capital | (\$1,072.78) |
| | Total Liabilities and Capital | \$ 15,765.27 |

PORA Gallery
Final Year End Income Statement
For The Twelve Months Ended June 30, 2022

FIVE Period 13
(INCEPTION)

| | 12 Months Year-to-Date | |
|-------------------------|------------------------|---------|
| | \$ Amount | % Sales |
| Income | | |
| Merchandise | 130,750.05 | 100.0 |
| | 130,750.05 | 100.0 |
| Total Income | | |
| Cost | | |
| 70% Consignor Cost | 93,689.56 | 71.7 |
| | 93,689.56 | 71.7 |
| Total Cost | | |
| Gross Profit | 37,060.49 | 28.3 |
| Expense | | |
| Advertising | 1,000.00 | 0.8 |
| Bank Charges | 3,308.32 | 2.5 |
| Cash (Over) Short | 0.94 | 0.0 |
| Merchant Card Equipment | 673.00 | 0.5 |
| Office Expense | 1,536.76 | 1.2 |
| Salaries-Staff | 28,281.25 | 21.6 |
| Software | 774.00 | 0.6 |
| Taxes-Payroll | 2,559.00 | 2.0 |
| | 38,133.27 | 29.2 |
| Total Expense | | |
| Net Income(Loss) | (1,072.78) | (0.8) |

Return of Organization Exempt From Income Tax

2021

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 public.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning **07-01**, 2021, and ending **06-30**, 2022

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **PROPERTY OWNERS RESIDENTS ASSN**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
13815 CAMINO DEL SOL DRIVE
 City or town, state or province, country, and ZIP or foreign postal code
SUN CITY WEST, AZ 85375

D Employer identification number
86-0365115

E Telephone number
(623) 584-4288

G Gross receipts
\$ **634,893**

F Name and address of principal officer: **RALPH D JOHNSON**
14806 W SKY HAWK DR SUN CITY WES AZ 85375

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) (**4**) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **PORASCW.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1978** **M** State of legal domicile: **AZ**

H(c) Group exemption number ▶

Part I Summary

| | | | | |
|-----------------------------|---|--|------------------|------------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: PORA IS A QUASI-MUNICIPAL ORGANIZATION THAT EXISTS TO SERVE THE 28,000 RESIDENTS OF SUN CITY WEST, AZ AND TO ENCOURAGE PUBLIC SERVICES BENEFICIAL TO THE COMMUNITY, PROMOTE THE HEALTH AND WELL-BEING OF ITS RESIDENTS AND TO PROMOTE THE DEVELOPMENT OF SUN CITY WEST, | | |
| | 2 | Check this box <input type="checkbox"/> 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) | 3 | 7 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 7 |
| | 5 | Total number of individuals employed in calendar year 2021 (Part V, line 2a) | 5 | 13 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 50 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| | 7b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0 |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 100,771 | 125,394 |
| | 9 | Program service revenue (Part VIII, line 2g) | 128,224 | 232,595 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 41,879 | 1,548 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 15,280 | 275,356 |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 286,154 | 634,893 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 186,829 | 213,407 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 | | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 164,554 | 201,254 | |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 351,383 | 414,661 | |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | (65,229) | 220,232 | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 1,030,430 | 1,169,978 |
| | 21 | Total liabilities (Part X, line 26) | 80,684 | 0 |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 949,746 | 1,169,978 |

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 preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

RALPH D JOHNSON
Signature of officer _____ Date _____

RALPH D JOHNSON, TREASURER
Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check if self-employed PTIN _____

Firm's name ▶ _____ Firm's EIN ▶ _____

Firm's address ▶ _____ Phone no. _____

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

PORA IS A QUASI-MUNICIPAL ORGANIZATION THAT EXISTS TO SERVE THE 28,000 RESIDENTS OF SUN CITY WEST, AZ AND TO ENCOURAGE PUBLIC SERVICES BENEFICIAL TO THE COMMUNITY, PROMOTE THE HEALTH AND WELL-BEING OF ITS RESIDENTS AND TO PROMOTE THE DEVELOPMENT OF SUN CITY WEST,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 \$ 414,661 including grants of \$) (Revenue \$) CONSUMER SERVICES TO RESIDENTS OF PROVIDING A LIST OF 500 VETTED CONTRACTORS PROVIDE EDUCATIONAL CLASSES TO BENEFIT THE RESIDENTS PROVIDE WEEKLY EMAIL AND SUPPLEMENTAL SPECIAL INFORMATION TO THE COMMUNITY THE GOVERNMENTAL RELATIONS COMMITTEE REPRESENT THE COMMUNITY IN UTILITY RATE INCREASES AS INTERVERORS TO THE ARIZONA CORPORATION COMMISSION; SERVE AS LIASONS TO COUNTY, STATE AND HOUSE OF REPRESENTATIVE CONGRESSWOMAN IN VARIOUS GOVERNMENTAL MATTERS. IT IS IMPORTANT TO NOTE WE DO NOT ADVOCATE OR SUPPORT ANY CANDIDATES FOR OFFICE.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 414,661

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

| | | 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? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 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? <i>If "Yes," complete Schedule J</i> | | X |
| 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 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? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 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> | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 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? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | Yes | No |
|----|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| b | Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |

| Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i> | | 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 | 13 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | 2b | | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | | X |
| b | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> | 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 | | | X |
| b | If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | X |
| 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 organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| a | 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? | 7a | | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | X |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | X |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | | X |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | X |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | X |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| a | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | | | |
| 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 | 13b | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> | 14b | | | |
| 15 | 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? If "Yes," see instructions and file Form 4720, Schedule N. | 15 | | | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | | | X |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. | 17 | | | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with columns for line numbers (1a, 1b, 2-9), descriptions of questions, and Yes/No columns. Includes questions about voting members, family relationships, and governance documents.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for line numbers (10a-16b), descriptions of questions, and Yes/No columns. Includes questions about local chapters, conflict of interest policies, whistleblower policies, and compensation reviews.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 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's books and records

EALPH D JOHNSON, TREASURER (623) 584-4288, 13815 CAMINO DEL SOL, SUN CITY WEST, AZ 85375

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 employee."
- 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See instructions for the order in which to list the persons above.

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) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations W-2/1099-MISC/1099-NEC | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) ROSEMARY DAUGHERTY DIRECTOR | | X | | | | | 0 | 0 | 0 | |
| (2) BUD MEADOR DIRECTOR | | X | | | | | 0 | 0 | 0 | |
| (3) DARWIN NELSON DIRECTOR | | X | | | | | 0 | 0 | 0 | |
| (4) KATHRYN KING DIRECTOR | | X | | | | | 0 | 0 | 0 | |
| (5) BOB SENELY SECRETARY | | | | X | | | 0 | 0 | 0 | |
| (6) RALPH D JOHNSON PRESIDENT/TREASURER | | | | X | | | 0 | 0 | 0 | |
| (7) DAVID HUNTER V-PRESIDENT | | | | X | | | 0 | 0 | 0 | |
| (8) ----- | | | | | | | | | | |
| (9) ----- | | | | | | | | | | |
| (10) ----- | | | | | | | | | | |
| (11) ----- | | | | | | | | | | |
| (12) ----- | | | | | | | | | | |
| (13) ----- | | | | | | | | | | |
| (14) ----- | | | | | | | | | | |

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 hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) ----- | | | | | | | | | | |
| (16) ----- | | | | | | | | | | |
| (17) ----- | | | | | | | | | | |
| (18) ----- | | | | | | | | | | |
| (19) ----- | | | | | | | | | | |
| (20) ----- | | | | | | | | | | |
| (21) ----- | | | | | | | | | | |
| (22) ----- | | | | | | | | | | |
| (23) ----- | | | | | | | | | | |
| (24) ----- | | | | | | | | | | |
| (25) ----- | | | | | | | | | | |
| 1b Subtotal | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | 0 | 0 | 0 | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | 4 | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | 5 | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|--|---|----------------------|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | 125,394 | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ | | | |
| | h Total. Add lines 1a-1f ▶ | | 125,394 | | | |
| Program Service Revenue | Business Code | | | | | |
| | 2a <u>PRPGRAM SERVICE EXPENSE</u> | 721000 | 173,756 | 173,756 | | |
| | b <u>CLASSES AND TICKETS</u> | 900099 | 23,949 | 23,949 | | |
| | c _____ | | | | | |
| | d <u>VENDOR EXPO.</u> | 721000 | 34,890 | 34,890 | | |
| | e _____ | | | | | |
| | g Total. Add lines 2a-2f ▶ | | 232,595 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | 1,548 | 1,548 | | |
| | 4 Income from investment of tax-exempt bond proceeds . . . ▶ | | | | | |
| | 5 Royalties ▶ | | | | | |
| | 6a Gross rents | 6a | (i) Real | 273,499 | | |
| | | | (ii) Personal | | | |
| | | | | | | |
| | b Less: rental expenses | 6b | | | | |
| | c Rental income or (loss) | 6c | 273,499 | | | |
| | d Net rental income or (loss) ▶ | | 273,499 | 273,499 | | |
| | 7a Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | |
| | | | (ii) Other | | | |
| | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | | | | |
| | c Gain or (loss) | 7c | | | | |
| d Net gain or (loss) ▶ | | | | | | |
| 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | |
| b Less: direct expenses | 8b | | | | | |
| c Net income or (loss) from fundraising events ▶ | | | | | | |
| 9a Gross income from gaming activities, See Part IV, line 19 | 9a | | | | | |
| b Less: direct expenses | 9b | | | | | |
| c Net income or (loss) from gaming activities ▶ | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | 10a | | | | | |
| b Less: cost of goods sold | 10b | | | | | |
| c Net income or (loss) from sales of inventory ▶ | | | | | | |
| Miscellaneous Revenue | Business Code | | | | | |
| | 11a <u>MISCELLANEOUS</u> | 900099 | 1,857 | 1,857 | | |
| | b _____ | | | | | |
| | c _____ | | | | | |
| | e Total. Add lines 11a-11d ▶ | | 1,857 | | | |
| 12 Total revenue. See instructions ▶ | | 634,893 | 509,499 | 0 | 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 or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) 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 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 191,314 | 191,314 | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . | | | | |
| 9 Other employee benefits | 4,186 | 4,186 | | |
| 10 Payroll taxes | 17,907 | 17,907 | | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 3,984 | 3,984 | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 . | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . | | | | |
| 12 Advertising and promotion | 17,793 | 17,793 | | |
| 13 Office expenses | 14,969 | 14,969 | | |
| 14 Information technology | 16,959 | 16,959 | | |
| 15 Royalties | | | | |
| 16 Occupancy | 23,591 | 23,591 | | |
| 17 Travel | | | | |
| 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 | | | | |
| 23 Insurance | 13,932 | 13,932 | | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a BANK FEES | 4,899 | 4,899 | | |
| b CONTRIBUTIONS | 5,500 | 5,500 | | |
| c PAYROLL SERVICE | 3,693 | 3,693 | | |
| d | | | | |
| e All other expenses | 95,934 | 95,934 | | |
| 25 Total functional expenses. Add lines 1 through 24e . . | 414,661 | 414,661 | 0 | 0 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) | | (B) | | |
|-----------------------------|--|---|-----------|-------------|-----------|---------|
| | | Beginning of year | | End of year | | |
| Assets | 1 | Cash - non-interest-bearing | 122,380 | 1 | 46,689 | |
| | 2 | Savings and temporary cash investments | | 2 | | |
| | 3 | Pledges and grants receivable, net | | 3 | | |
| | 4 | Accounts receivable, net | | 4 | 18,113 | |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | | |
| | 7 | Notes and loans receivable, net | | 7 | | |
| | 8 | Inventories for sale or use | | 8 | | |
| | 9 | Prepaid expenses and deferred charges | | 9 | | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 1,696,765 | | | |
| | b | Less: accumulated depreciation | 968,526 | 683,831 | 10c | 728,239 |
| | 11 | Investments - publicly traded securities | 199,911 | 11 | 372,460 | |
| | 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 | 24,308 | 15 | 4,477 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 1,030,430 | 16 | 1,169,978 | | |
| Liabilities | 17 | Accounts payable and accrued expenses | 224 | 17 | | |
| | 18 | Grants payable | | 18 | | |
| | 19 | Deferred revenue | 80,460 | 19 | | |
| | 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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | | |
| | 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 | | 25 | | |
| | 26 | Total liabilities. Add lines 17 through 25 | 80,684 | 26 | 0 | |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | | | |
| | 27 | Net assets without donor restrictions | 874,746 | 27 | 1,094,978 | |
| | 28 | Net assets with donor restrictions | 75,000 | 28 | 75,000 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | | |
| | 29 | Capital stock or trust principal, or current funds | | 29 | | |
| | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | | |
| | 32 | Total net assets or fund balances | 949,746 | 32 | 1,169,978 | |
| 33 | Total liabilities and net assets/fund balances | 1,030,430 | 33 | 1,169,978 | | |

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

| | | |
|--|--|---|
| Name(s) shown on return PROPERTY OWNERS RESIDENTS ASSN | Business or activity to which this form relates FORM 990 - 1 | Identifying number 86-0365115 |
|--|--|---|

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

| | | | |
|----|---|------------------------------|------------------|
| 1 | Maximum amount (see instructions) | | 1 |
| 2 | Total cost of section 179 property placed in service (see instructions) | | 2 |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | | 3 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | | 4 |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | | 5 |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | | 8 |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | | 9 |
| 10 | Carryover of disallowed deduction from line 13 of your 2020 Form 4562 | | 10 |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions | | 11 |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | | 12 |
| 13 | Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 | ▶ 13 | |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

| | | | |
|----|--|--|--------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | | |
| 15 | Property subject to section 168(f)(1) election | | 15 |
| 16 | Other depreciation (including ACRS) | | 16 |
| | | | 30,633 |

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

| | | | |
|----|---|----------------------------|----|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2021 | | 17 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | ▶ <input type="checkbox"/> | |

Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only-see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | #567 | | | | | 902 |
| c 7-year property | #568 | | | | | 415 |
| d 10-year property | | 660 | 10 | HY | SL | 33 |
| e 15-year property | | | | | | |
| f 20-year property | #569 | | | | | 466 |
| g 25-year property | | | 25 yrs. | | S/L | |
| h Residential rental property | | | 27.5 yrs. | MM | S/L | |
| i Nonresidential real property | #570 | | 39 yrs. | MM | S/L | 326 |
| | | | | MM | S/L | |

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|-----|------------|--|---------|----|-----|--|
| 20a | Class life | | | | S/L | |
| b | 12-year | | 12 yrs. | | S/L | |
| c | 30-year | | 30 yrs. | MM | S/L | |
| d | 40-year | | 40 yrs. | MM | S/L | |

Part IV Summary (See instructions.)

| | | | |
|----|---|------|--------|
| 21 | Listed property. Enter amount from line 28 | | 21 |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions | | 22 |
| | | | 32,775 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | ▶ 23 | |

Federal Supporting Statements

2021 PG01

Name(s) as shown on return

Tax ID Number

PROPERTY OWNERS RESIDENTS ASSN

86-0365115

FORM 4562 - LINE 19B

Statement #567

| <u>BASIS</u> | <u>RP</u> | <u>CV</u> | <u>METHOD</u> | <u>DEDUCTION</u> |
|--------------|-----------|-----------|---------------|------------------|
| 3,200 | 5 | HY | 200 DB | 640 |
| 1,308 | 5 | HY | 200 DB | 262 |
| TOTAL | | | | <u>902</u> |

FORM 4562 - LINE 19C

PG01
Statement #568

| <u>BASIS</u> | <u>RP</u> | <u>CV</u> | <u>METHOD</u> | <u>DEDUCTION</u> |
|--------------|-----------|-----------|---------------|------------------|
| 742 | 7 | HY | 200 DB | 106 |
| 800 | 7 | HY | 200 DB | 114 |
| 250 | 7 | HY | 200 DB | 36 |
| 1,115 | 7 | HY | 200 DB | 159 |
| TOTAL | | | | <u>415</u> |

FORM 4562 - LINE 19F

PG01
Statement #569

| <u>COST</u> | <u>RP</u> | <u>CV</u> | <u>METHOD</u> | <u>DEDUCTION</u> |
|--------------|-----------|-----------|---------------|------------------|
| 8,938 | 20 | HY | SL | 223 |
| 1,200 | 20 | HY | SL | 30 |
| 8,526 | 20 | HY | SL | 213 |
| TOTAL | | | | <u>466</u> |

Federal Supporting Statements

2021 PG01

Name(s) as shown on return

Tax ID Number

PROPERTY OWNERS RESIDENTS ASSN

86-0365115

FORM 4562 - LINE 19I

Statement #570

| <u>DATE</u> | <u>COST</u> | <u>DEDUCTION</u> |
|--------------|-------------|-------------------|
| 08-2021 | 3,600 | 81 |
| 02-2022 | 25,500 | 245 |
| TOTAL | | <u><u>326</u></u> |

990

Overflow Statement

(This page is not filed with the return. It is for your records only.)

2021

Page 1

Name(s) as shown on return

PROPERTY OWNERS RESIDENTS ASSN

FEIN

86-0365115

LINE 24E - ALL OTHER EXPENSES

| Description | Amount |
|---|------------------|
| DUES | \$ 680 |
| GALLERY START-UP EXPENSES | 40,333 |
| POSTAGE | 3,008 |
| OTHER DIRECT PROGRAM EXPENSE (BINGO NTE) | 6,112 |
| JANITORIAL SERVICES | 628 |
| TAXES AND LICENSES | 2,182 |
| ZOO TICKETS | 10,464 |
| MISCELLANEOUS | 426 |
| UNREALIZED LOSS FROM INVESTMENT PORTFOLIO DUE TO DOWNTURN | 32,101 |
| Total: | \$ 95,934 |