

SCW Property Owners & Residents Association
Balance Sheet - Final Year End
June 30, 2025
Period 13

Assets

Current Assets

102	Cash in Bank	\$ 28,684.86
104	Petty Cash Fund-Membership	200.00

Total Current Assets \$28,884.86

Fixed Assets

141	Land	294,421.68
144	Building and Improvements	1,136,877.80
146	Fixtures & Equipment	267,214.64
147	Software System	22,084.00
149	Accumulated Depreciation	(1,142,501.00)

Total Fixed Assets \$578,097.12

Long Term Assets

180	Loan to PORA Operating Fund	50,000.00
185	Investment Asset Pres Fund	299,282.14

Total Long Term Assets \$349,282.14

Total Assets \$ 956,264.12

Liabilities

Long Term Liabilities

240	Loan From Asset Pres.Fund	\$ 50,000.00
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Total Long Term Liabilities \$50,000.00

Total Liabilities 50,000.00

Capital

281	Fund Balance	1,002,413.26
297	Net Income (Loss)	(96,149.14)

Total Capital \$906,264.12

Total Liabilities and Capital \$ 956,264.12

SCW Property Owners & Residents Association
Final Year End Income Statement
For The Twelve Months Ended June 30, 2025
Period 13

		12 Months Year-to-Date	
		\$ Amount	% Income
Income			
301	Membership	78,491.40	30.0
305	Vendor Membership	101,356.00	38.8
315	Grand/Corta Bella Dues	10,000.00	3.8
325	Facility Rental	6,320.00	2.4
326	Vender Expo	48,890.00	18.7
327	Events	160.00	0.1
328	Contributions	16,023.00	6.1
Total Income		261,240.40	100.0
Cost			
401	Salaries - Membership	70,795.40	27.1
402	Payroll Taxes	14,171.41	5.4
404	Salaries - Marketing	40,980.53	15.7
405	Salaries - Administration	70,865.97	27.1
Total Cost		196,813.31	75.3
Gross Profit		64,427.09	24.7
Expense			
534	Advertising & Promotion	3,018.23	1.2
567	Bank Fees	20,262.29	7.8
525	Computer Services	13,586.96	5.2
558	Contributions	300.00	0.1
524	Copier	3,043.12	1.2
580	Dues	499.00	0.2
535	Insurance	20,142.00	7.7
565	Legal Fees	11,970.50	4.6
566	Office Expense	7,890.45	3.0
540	Payroll Processing Fees	3,316.85	1.3
512	Postage	3,297.77	1.3
530	Repairs & Maintenance	9,843.96	3.8
529	Telephone	15,866.31	6.1
526	Utilities	15,336.23	5.9
585	Volunteer/Employee Services	1,600.00	0.6
Total Expense		129,973.67	49.8
Operating Income		(65,546.58)	(25.1)

SCW Property Owners & Residents Association
Final Year End Income Statement
For The Twelve Months Ended June 30, 2025
Period 13

		12 Months Year-to-Date	
		\$ Amount	% Income
Other Income			
901	Investment Income(Loss)	46,857.96	17.9
902	Zoo Tickets	8,865.00	3.4
905	Contribution-Pickleball	5,777.70	2.2
914	Event Trips	61,013.33	23.4
956	Expo Event	(3,347.74)	(1.3)
961	Gallery Salary Reimbursement	15,000.00	5.7
Total Other Income		134,166.25	51.4
Other Expense			
950	Cost of Zoo Tickets	8,250.00	3.2
953	Cost of Directory	3,754.14	1.4
954	Cost of Events	44,808.68	17.2
955	Contribution Pickleball	3,000.00	1.1
960	Gallery Grant (Salaries/Tax)	41,579.99	15.9
965	Int. Rev. Svc. ERC Cancellator	7,051.00	2.7
975	Depreciation	56,325.00	21.6
Total Other Expense		164,768.81	63.1
Net Income (Loss)		(96,149.14)	(36.8)

PORA Gallery
Balance Sheet - Final Year End
June 30, 2025
Period 13

Assets

Current Assets

102	Cash In Bank	\$ 5,696.94
103	Cash in Bank-Consignment Acct.	1,924.00
104	Cash on Hand-Register Fund	250.00
		250.00

Total Current Assets

\$7,870.94

Fixed Assets

Total Fixed Assets

\$0.00

Total Assets

\$ 7,870.94

Liabilities

Current Liabilities

201	Accrued Consignment Fees	\$ 6,168.05
236	Accrued Sales Tax	574.25
		574.25

Total Current Liabilities

\$6,742.30

Total Liabilities

6,742.30

Capital

284	PORA Salary Grants (02/22-06/25)	45,724.57
296	Fund Balance	(35,715.95)
297	Curr Yr Surplus (Deficit)	(8,879.98)
		(8,879.98)

Total Capital

\$1,128.64

Total Liabilities and Capital

\$ 7,870.94

PORA Gallery
Final Year End Income Statement
For The Twelve Months Ended June 30, 2025
Period 13

		12 Months Year-to-Date	
		\$ Amount	% Sales
Income			
301	Merchandise	298,476.00	100.0
Total Income		298,476.00	100.0
Cost			
401	70% Consignor Cost	212,059.78	71.0
Total Cost		212,059.78	71.0
Gross Profit		86,416.22	29.0
Expense			
534	Advertising	3,935.64	1.3
567	Bank Charges	17,878.09	6.0
566	Office Expense	3,126.02	1.0
517	Salaries-Staff	88,578.31	29.7
570	Software	2,648.60	0.9
542	Taxes-Payroll	7,088.48	2.4
Total Expense		123,255.14	41.3
Operating Income		(36,838.92)	(12.3)

PORA Gallery
Final Year End Income Statement
For The Twelve Months Ended June 30, 2025
Period 13

		12 Months Year-to-Date	
		\$ Amount	% Sales
Other Income			
901	Contribution	1,378.95	0.5
903	Salary Grant From PORA	41,579.99	13.9
		42,958.94	14.4
Total Other Income			
 Other Expense			
953	Salary Payments to PORA	15,000.00	5.0
		15,000.00	5.0
Total Other Expense			
Net Income(Loss)		(8,879.98)	(3.0)

Return of Organization Exempt From Income Tax

2024

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 2024 calendar year, or tax year beginning 07-01, 2024, and ending 06-30, 2025

B Check if applicable: C Name of organization PROPERTY OWNERS RESIDENTS ASSN D Employer identification number 86-0365115 E Telephone number (623) 584-4288 F Name and address of principal officer: RALPH D JOHNSON 14806 W SKY HAWK DR SUN CITY WEST, AZ 85375 G Gross receipts \$ 740,192 H(a) Is this a group return for subordinates? Yes No H(b) Are all subordinates included? Yes No H(c) Group exemption number J Website: PORASCW.ORG K Form of organization: Association L Year of formation: 1978 M State of legal domicile: AZ

Part I Summary

Table with 4 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances.

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 Preparer's name R D JOHNSON EA ATA Preparer's signature R D JOHNSON EA ATA Date 01-16-2026 Check if self-employed PTIN P00021728 Firm's name RALPH D JOHNSON INC Firm's EIN Firm's address 13912 STARDUST BLVD SUITE 112 SUN CITY WEST AZ 85375 Phone no. 314-780-9761

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

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 ENGAGE IN 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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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 \$ 773,892 including grants of \$) (Revenue \$ 698,612)

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 773,892

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a through f. 'Yes' and 'No' columns contain 'X' marks indicating responses.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting and compliance.

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 []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096 and backup withholding.

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	15		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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 the 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, or any disqualified or other person, 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 on 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 5 columns: Question ID, Question Text, Line Number, Yes, No. Rows include questions 1a through 9 regarding voting members, officer relationships, and documentation.

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

Table with 5 columns: Question ID, Question Text, Line Number, Yes, No. Rows include questions 10a through 16b regarding local chapters, conflict of interest policies, and compensation.

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.

RALPH 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 the 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, box 6 of 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 the 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) <u>RALPH D JOHNSON</u> PRESIDENT/TREASURER		X		X			0	0	0	
(2) <u>DAVID HUNTER</u> V-PRESIDENT		X		X			0	0	0	
(3) <u>ROSEMARY DAUGHERTY</u> SECRETARY		X		X			0	0	0	
(4) <u>DARWIN NELSON</u> DIRECTOR		X					0	0	0	
(5) -----										
(6) -----										
(7) -----										
(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>		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>		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>		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

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					
	1b	Membership dues	189,847				
	1c	Fundraising events					
	1d	Related organizations					
	1e	Government grants (contributions) . .					
	1f	All other contributions, gifts, grants, and similar amounts not included above					
	1g	Noncash contributions included in lines 1a-1f	\$				
	h	Total. Add lines 1a-1f		189,847			
Program Service Revenue			Business Code				
	2a	FACILITY RENTAL	900099	6,480	6,480		
	b	EVENT TRIPS	900099	61,013	61,013		
	c	SALE OF ARTISIAN PRODUC	459420	298,476	298,476		
	d	VENDOR EXPOSITION	721000	48,890	48,890		
	e	All other program service revenue					
	g	Total. Add lines 2a-2f		414,859			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		46,861	46,861	
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real				
			(ii) Personal				
6b		Less: rental expenses					
6c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
7b		Less: cost or other basis and sales expenses					
7c		Gain or (loss)					
d		Net gain or (loss)					
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
8b		Less: direct expenses					
c		Net income or (loss) from fundraising events					
9a	Gross income from gaming activities. See Part IV, line 19						
9b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
10b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
	11a	ZOO TICKETS	900099	8,865	8,865		
	b	CONTRIBUTIONS	900099	23,180	23,180		
	c	GALLERY SALARY REIMBURS	900099	15,000	15,000		
	d	All other revenue	900099	41,580	41,580		
	e	Total. Add lines 11a-11d		88,625			
12	Total revenue. See instructions		740,192	550,345	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 [X]

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, Office expenses, etc., with numerical values.

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	37,806	1	36,755
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	52,775	4	50,000
	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	10a 1,720,599		
	b Less: accumulated depreciation	10b 1,142,501	634,098	10c 578,098
	11 Investments - publicly traded securities	345,783	11	299,282
	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,070,462	16	964,135	
Liabilities	17 Accounts payable and accrued expenses	57,966	17	6,742
	18 Grants payable		18	
	19 Deferred revenue		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	50,000
	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	57,966	26	56,742
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" 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	1,012,496	31	907,393
32 Total net assets or fund balances	1,012,496	32	907,393	
33 Total liabilities and net assets/fund balances	1,070,462	33	964,135	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	740,192
2	Total expenses (must equal Part IX, column (A), line 25)	2	830,217
3	Revenue less expenses. Subtract line 2 from line 1	3	(90,025)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,012,496
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	(15,078)
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	907,393

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		x
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		x
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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE D (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization, Employer identification number 86-0365115

PROPERTY OWNERS RESIDENTS ASSN

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for yes/no questions.

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple rows for questions 1-9 regarding conservation easements, including a table for lines 2a-2d.

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.

Form with rows 1a-1b and 2a-2b for questions regarding art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|---|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 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		294,422		294,422
b Buildings		1,126,531	842,855	283,676
c Leasehold improvements				
d Equipment		299,646	299,646	
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) **578,098**

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(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 held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

PROPERTY OWNERS RESIDENTS ASSN

Employer identification number

86-0365115

01. Amended return information (Page 1, line 1A)

PART VIII \$41580 WAS ADDED TP REVENUE; IT WAS SIMULTANEOUSLY REMOVED FROM RETAINED
EARNINGS TO REDUCE THE LOSS

02. Management duties delegation (Part VI, line 3)

THE ORGANIZATION IS MANAGED BY THE BOARD OF DIRECTORS AND DEPARTMENT MANAGERS

03. Members or stockholder classes and rights (Part VI, line 6)

THE MEMBERS ARE ELIGIBLE TO PARTICIPATE IN QUARTERLY OPEN MEETINGS

04. Committee meeting documentation (Part VI, line 8b)

THE TAX PRACTITIONER WISHES TO POINT OUT THAT COMMITTEE MEETINGS ARE DOCUMENTED WITH
MINUTES. PRACTITIONER RESPECTFULLY SUGGESTS IRS RESEARCH THE FACT THAT COMMITTEES "RARELY
HAVE AUTHORITY" TO ACT IN BEHALF OF THE GOVERNING BODY.

05. Form 990 governing body review (Part VI, line 11)

THE FINANCE COMMITTEE REVIEWED THE RETURN AND REPORTED THEIR REVIEW TO BOARD OF DIRECTORS

06. Conflict of interest policy compliance (Part VI, line 12c)

THE BY-LAW ADDRESS THE MATTER

07. Governing documents, etc., available to public (Part VI, line 19)

FINANCIAL INFORMATION IS AVAILABLE TO THE COMMUNITY BY SCHEDULING AN APPOINTMENT WITH THE
TREASURER

08. List of other expenses (Part IX, line 24e)

THE EXPENSES ARE DOCUMENTED IN PART IX, LINE 24E

09. Part XI, response or note to any line in Part XI

ADJUSTMENT OF SALARIES FOR A DEPARTMENTAL GALLERY PROGRAM

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

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.

Table with 5 rows for Section 179 election. Line 1: Maximum amount; Line 2: Total cost; Line 3: Threshold cost; Line 4: Reduction in limitation; Line 5: Dollar limitation.

Table with 13 rows for listed property. Line 6: Description, cost, and elected cost; Line 7: Listed property amount; Line 8: Total elected cost; Line 9: Tentative deduction; Line 10: Carryover; Line 11: Business income limitation; Line 12: Section 179 expense deduction; Line 13: Carryover to 2025.

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.)

Table with 3 rows for special depreciation. Line 14: Special depreciation allowance; Line 15: Property subject to election; Line 16: Other depreciation (52,637).

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

Section A

Table with 2 rows for MACRS. Line 17: MACRS deductions (3,429); Line 18: Grouping election checkbox.

Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

Table with 7 columns: Classification, Month/year, Basis, Recovery period, Convention, Method, Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year, residential rental, and nonresidential real property.

Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

Table with 7 columns: Class life, Recovery period, Convention, Method, Depreciation deduction. Rows include 12-year, 30-year, and 40-year assets.

Part IV Summary (See instructions.)

Table with 3 rows for summary. Line 21: Listed property amount; Line 22: Total amount (56,325); Line 23: Basis attributable to section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

990

Overflow Statement

2024

Page 1

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

Name(s) as shown on return

FEIN

PROPERTY OWNERS RESIDENTS ASSN

86-0365115

OTHER REVENUE

DESCRIPTION	AMOUNT
SALARY GRANT FROM PORA	\$ 41,580
TOTAL:	\$ 41,580

OCCUPANCY

DESCRIPTION	AMOUNT
TELEPHONE	\$ 15,866
UTILITIES	15,336
TOTAL:	\$ 31,202

LINE 24E - ALL OTHER EXPENSES

DESCRIPTION	AMOUNT
DUES	\$ 499
POSTAGE	3,298
ADVERTISING-PORA	3,018
ZOO TICKETS	8,250
COST OF ARTISIAN MERCHANDISE	212,060
COMPUTER SERVICES	13,586
COST OF EVENT TRIPS	44,809
COPIER	3,043
BANK AND CC FEES	38,140
EXPO EVENT	3,348
PAYROLL PROCESSING FEES	3,317
REPAIRS	9,844
GALLERY GRANT	41,580
ADVERTISING-GALLERY	3,936
TOTAL:	\$ 388,728